

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

November Session of the October Adjourned

Term. 20

17

County of Boone

28th

day of

December

20

17

In the County Commission of said county, on the

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

Now on this day the County Commission of the County of Boone does hereby approve the acceptance of a grant in the amount of \$5,000 from the National Association of VOCA Assistant Administrators (NAVAA) under a cooperative agreement with the Office for Victims of Crime (OCV) for a Race/Walk sponsored by the office of the Boone County Prosecuting Attorney.

Done this 28th day of December, 2017.

ATTEST:

Taylor W. Burks
Taylor W. Burks *DKB*
Clerk of the County Commission

Daniel K. Atwill
Daniel K. Atwill
Presiding Commissioner

Fred J. Parry
Fred J. Parry
District I Commissioner

Janet M. Thompson
Janet M. Thompson
District II Commissioner

**National Crime Victims' Rights Week
Community Awareness Project
Subgrant Award Agreement**

Subgrantee	Boone County Prosecuting Attorney, Columbia, MO			Subgrant Award No.	18-029
				Subgrant Award Amount	\$5,000.00
Start Date	December 20, 2017	End Date	June 30, 2018	Indirect cost rate, if any	

This agreement between the National Association of VOCA Assistance Administrators (NAVAA) and the above-named Subgrantee for funding of a National Crime Victims' Rights Week Community Awareness Project ("the project") under the National Crime Victims' Rights Week Community Awareness Project grant program (NCVRW CAP) is subject to the terms and conditions below:

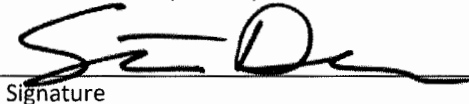
1. This agreement is subject to all of the terms and conditions, including the availability of funding, awarded to NAVAA pursuant to Federal Award Identification Number (FAIN) 2015-VF-GX-K002 for the 2018 National Crime Victims' Rights Week Community Awareness Project awarded by the Office for Victims of Crime (OVC), Office of Justice Programs (OJP), U.S. Department of Justice (DOJ).
2. The Catalog of Federal Domestic Assistance (CFDA) number for this project is 16.582.
3. The Subgrantee shall perform the services and activities described in the application submitted under the NCVRW CAP grant program which shall be considered incorporated into this agreement, unless and to the extent any changes, revisions or modifications are approved or required by NAVAA. The Subgrantee agrees to immediately notify NAVAA of any circumstances that may cause the Subgrantee to be unable or unwilling to complete its obligations under this agreement.
4. NAVAA shall reimburse the Subgrantee for the actual, reasonable and necessary costs incurred by the Subgrantee in connection with the project as contained in the Subgrantee's application, not to exceed the Subgrant Award Amount indicated above, unless and to the extent approved by NAVAA. All expenditures are subject to the requirements of the NCVRW CAP program and the regulations set forth in the current edition of the DOJ Grants Financial Guide (<http://ojp.gov/financialguide/DOJ/>), Part 200 Uniform Requirements (2 C.F.R. Part 200) as adopted and supplemented by DOJ in 2 C.F.R. Part 2800 and such other Justice Department rules or guidelines as may be applicable.
5. The Subgrantee understands and agrees that funding under this project is on a reimbursable basis. Advance payments may be permitted only in unusual circumstances for actual, documented and obligated expenses.
6. The Subgrantee certifies that it is not suspended, excluded or debarred from receiving federal funding.
7. The Subgrantee shall not be eligible for any reimbursement unless it submits a complete, accurate, satisfactory and final After-Action Report/Reimbursement Request (AAR) to be received by NAVAA **no later than Friday, June 29, 2018**. The AAR shall be submitted on a form provided by NAVAA and shall, at a minimum, include:
 - a. The dates and narrative description of the project as implemented.
 - b. An explanation for any unimplemented planned activities.
 - c. A list of major project co-sponsors and collaborative organizations and a brief description of their respective contributions to the project.
 - d. An enumeration of the type of public awareness events and activities conducted, materials produced and distributed and media contacts made.
 - e. Itemization of all speakers and related costs funded by the project.
 - f. To the extent available, indicators of the reach or impact of the project (e.g. number of people attending an event) and any discernible results.
 - g. Detailed itemization of requested reimbursable expenditures, including copies of source documentation of line items costing \$300 or more.
 - h. Documentation of actual project implementation (e.g. copies of news stories, photographs, press releases, etc.).
 - i. Comments and feedback on the NCVRW CAP program and suggestions to improve the program.
 - j. Such other information as may reasonably be requested by NAVAA and/or OVC.
8. Indirect costs. By entering an indirect cost rate on its application, the subgrantee certifies either 1) its eligibility or election under the Part 200 Uniform Requirements to use the "de minimis" indirect cost rate described in 2 C.F.R. 200.414(f) or 2) its current, unexpired federally approved indirect cost rate. Subgrantees electing to use the "de minimis" must comply with all associated requirements in the Part 200 Uniform Requirements. A subgrantee using a federally-approved indirect cost rate will, no later than **January 31, 2018**, submit a copy of its current, unexpired signed federally approved indirect cost agreement. The indirect cost rate, as indicated above, may be applied only to actual, final modified total direct costs (MTDC).
9. Program income must be approved in advance, reported separately on a form provided by NAVAA and used in accordance with the provision of Part 200 Uniform Requirements
10. The Subgrantee agrees to retain for a period of at least three years from the end of the project period or any subsequent audit, investigation or inquiry related to this project and to make available on request to NAVAA, its agents or authorized agents of the U.S. Government all records and financial statements, including adequate documentation of all expenditures and obligations made under this agreement.
11. To the extent permitted by law, the Subgrantee agrees to protect, indemnify, defend and hold harmless NAVAA, its officers, directors, employees and agents, against all claims, losses or damages to persons or property, governmental charges or fines, and costs (including reasonable attorney's fees), arising out of or in connection with the activities or events funded under this agreement except those claims arising out of the sole negligence or willful misconduct of the NAVAA.
12. The Subgrantee shall not use or permit the use of the logo of the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime except on materials that have received prior approval from OVC.
13. The Subgrantee agrees that any project activity or event that involves the identification of an individual crime victim(s) must have the victim's or, in the event of a death, a family member's informed consent.

14. The Subgrantee acknowledges that NAVAA and OVC reserve a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use, and authorize others to use (in whole or in part, including in connection with derivative works), for Federal purposes: (1) the copyright in any work developed under this subgrant; and (2) any rights of copyright to which a subgrantee purchases ownership with Federal support. The Subgrantee acknowledges that NAVAA and the Office of Justice Programs have the right to: (1) obtain, reproduce, publish, or otherwise use the data first produced under this subgrant; and (2) authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.
15. The Subgrantee will comply with all applicable requirements (including requirements to report allegations) pertaining to prohibited conduct related to the trafficking of persons as posted on the OJP website at <http://ojp.gov/funding/Explore/ProhibitedConduct-Trafficking.htm>.
16. Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009), the Subgrantee is encouraged to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this subgrant, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.
17. The Subgrantee understands and agrees that subgrant funds may not be used to discriminate against or denigrate the religious or moral beliefs of students who participate in programs for which financial assistance is provided from these funds, or of the parents or legal guardians of such students.
18. The Subgrantee agrees to promptly refer to the DOJ Office of the Inspector General (OIG) any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person has either submitted a false claim for grant funds under the False Claims Act or committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds.
19. The Subgrantee certifies that it shall not use Federal funds at any tier, either directly or indirectly, to support or oppose the enactment, repeal, modification or adoption of any law, regulation, or policy, at any level of government and shall comply with restrictions on lobbying as codified at 28 C.F.R. Part 69.
20. The Subgrantee certifies that it does not require and has not required internal confidentiality agreements or statements from employees or contractors that prohibit or otherwise restrict employees or contractors from reporting waste, fraud, or abuse.
21. The Subgrantee shall not assign any of its rights or obligations under this agreement, or delegate the performance of any of its duties hereunder, without the prior consent of the NAVAA.

I have read and fully understand this agreement and agree to abide by the terms and conditions thereof and certify that I am authorized to enter into this agreement.

On behalf of:

National Association of VOCA Assistance
Administrators (NAVAA):


Signature

Steve Derene

Type or Print Name of Authorized Official

Executive Director

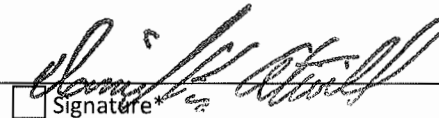
Title

December 20, 2017

Date

On behalf of:

Boone County Prosecuting Attorney


☐ Signature

Daniel Atwill

Type or Print Name of Authorized Official

Presiding Commissioner

Title

12/28/17

Date

***Electronic Signature** – In accordance with federal law, by entering the printed name, title and date and clicking the above box to mark it with an "X," the Authorized Representative certifies this document to be true and accurate to the same degree as a handwritten signature.

[NOTE: Return **BOTH PAGES** to NCVRW CAP by email to: cap@navaa.org (click "Save & Email" below); fax to: 815-301-8721; or mail to: NAVAA, 5702 Old Sauk Road, Madison, WI 53705]

Print

Save & Email



DANIEL K. KNIGHT, Prosecutor
Office of the Boone County Prosecuting Attorney
705 E. Walnut Street – Courthouse
Columbia, Missouri 65201-4485
573-886-4100
FAX: 573-886-4148

December 28, 2017

TO: Commissioner Atwill
Commissioner Parry
Commissioner Thompson

FROM: Dan Knight
Boone County Prosecuting Attorney

RE: 2018 National Crime Victims' Rights Week Community Area Project

We are requesting approval to accept \$5,000.00 in federal grant funds to host a 5K Race/Walk to be held on Saturday, April 14, 2018 in honor of crime victims.

National Crime Victims' Rights week is April 8 - 14, 2018.

These grant funds are administered by the National Association of VOCA Assistant Administrators (NAVAA) under a cooperative agreement with the Office for Victims of Crime (OVC).

The intent of the 2018 National Crime Victims' Rights Week Community Awareness Project is to enhance the general public's awareness of the rights and services for victims of crime and their families.

There are no matching fund requirements for this grant.

We respectfully request your approval to electronically sign this contract.

Thank you.

Daniel K. Knight

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December Session of the October Adjourned

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County of Boone

In the County Commission of said county, on the

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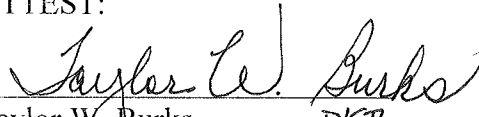
the following, among other proceedings, were had, viz:


Now on this day the County Commission of the County of Boone does hereby approve the attached Agreement between The Curators of the University of Missouri and Boone County for Medical Examiner services.

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

Done this 28th day of December, 2017.

ATTEST:


Taylor W. Burks *DKB*
Clerk of the County Commission


Daniel K. Atwill
Presiding Commissioner


Fred J. Parry
District I Commissioner


Janet M. Thompson
District II Commissioner

AGREEMENT

THIS AGREEMENT, made and entered into this 1st day of January 2018, by and between THE CURATORS OF THE UNIVERSITY OF MISSOURI, a public corporation of the State of Missouri, for and on behalf of the University of Missouri Health Sciences Center, Department of Pathology & Anatomical Sciences (hereinafter referred to as the "University") and BOONE COUNTY, MISSOURI, a political subdivision of the State of Missouri (hereinafter referred to as the "County".)

WITNESSETH

WHEREAS the County requires the services of physicians to perform the duties of County Medical Examiner for Boone County, and support services for the office of Medical Examiner; and

WHEREAS the University has available the services of a physician licensed in the State of Missouri and board certified in forensic pathology, and capability to provide support services:

NOW THEREFORE, it is mutually agreed as follows:

1. The University will make a physician licensed as above available to the County to perform the services of County Medical Examiner. This service shall be provided by Dr. Chris Stacy, M.D.
2. The University shall provide support services per Addendum A attached.
3. The initial term of this agreement shall be for a period of 12 months commencing on the 1st day of January 2018 and ending on the 31st day of December, 2018, with the contract automatically renewing for additional, 1-year terms through December 31, 2020, per the pricing in Addendum B, unless terminated by one of the parties pursuant to paragraph #4.
4. Either the University or the County may terminate this agreement by giving 30 days prior written notice.
5. The County shall pay the University at the rate detailed in Addendum B for the services provided. The sum shall be paid in equal monthly installments.
6. The County shall provide Medical Examiner Coverage under its Public Official Errors and Omissions insurance policy; however, the County does not warrant that such policy will provide medical malpractice coverage or agree to indemnify for such claims.

IN WITNESS WHEREOF, the parties have caused this agreement to be executed by their duly authorized representatives effective as of the day and year stated above.

THE CURATORS OF THE
UNIVERSITY OF MISSOURI

By:



T VINCE COOPER
DIRECTOR, PAYER STRATEGY &
SYSTEM CONTRACTING

APPROVED
AS TO
LEGAL FORM
KBB

BOONE COUNTY, MISSOURI

By:



Daniel K. Atwill, Presiding Commissioner

ATTEST:



Taylor W. Burks, County Clerk

DWB



APPROVED AS TO FORM:



CJ Dykhouse, County Counselor

Auditor Certification:

I certify that this contract is within the purpose
of the appropriation to which it is to be charged
and there is an unencumbered balance of said
appropriation sufficient to pay the costs arising
from this contract.

 by 12-19-17
Auditor  Date

ADDENDUM A

This addendum defines the Medical Examiner Support Services that provide a Chief Death Investigator to supervise services for Boone County and the duly appointed Boone County Medical Examiner in the performance of duties of such office as prescribed by law.

1. Provision and supervision of adequate qualified personnel to provide death investigation services in Boone County under the direction of the Medical Examiner 365 days per year, 24 hours per day.
2. Death investigation services including, but not limited to, taking telephone reports of deaths, scene investigations and arrangement for body transport conducted under policies and procedures established by the Medical Examiner; handling and maintaining bodies and personal effects before and after external examination or autopsy under policies and procedures established by the Medical Examiner; assisting the Medical Examiner in the conduct of autopsies as directed by the Medical Examiner, preparation of required regulatory reports in connection with deaths as required by the Medical Examiner, and performing such other duties as the Death Investigator shall be authorized, or required to perform by the Medical Examiner in the performance of his/her duties in office.
3. Supply office materials and supplies, utilities, training, telephones, cell phones, pagers, and answering service.
4. Calls/pages for body removal shall be answered within fifteen (15) minutes, at which time arrangements will be made regarding location and removal of the body.
5. Provide direction and arrangements for the proper transportation.
6. Ensure that all bodies transported pursuant to this agreement shall be properly identified with the deceased person's name, if known.
7. Comply with all applicable standards and requirements adopted by the Board of Health.
8. Dispose of all disposable supplies and bio-hazardous materials used in, or remaining from, transporting deceased individuals in a manner consistent with OSHA guidelines and all other applicable environmental codes, statutes, resolutions and ordinances of the United States, The State of Missouri, Boone County, Missouri, and the City of Columbia, Missouri.
9. Provide morgue facilities and equipment suitable for the performance and conduct of autopsies and for the refrigerated storage of bodies necessary for the satisfactory performance of the duties of the office of Medical Examiner.
10. Provide administrative and office support for the office of the Medical Examiner, including maintenance and administration of the Medical Examiner's annual budget, maintenance and preparation of statistics, reports and such other secretarial and clerical services, as are required by and budgeted for the Medical Examiner.

11. The University shall be responsible for all expenses and overhead necessary in performing the obligations of Medical Examiner Support Services, including all office and administrative expenses, payroll, employee benefits, and employer required taxes and contributions for employees hired by the Contractor
12. The University, under the direction of the Medical Examiner, shall keep all official records as required by law and subject to any lawful privilege of confidentiality or other lawful privilege, make such records available to the Boone County Commission, Boone County Auditor, any independent outside auditor appointed by the County for internal audit purposes and to the general public under applicable open meetings and records law.
13. The University shall provide quarterly reports to the county in order to track services provided.

Addendum B

14. The University will bill Boone County, the annual sum of \$338,216 for all services performed by the Medical Examiner's office for calendar year 2018.
 - i. This shall include services of licensed physician described in section one to serve as Medical Examiner; Medical Examiner Office Support services (Death Investigator, Forensic technician, clerical staff, etc..) and all related testing and services, i.e. x-rays, toxicology, etc.
 - b. Monthly billing will be \$28,184.67
15. Renewal pricing for the above-described services shall be as follows:
 - a. 1/1/2019-12/31/2019: \$348,362, to be paid in monthly installments.
 - b. 1/1/2020-12/31/2020: \$358,813, to be paid in monthly installments.
16. A comprehensive Profit and Loss statement for the Medical Examiner's office was performed in August of 2017 (Addendum C) and reviewed with CJ Dykhouse. In order for the Medical Examiner's office to continue to offer the same services we provide, without deficit spending, the 2018 contract price should be at \$338,216. It was agreed by both parties that a 3 year plan (Addendum D) was the best approach and that we will renegotiate the 2021 contract after reviewing updated expense data along the same lines of Addendum C.

Addendum C

PATHOLOGY & ANATOMICAL SCIENCE MEDICAL EXAMINER OFFICE P&L Statement

Fiscal year ending June 30, 2017

	FISCAL YEAR 2017	
	TOTAL	BOONE COUNTY (28.5%)
REVENUES		
Contracted & Non-Contracted Cases	886,763	322,110
TOTAL REVENUE	886,763	322,110
EXPENSES		
Faculty Salary & Incentive	442,250	126,213
Staff Salary	242,761	69,281
Staff OT	34,881	9,955
Total Salary	719,892	205,449
Total Benefits	228,278	65,148
Total Salary & Benefits	948,170	270,597
Business travel	10,893	3,109
Postage/Shipping & Delivery	1,532	437
Telephone/fax services	4,252	1,213
Cell/Data/Pager charges	346	99
Copy Service	312	89
Supplies	6,446	1,840
Lab (autopsy) supplies	21,033	6,003
Dues/memberships	306	87
Computing expense	2,199	627
Equipment - Non Capital	0	0
Furniture - Non Capital	0	0
Professional & Consult services	155,703	44,436
Contracted Services	31,433	8,970
Equipment - M & R Non Capital	7,748	2,211
Buildings - M & R Non Capital	2,114	603
Total Operating Expense	244,315	69,725
TOTAL EXPENSES	1,192,486	340,321
EXCESS OF EXPENDITURES OVER REVENUES	(305,723)	(38,210)

Addendum D

Boone County
Projected 3 year Contract Price

2017	2018	2019	2020
Actual	5%	3%	3%
\$322,110	\$338,216	\$348,362	\$358,813

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STATE OF MISSOURI

December Session of the October Adjourned

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County of Boone

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In the County Commission of said county, on the 28th day of December 20 17

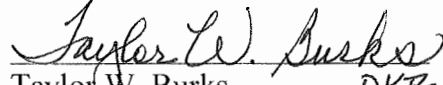
the following, among other proceedings, were had, viz:

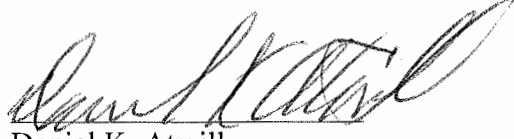
Now on this day the County Commission of the County of Boone does hereby approve the attached Agreement for Purchase of Services for the Strategic Innovation Opportunity Fund between Boone County, MO and Job Point.

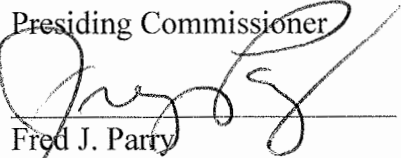
The terms of the Agreement are stipulated in the attached Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Agreement with Job Point.

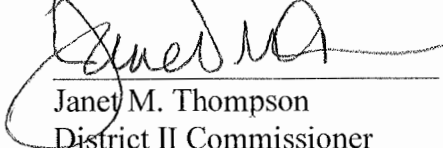
Done this 28th day of December, 2017.

ATTEST:


Taylor W. Burks DKB
Clerk of the County Commission


Daniel K. Atwill
Presiding Commissioner


Fred J. Parry
District I Commissioner


Janet M. Thompson
District II Commissioner

AGREEMENT FOR PURCHASE OF SERVICES
Contract Amendment Number One
Vocational Skills Training

The Agreement for the Strategic Innovation Opportunity Fund dated November 8, 2016 made by Boone County, Missouri and Job Point, for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows:

- 1) The term of the contract is extended through June 30, 2018. Job Point agrees to submit to the County a report regarding utilization of vocational skills training scholarships at the conclusion of the contract.
- 2) Except as specifically amended hereunder, all other terms, conditions and provisions of the original agreement shall remain in full force and effect.

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

Job Point

By: Steven A Smith
President LESCO

By: Steven A Smith
Signature

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:

Q. J. Hearn
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk DKB

AUDITOR CERTIFICATION:

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

June Pitchford jj 12/19/2017 (2130/71100/\$0)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

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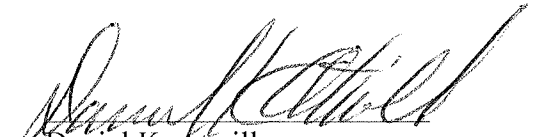
Now on this day the County Commission of the County of Boone does hereby approve the attached Contract Amendment 2 to contract 52-13NOV14 Inmate Detention Supplies between Boone County MO and Charm-Tex, Inc.

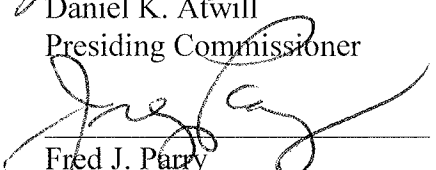
The terms of the amendment are stipulated in the attached Amendment. It is further ordered the Presiding Commissioner is hereby authorized to sign said Contract Amendment Number Two for Inmate Detention Supplies.

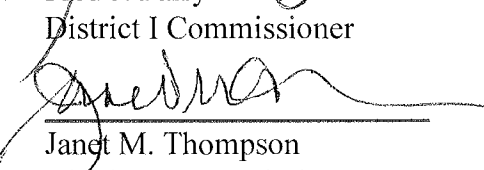
Done this 28th day of December, 2017.

ATTEST:


Taylor W. Burks DKB
Clerk of the County Commission


Daniel K. Atwill
Presiding Commissioner


Fred J. Parry
District I Commissioner


Janet M. Thompson
District II Commissioner

Boone County Purchasing

Liz Palazzolo
Senior Buyer



613 E. Ash, Room 109
Columbia, MO 65201
Phone: (573) 886-4392
Fax: (573) 886-4390

MEMORANDUM

TO: Boone County Commission
FROM: Liz Palazzolo, CPPO, C.P.M.
DATE: December 5, 2017
RE: Amendment #2 to Contract 52-13NOV14 for Inmate Detention Supplies for the Boone County Sheriff's Department

Contract 52-13NOV14 for Inmate Detention Supplies for the Boone County Sheriff's Department that was awarded February 5, 2015 (Commission Order 55-2015) is being amended to add two items to the contract: .5-ounce bars of face and body soap, and sanitary napkins. When Inmate Detention Supplies were originally awarded, the County made five awards to the vendors who were the low bid for the specific line item. The vendor who previously supplied the soap and napkins (Amercare) has chosen not to renew its contract with the County for 2018. The Sheriff's Office has requested that the items be provided by one of the remaining contractors. Competitive informal quotes were requested of the three remaining contractors, and Charm-Tex provided the lowest responsive pricing for the items.

All other terms, conditions and pricing of the original agreement remain unchanged.

/lp

cc: Leasa Quick, Sheriff's Department
Contract File #52-13NOV14

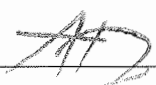
**CONTRACT AMENDMENT NUMBER TWO
PURCHASE AGREEMENT FOR
INMATE DETENTION SUPPLIES**

The Agreement **52-13NOV14** dated February 5, 2015 made by and between Boone County, Missouri and **Charm-Tex, Inc.** for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows, and shall incorporate Charm-Tex quote # 0228226 dated 11/30/2017 as attached hereto:

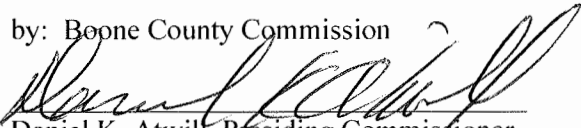
1. ADD:
Item 4.7.11 .5 oz. unwrapped face and body bar soap
Firm, fixed price per case of 1,000 bars: \$29.90
2. ADD:
Item 4.7.21 Sanitary napkins, individually boxed, beltless, powder free, adhesive strips
Firm, fixed price per case of 250 pads: \$24.90
3. Except as specifically amended hereunder, all other terms, conditions and provisions of the original agreement as previously amended shall remain in full force and effect.

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

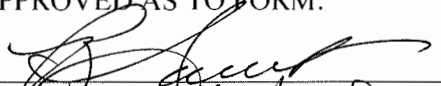
CHARM-TEX, INC.

by 
title VP of Sales


BOONE COUNTY, MISSOURI

by: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:

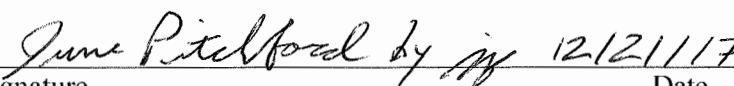

County Counselor By: Ken Sweet

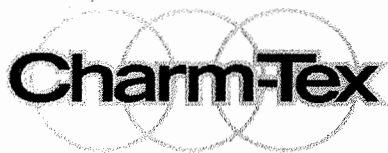
ATTEST:


Taylor W. Burks, County Clerk DKB

AUDITOR CERTIFICATION

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

 1255 / 23025, 23026; 1242 / 23025
Signature Date Appropriation Account



QUOTE

Page 1 of 1

CHARM-TEX, INC.
1618 CONEY ISLAND AVE.
BROOKLYN, NY 11230
TEL.: (718)252-8100 * FAX: (718)258-8303
WEB: WWW.CHARM-TEX.COM

QUOTE NO.: 0228226
QUOTE DATE: 11/30/2017

SALESPERSON: CHET
CUSTOMER NO.: 00-BOONECS

VALID TILL: 12/29/2017

SOLD TO:
BOONE COUNTY SHERIFF'S DEPART
2121 COUNTY DRIVE
COLUMBIA, MO 65202
CONFIRM TO: LIZ PALAZZOLO

SHIP TO:
BOONE COUNTY SHERIFF'S DEPART
2121 COUNTY DRIVE
COLUMBIA, MO 65202
ATTN TO: LIZ PALAZZOLO

CUSTOMER PO	SHIP VIA	FOB DELIVERED	TERMS NET 30 DAYS			
ITEM CODE	DESCRIPTION		ORDERED	UOM	PRICE	AMOUNT
H/S1/2UN	BAR SOAP, UNWRAPPED DEODORANT , SIZE # 0.5, 1000/CASE		75.00	CASE	29.90	2,242.50
H/FSNC1	MAXI PADS INDIVIDUALLY BOXED, 250/CASE		25.00	CASE	24.90	622.50

Quoted as all or none. If there is any change to the above quantity when placing your order, please contact your sales rep, for the prices may change.

ORDER TOTAL: 2,865.00

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

December Session of the October Adjourned

Term. 20 17

County of Boone

In the County Commission of said county, on the

28th

day of

December 20 17

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

Now on this day the County Commission of the County of Boone does hereby approve award for bid 30-20JUL17 Purchase of Service Contracts for the Boone County Children's Services Fund to the following:

13th Circuit/Boone County Court
Child Permanency Services
 \$208,078.20

Boys & Girls Club of Columbia Area
After-School and Summer Programming
 \$273,014.00

Burrell, Inc.
Family Health Program
 \$273,439.56

Central Missouri Community Action
Bridge
 \$251,537.51

Central Missouri Foster Care & Adoption Association
Boone County Respite Program
 \$20,532.00

CHA Low-income Services Inc.
Healthy Home Connections
 \$399,754.26
 CHA Low-Income Services, Inc.
Moving Ahead Program – After-School and Summer Program (Therapeutic Art-Making)
 \$77,930.00

CHA Low-Income Services Inc.
Youth Community Coalition – Communities that Care Project
 \$94,596.00

Child Abuse & Neglect Emergency Shelter, Inc., dba Rainbow House
Children's Emergency Shelter
 \$13,271.80

Child Abuse & Neglect Emergency Shelter, Inc.
Homeless Youth Program
\$11,629.25

Child Abuse & Neglect Emergency Shelter, Inc.
Parenting Class Program
\$4,250.00

Columbia Center for Urban Agriculture
Improving Mental and Physical Health of Food Insecure Children Through Hands-On Nutrition Interventions
\$99,060.00

Columbia/Boone County Department of Public Health and Human Services
Teen Outreach Program (TOP)
\$37,110.44

Community Playground of Columbia, Inc. dba Fun City Youth Academy
Fun City Youth Academy
\$84,036.00

First Chance for Children
First Chance for Children
\$210,000.00

Great Circle
Early Assessment and Intervention Services for Outcomes Now (EAIS-ON)
\$214,129.85

Harrisburg Early Learning Center
School Age and Early Childhood Services
\$43,378.32

Heart of Missouri CASA
CASA Child Advocacy
\$100,000.00

Lutheran Family and Children's Services of Missouri
Pregnancy and Parenting Services
\$418,933.04

Mary Lee Johnston Community Learning Center
Healthy Habits
\$73,487.50

Presbyterian Children's Homes and Services
Therapeutic Mentoring and Family Support
\$25,000.00

Sustainable Farms & Communities, Inc.
Access to Healthy Food
\$48,250.00

The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)
MU Center for Evidence-Based Youth Mental Health
\$469,000.00

The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
System of Offering Actions for Resilience (SOAR)
\$506,677.25

The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)
Boone County Schools Mental Health Coalition
\$973,405.00


The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)
Healthy Steps for Young Children
\$64,582.00

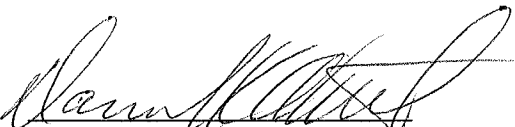
The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
MU Bridge Programs: School-Based Psychiatry
\$701,891.68

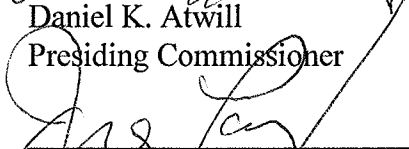
Terms of the bid award are stipulated in the attached Purchase Agreements. It is further ordered the Presiding Commissioner is hereby authorized to sign said Purchase Agreements.

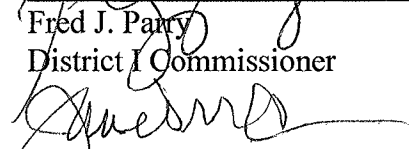
Done this 28th day of December, 2017

ATTEST:


Taylor W. Burks
Clerk of the County Commission


Daniel K. Atwill
Presiding Commissioner


Fred J. Parry
District I Commissioner


Janet M. Thompson
District II Commissioner

Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing



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

MEMORANDUM

TO: Boone County Commission
FROM: Melinda Bobbitt, CPPO, CPPB
DATE: December 21, 2017
RE: RFP Award Recommendation: *30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund*

Request for Proposal *30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund* closed on July 20, 2017. 35 proposal responses were received.

The 27 programs that are being recommended for award for the period January 1, 2018 through December 31, 2018 with the option for one, one-year renewal include:

- ✓ 13th Circuit/Boone County Court
Child Permanency Services
\$208,078.20
- ✓ Boys & Girls Club of Columbia Area
After-School and Summer Programming
\$273,014.00
- ✓ Burrell, Inc.
Family Health Program
\$273,439.56
- ✓ Central Missouri Community Action
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Parenting Class Program
\$4,250.00
- ✓ Columbia Center for Urban Agriculture
Improving Mental and Physical Health of Food Insecure Children Through Hands-On Nutrition Interventions
\$99,060.00
- Columbia/Boone County Department of Public Health and Human Services
Teen Outreach Program (TOP)
\$37,110.44 Note: this City of Columbia contract will be routed for signature in January
- ✓ Community Playground of Columbia, Inc. dba Fun City Youth Academy
Fun City Youth Academy
\$84,036.00
- ✓ First Chance for Children
First Chance for Children
\$210,000.00
- ✓ Great Circle
Early Assessment and Intervention Services for Outcomes Now (EAIS-ON)
\$214,129.85
- ✓ Harrisburg Early Learning Center
School Age and Early Childhood Services
\$43,378.32
- ✓ Heart of Missouri CASA
CASA Child Advocacy
\$100,000.00
- ✓ Lutheran Family and Children's Services of Missouri

Pregnancy and Parenting Services

\$418,933.04

✓ *Mary Lee Johnston Community Learning Center*

Healthy Habits

\$73,487.50

✓ *Presbyterian Children's Homes and Services*

Therapeutic Mentoring and Family Support

\$25,000.00

✓ *Sustainable Farms & Communities, Inc.*

Access to Healthy Food

\$48,250.00

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Boone County Schools Mental Health Coalition

\$973,405.00

✓ *The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)*

Healthy Steps for Young Children

\$64,582.00

✓ *The Curators of the University of Missouri (on behalf of the Department of Psychiatry)*

MU Bridge Programs: School-Based Psychiatry

\$701,891.68

On the attached evaluation committee reports, if a new program was proposed, the evaluation committee completed score sheets. For programs that currently hold a contract and the agency was reapplying, an executive summary with comments was created by Children's Services for the evaluation team to sign.

Invoices will be paid from department 2161 – CCS Funding Opportunities, account 71106 – Contracted Services. The total amount funded from this award is \$5,696,973.66. \$6.5 million was budgeted.

cc: Proposal File

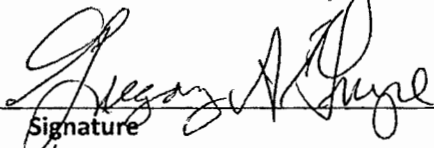
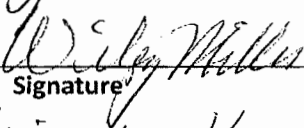
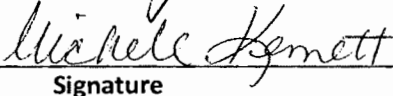
ATT Evaluation Committee Reports and Score Sheets

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	13 th Circuit/Boone County Court dba 13 Circuit – <i>Child Permanency Services</i>
Recommended Contract Amount	\$208,078.20
Best and Final Offer Amount	\$208,084.20
Total Amount Proposed	\$209,625
Current Contract Amount	N/A
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Home-based and community-based family intervention programs • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Crisis intervention services, inclusive of telephone hotlines • Individual, group, or family professional counseling and therapy services • Mental health screenings

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Home Visiting (Family Education, Parenting Skills Training, Case Management)	One hour	\$23.34	5,115
#2	Behavioral Health Assessment	One assessment	\$3.54	1,550
#3	Case Management	One hour	\$23.34	3,565

Recommended Board Action
Math was incorrect for the Best and Final Offer submitted by the organization. Fund the services in whole with correct contract amount.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Greg Grupe		11/30/17
Printed Name	Signature	Date
Wiley Miller		11-30-17
Printed Name	Signature	Date
Michele Kennett		11/30/2017
Printed Name	Signature	Date



Boone County
Children's Services Fund
Group Consensus Score Sheet

Organization Name: 13th Circuit/Boone County

Program Name: Child Permanency Services

GROUP CONSENSUS SCORE SHEET	
ORGANIZATION PROFILE	
Organization General (P=4)	
<ul style="list-style-type: none"> Relationship of mission and goals to proposed service(s) History of providing proposed service(s) or similar service(s) Number and qualifications of independent governing board members Sufficient representation of Boone County residents on governing board 	4.00
Comments: <ul style="list-style-type: none"> Organization's Major goals, Articles of Incorporation and Bylaws are not provided, however, may not be required Check Whistleblower policy 	
	Score
Total Group Score for Organization General (P = 4):	4.00
Organization Financial (P=4)	
<ul style="list-style-type: none"> Financial Statement Financial procedures regarding board oversight Employee compensation levels 	3.00
Comments: <ul style="list-style-type: none"> Is there another financial statement or audit available instead of traditional 501c(3) financial information? Employee Compensation not filled out 	
	Score
Total Group Score for Organization Financial (P = 4):	3.00
PROGRAM OVERVIEW	
Statement of Issue Being Addressed (P=4)	

<ul style="list-style-type: none"> • Description of how the population/community is affected by the issues to be addressed in this proposal • Utilizes data from Boone Indicators Dashboard (BID) 	3.00
Comments: <ul style="list-style-type: none"> • Clear description of the problem, long-term impact on child development and outcomes • Data from BID used to state frequency and types of abuse cases in 2015 in Boone County • Lack of citations in the population description 	
	Score
Total Group Score for Statement of Issue Being Addressed (P = 4):	3.00
Program Goal (P=4)	
<ul style="list-style-type: none"> • Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile 	4.00
Comments: <ul style="list-style-type: none"> • Clear goal with indicators. May be too specific. Provide direction on what the goal should look like for long term purposes. • Goal may seem high but may be possible with increased support, supervision, and parent skills training 	
	Score
Total Group Score for Program Goal (P = 4):	4.00
Program Overview (P=4)	
<ul style="list-style-type: none"> • Clearly describes the proposed program 	3.00
Comments: <ul style="list-style-type: none"> • Intervention plan isn't established until Phase 2. Why does it take 6 weeks with 3 visits/week to develop and start implementing a plan? Could a family therapist also get involved sooner than Phase 2? Family support doesn't occur until Phase 3. Could this happen sooner in order to develop a support system for the child(ren) and parents? • The total number of days mentioned in all the phases is 108. Why is home placement targeted at 260 days in the goal? • Is the timeline of the phases flexible depending on the family? • Why are program phases structured as they are in length (3 phases of 6 weeks each and one of 90 days)? • Attachment is a rather abstract concept. I would hope it will be taught to parents in a very practical way - perhaps without even using the word, "attachment". • Hope the idea of the need for attainment of quality education, for both the parents and eventually their children, will be introduced. 	
	Score

Total Group Score for Program Overview (P = 4) x 2 for weighted value:		6.00
Program Consumers (P=4)		
<ul style="list-style-type: none"> • Description of consumers accessing program services • Explanation of why these consumers were chosen • Describes any impediments or challenges in serving these consumers • Adequate number of unduplicated individuals to be served • Adequate average program cost per individual 	3.00	
Comments: <ul style="list-style-type: none"> • An explanation of why children ages 0-2 are important to serve but why limit services to only these children? What about siblings that are older than 2? • Number of individuals served seems appropriate given the statement of the problem. • An awful lot of evaluation, consideration of complicated variables, and decision making is being asked of the Family Court Judge or Commissioner. 		
		Score
Total Group Score for Program Consumers (P = 4) x 2 for weighted value:		6.00
Consumer Demographics (P=4)		
<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	3.00	
Comments: <ul style="list-style-type: none"> • City Residents section is not filled out. • Relatively small numbers but very important work that can have a significantly positive impact within the local community. 		
		Score
Total Group Score for Consumer Demographics (P = 4):		3.00
Program Access (P = 4)		
<ul style="list-style-type: none"> • Description of where and when the program services will be offered and any logistical information • Describes eligibility criteria • Description and justification of the fee for services, including sliding fee schedule, if applicable 	3.00	
Comments:		
		Score
Total Group Score for Program Access (P = 4):		3.00

Program Quality (P=4)	
<ul style="list-style-type: none"> • Description of any external requirements, such as licensing, minimum standards, accreditation, etc. • Program uses best practices that are evidence-based • Thorough description of unique and innovative aspects of the proposed services • Describes a quality improvement process for the proposed program • Describes a process that collects consumer feedback and utilization to enhance services and program outcomes 	4.00
Comments: <ul style="list-style-type: none"> • Recent best practices listed with citations • Quarterly review of reports, 6 week assessments, and client feedback • On-call and crisis support - Very important! On-call anytime! • What if, beyond the period of this program, further interventions are needed? 	
	Score
Total Group Score for Program Quality (P = 4) :	4.00
Collaboration (P=4)	
<ul style="list-style-type: none"> • Thorough description of partnerships or collaborations that enhance access to and/or the proposed services • Relevant MOUs for the support of these proposed services 	3.00
Comments: <ul style="list-style-type: none"> • Sub-contracting with Family Facets which has experience in reunification and best practices. 	
	Score
Total Group Score for Collaboration (P = 4) x 2 for weighted value:	6.00
Program Personnel and Narrative (P=4)	
<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	4.00

Comments: <ul style="list-style-type: none"> • The salary for the specialists seems high. Re-do the section to accurately reflect each position's salary. • Salary range is not entered correctly. • Number of Child Permanency Specialist conflicts with the number mentioned in the Program Overview. • The information in the narrative states services are charged per day but needs to be per hour. The requested amount in the personnel narrative is \$208,050 and the program budget requested amount is \$209,625. • Only funding source is Children's Services Fund. 	
	Score
Total Group Score for Program Personnel and Narrative (P = 4) x 2 for weighted value:	8.00
Program Budget and Narrative (P=4)	
<ul style="list-style-type: none"> • Adequate overall program funding • Ratio of Boone County funding to other sources of funding • Correlation between personnel expenses and program personnel • Justification for level of funding from Boone County • Basis for funding request from Boone County • Detailed budget narrative 	4.00
Comments: <ul style="list-style-type: none"> • The Expenses are higher than the program revenues by \$10,000. There is mention of a visitation grant the court has. Should this be included in the Program Revenues? 	
	Score
Total Group Score for Program Budget and Narrative (P = 4) x 2 for weighted value:	8.00
Reference List (citations) (P=4)	
<ul style="list-style-type: none"> • Use of Boone Indicators Dashboard • Use of valid and reliable data to describe the issue • Use of valid and reliable data to describe the population affected by the issue • Use of valid and reliable data to describe the effect of the issue in Boone County • Adherence to required citation methodology • Reference sources are current, valid and reliable 	4.00
Comments: <ul style="list-style-type: none"> • List is missing citations from program overview. (including BID) 	
	Score
Total Group Score for Reference List (P = 4):	4.00

PROGRAM SERVICE

Development/Start Up Service Funding (P=0)

- Provides service names and definitions from the Taxonomy of Services
- Detailed description for each proposed service(s)

Comments:

- Potentially, this is an excellent use of funds.

This criteria does not receive a score

Service Names, Definitions, and Descriptions (P=4)

- Provides service names and definitions from the Taxonomy of Services
- Detailed description for each proposed service(s)

4.00

Comments:

- Services need to be separated out with all subfields (definitions, outputs, etc.)
- Definitions should only include wording from the taxonomy
- The current services listed are duplicated and could be cut down. Mentoring/Case Management/Service Coordination are encompassing the same service activities. Suggested services: Case Management, Behavioral Health Assessment, Family Education, and Parenting Skills Training.
- Overall good description of the proposed Service 1
- Assessments could be added as a service since there is a specific rate for utilizing the materials, however, it could be added in to Case Management since the type of assessment doesn't fall under taxonomy services.
- Partner with others to complete a longitudinal study with data and perhaps have a control group.

Total Group Score for Service Names, Definitions, and Descriptions (P = 4) x 3 for weighted value:

12.00

Service Outputs (P=4)

- Adequate Unit Measure proposed for each service
- Reasonable Unit Rates proposed for each service
- Unit of service rate(s) (cost) tied to an established public funding unit rate
- Adequate number of Units proposed for each service
- Adequate number of unduplicated individuals to be served by each proposed service
- Adequate cost of service per individual

3.00

Comments:	
<ul style="list-style-type: none"> • The Unit Measurement and rate might be difficult to track being 24 hours. It might be easier to track as 15 or 60 minutes, depending on how services are divided out. • The unit measurement needs to be changed so it can be easily tracked with services broken down individually. CPS would keep track of time spent on education, training, and case management. • Behavioral Health Assessment- change unit measure to 1 assessment 	
Total Group Score for Service Outputs (P = 4) x 2 for weighted value:	6.00
Service Fees (P=4)	
<ul style="list-style-type: none"> • Description and justification of the fee for services • Description of third party payer(s) • Description of fee payment option if consumer is uninsured or under insured 	3.00
Comments:	
Could Medicare cover any of the costs for the services?	
Total Group Score for Service Fees (P = 4):	3.00
Amount Received From Other Funders (P=0)	
<ul style="list-style-type: none"> • Proposed program services list current funding by the City of Columbia, Boone County, and/or the Heart of Missouri United Way 	
Comments: NA	
This criteria does not receive a score	
Service Funding Request (P=4)	
<ul style="list-style-type: none"> • Adequate amount requested from Boone County • Adequate proposed number of units of service • Adequate justification for funding request from Boone County 	4.00
Comments:	
<ul style="list-style-type: none"> • Services will need to be changed and units written as a POS model. 	
Total Group Score for Service Funding Request (P = 4):	4.00
Service Performance Measures and Narratives (P=4)	

<ul style="list-style-type: none"> • Relationship of outcome(s) to program goal(s) and issue identified in proposed program • Relativity, feasibility, and rationale of outcome indicator(s) • Relativity, validity, reliability, and rationale for the method of measurement(s) • Description of any external factors or variables which may affect proposed outcome(s) 	1.00
Comments: <ul style="list-style-type: none"> • Program Performance Measures need to be reflective of the services that are being offered. • Good. It is very important that we learn whether children and parents are benefitting from the interventions offered by this program and the ways in which they are benefitting. In addition it would be quite helpful to have data from longitudinal research (following children for 6-19 years) to show the kind of difference, if any, a program of this nature has on the personal participants and upon the larger community. Quasi-experimental studies, in the short term, would also be very useful. 	
Total Group Score for Service Performance Measures and Narratives (P = 4) x 2 for weighted value:	2.00
Overall Comments (P = 0-10 Extra Points)	
<p>Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.</p> <p>Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.</p> <p>Purpose Statement: <i>BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.</i></p> <p>Funding Goals: <i>The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), http://booneindicators.org/Default.aspx, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.</i></p> <p><i>Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.</i></p>	
	Score
Total Group Score for Overall Comments (P = 10):	8.00

Comments:

- The application seems written as a grant rather than a POS model. The outputs will need to be adjusted. Services need to be listed out individually and not duplicate service activities (i.e.- case management includes information/referral and service coordination). The Organizational Profile is missing information regarding the 13th Circuit (especially Employee Compensation and financial records). The concept of the program is a great way to involve the court, counseling services, and families involved in abuse/neglect cases when reunification is a possible outcome. Proposal Cover Sheet is missing attachments and addendums.
- This proposal offers a program that is well conceived, documented, presented, and needed.

Matching Funds (P = 0-10 Extra Points)

Degree to which the program proposal response describes other funding sources for the procurement of services to maximize the ability to reach and serve children, youth, and families in Boone County. Please review the entire proposal and specifically the Budget Narrative before scoring. Some questions to consider: Does the matching funds involve a partnership with another funding source? Do the matching funds create a greater amount of resources to serve children, youth, and families?

	Score
Total Group Score for Matching Funds (P = 10):	0.00

Comments: The program mentions a state contract and Family Facets billing Medicaid when possible. However, this isn't reflected in the program budget. No additional matching funds are mentioned.

Collaboration (P = 0-15 Extra Points)

Definition of "Collaboration": Longer term interaction based on shared mission, goals; shared decision-makers and resources.

- Degree to which the program is coordinated with existing community resources. Organizations may be awarded extra points based on how well they demonstrate substantive and ongoing collaboration with other agencies. Some questions to consider: Does the collaboration go beyond a referral system? Does the collaboration have the potential to enhance consumer outcomes that without the collaboration would not likely occur?

- Program does not duplicate existing services
- Program demonstrates county-wide collaborative efforts

	Score
Total Group Consensus for Collaboration (P = 15):	11.00

Comments:

- Family Facets will be sub-contracted. CPS will provide information/referrals to appropriate resources but no further collaboration efforts are mentioned.
- Good

Updated 7/19/17



Organization Name: 13th Circuit/Boone County

Program Name: Child Permanency Services

OVERALL SCORE SHEET		
	Total Possible Score	Group Score

Organization Profile Section

Organization General	4.00	4.00
Organization Financial	4.00	3.00

Program Overview

Statement of Issue Being Addressed	4.00	3.00
Program Goal	4.00	4.00
Program Overview	8.00	6.00
Program Consumers	8.00	6.00
Consumer Demographics	4.00	3.00
Program Access	4.00	3.00
Program Quality	4.00	4.00
Collaboration	8.00	6.00
Program Personnel and Narrative	8.00	8.00
Program Budget and Narrative	8.00	8.00
Reference List (citations)	4.00	4.00

Program Services

Service Names, Definitions, and Descriptions	12.00	12.00
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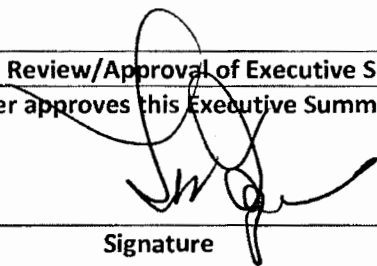
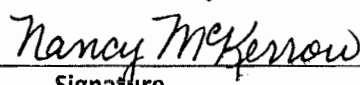
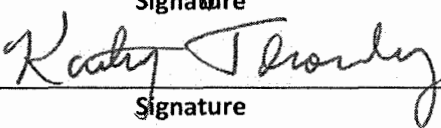
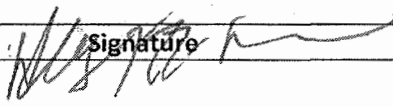
Service Outputs	8.00	6.00
Service Fees	4.00	3.00
Service Funding Requested	4.00	4.00
Service Performance Measures and Narratives	8.00	2.00
Overall Comments	10.00	8.00
Matching Funds	10.00	0.00
Collaboration	15.00	11.00
<i>Final Score:</i>	<i>71.00</i>	<i>46.00</i>

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Boys & Girls Clubs of Columbia Area – <i>After School and Summer Programs</i>
	\$273,014.00
Best and Final Offer Amount	\$291,224.00
Total Amount Requested	\$377,806.00
Current Contract Amount	\$249,998.43
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Prevention programs which promote healthy lifestyles among children and youth and strengthen families Individual, group, or family professional counseling and therapy services

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Out of School Programming (includes: Academic Support, Academic Enrichment, Health Education, Physical Activity, Positive Youth Development, Job Readiness, and Career Exploration)	One hour	\$6.07	30,800
#2	Social/Emotional Screening	One screening	\$7.22	250
#3	Group Therapy – Child	One hour	\$7.22	2,086
#4	Individual Therapy – Child	One hour	\$43.52	700
#5	Behavior Support Services	One hour	\$7.22	5,364

Suggested Board Action
Fund the best and final offer in part. Recommended not to fund Parent Partnership which totals \$18,210.00.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

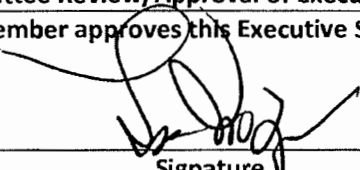
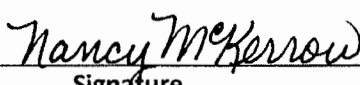
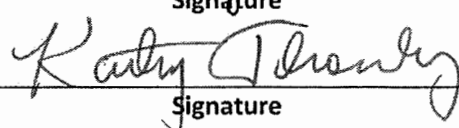
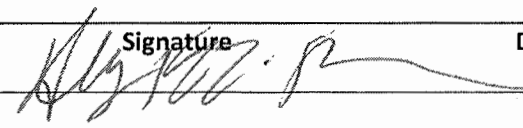
EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Burrell, Inc. – <i>Family Health Program</i>
Recommended Contract Amount	\$273,439.56
Best and Final Offer Amount	\$297,439.56
Total Amount Proposed	\$342,348.40
Current Contract Amount	\$248,951.14
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Outpatient chemical dependency and psychiatric treatment programs • Home-based and community-based family intervention programs • Crisis intervention services, inclusive of telephone hotlines • Individual, group, or family professional counseling and therapy services • Psychological evaluations • Mental health screenings

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Behavioral Health Assessment	One assessment	\$480.00	30
#2	Case Management	15 minutes	\$24.44	10,599
#3	<i>Job Readiness Training</i>	Provided through Case Management		
#4	<i>Family Therapy</i>	-----	-----	-----
#5	<i>Group Therapy – Child</i>	-----	-----	-----
#6	<i>Individual Therapy – Child</i>	-----	-----	-----
#7	<i>Psychiatric Treatment</i>	-----	-----	-----

Program services are funded through other revenue sources

Recommended Board Action
Fund the best and final offer in part. Recommended number of units are reflective of current utilization.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Central Missouri Community Action - <i>BRIDGE</i>
Recommended Contract Amount	\$251,537.51
Best and Final Offer Amount	\$300,676.74
Total Amount Proposed	\$300,689.64
Current Contract Amount	\$327,539.50 (18-month contract)
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Home-based and community-based family intervention programs • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Crisis intervention services, inclusive of telephone hotlines

Development/Start Up Service Funding				
Amount Requested		\$4,000.00		
Funds will be utilized to purchase equipment for a new Parent Partner. A laptop and docking station will be needed in order to complete regular job duties. Two Ipads will be purchased with protective cases to utilize in home visits with program participants.				
Services				
Service		Unit Measure	Unit Rate	# of Units
#1	Home Visiting (includes: Career Exploration, Family Education, Parenting Skills Training, Best Practices Training, Crisis Intervention, Advocacy, Service Coordination, Behavioral Health Screenings, and Case Management)	1 hour	\$37.75	2,735
#2	Case Management	1 hour	\$34.80	1,934
#3	Social/Emotional Screening	1 screening	\$74.86	199
#4	Best Practices Training	1 individual	\$110.92	224
#5	Family Education	1 individual	\$93.58	398

Recommended Board Action
Fund the best and final offer in part. Proposed of units have been lowered by 17%.

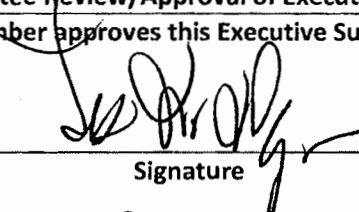
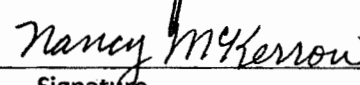
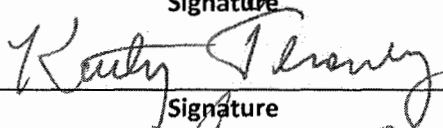

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Central Missouri Foster Care & Adoption Association (CMFCAA) – Boone County Respite Program
Recommended Contract Amount	\$20,532.00
Best and Final Offer Amount	\$20,535.00
Total Amount Requested	\$21,870.00
Current Contract Amount	\$15,939.00
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Respite care services • Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Services				
Service		Unit Measure	Unit Rate	# of Units
#1	Out of Home Respite Care – Child	One hour	\$17.11	1,200

Recommended Board Action
Math was incorrect for the Best and Final Offer submitted by the organization. Fund the services in whole with correct contract amount.

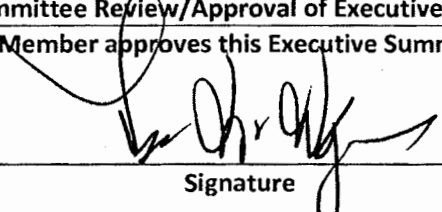
Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	CHA- Low Income Services – <i>Healthy Home Connections</i>
Recommended Contract Amount	\$399,754.26
Best and Final Offer Amount	\$438,562.79
Total Amount Requested	\$438,563.00
Current Contract Amount	\$366,821.00 (18 month contract) + \$191,454.00 (MAP) = \$558,275.00
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Home-based and community-based family intervention programs • Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Case Management	15 minutes	\$10.50	22,705
#2	Therapeutic Mentoring	One hour	\$22.28	7,242

Recommended Board Action
Fund the best and final offer in part based on current utilization.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	CHA- Low Income Services, Inc. – <i>Moving Ahead Program – After School and Summer Program (Trauma Informed Therapeutic Art-Making)</i>
Recommended Contract Amount	\$77,930.00
Best and Final Offer Amount	\$136,407.00
Total Amount Requested	\$168,607.00
Current Contract Amount	N/A
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Prevention programs which promote healthy lifestyles among children and youth and strengthen families Individual, group, or family professional counseling and therapy services

Development/Start Up Service Funding				
Amount Requested		\$5,930.00		
Rhythm-based instrument (drums) – purchase 20 djembes for use during conjoint; parent & youth conscious drumming sessions (\$2,000)				
Staff training in Trauma Informed Evidence based techniques (\$3,930)				
Services				
Service		Unit Measure	Unit Rate	# of Units
#1	Trauma Informed Therapeutic Art-Making	One hour	\$40.00	1,800
#2	Out of School Programming (Academic Support, Academic Enrichment, Congregate Meals, and Positive Youth Development)	----	----	----
#3	Parent Partnership	----	----	----

Program Services are funded through other revenue sources

Recommended Board Action	
Lower the unit rate to reflect similar Group Therapy – Child rates.	

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Greg Grupe		11/30/17
Printed Name	Signature	Date
Leigh Spence		11/30/17
Printed Name	Signature	Date
Joel Ray		11/30/17
Printed Name	Signature	Date



Boone County
Children's Services Fund
Group Consensus Score Sheet

Organization Name: CHA Low-Income Services, Inc.

Program Name: Trauma Informed Art-Making in After School & Summer Program

GROUP CONSENSUS SCORE SHEET	
ORGANIZATION PROFILE	
Organization General (P=4)	
<ul style="list-style-type: none"> Relationship of mission and goals to proposed service(s) History of providing proposed service(s) or similar service(s) Number and qualifications of independent governing board members Sufficient representation of Boone County residents on governing board 	3.00
Comments: <ul style="list-style-type: none"> Strategic Plan not uploaded board not very diverse. 	
	Score
Total Group Score for Organization General (P = 4):	3.00
Organization Financial (P=3)	
<ul style="list-style-type: none"> Financial Statement Financial procedures regarding board oversight Employee compensation levels 	3.00
Comments: Board exercises appropriate oversight.	
	Score
Total Group Score for Organization Financial (P = 4):	3.00
PROGRAM OVERVIEW	
Statement of Issue Being Addressed (P=4)	
<ul style="list-style-type: none"> Description of how the population/community is affected by the issues to be addressed in this proposal Utilizes data from Boone Indicators Dashboard (BID) 	2.00

Comments:	
<ul style="list-style-type: none"> • Section a. does not use any citations for statements. • Used BID data once but based Boone County as the second worse county on a New York Times study. Mentions that Boone County has the highest child poverty rate in the state next to St. Louis, very interesting that already in traumatic situations. 	
	Score
Total Group Score for Statement of Issue Being Addressed (P = 4):	2.00
Program Goal (P=4)	
<ul style="list-style-type: none"> • Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile 	3.00
Comments:	
	Score
Total Group Score for Program Goal (P = 4):	3.00
Program Overview (P=4)	
<ul style="list-style-type: none"> • Clearly describes the proposed program 	3.00
Comments:	
Doesn't provide clear explanation of the program and operation details. Program Overview is more an explanation of the consumers. Good language	
	Score
Total Group Score for Program Overview (P = 4) x 2 for weighted score:	6.00
Program Consumers (P=4)	
<ul style="list-style-type: none"> • Description of consumers accessing program services • Explanation of why these consumers were chosen • Describes any impediments or challenges in serving these consumers • Adequate number of unduplicated individuals to be served • Adequate average program cost per individual 	2.00
Comments:	
Provide clarification on the enrollment guidelines involving families in PH and HCV. Transportation was noted being a challenge but program is described as being held at the same location as regular MAP programming. Why is transportation a challenge if the students are already at the facility? Doesn't include high school kids.	
	Score
Total Group Score for Program Consumers (P = 4) x 2 for weighted score:	4.00
Consumer Demographics (P=4)	

<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	4.00
Comments: Did not provide demographics for Ethnicity section. How do you account for staff turnover with training? Will training provide staff sufficient skills to lead art therapy? Eighty-two is a good number.	
	Score
Total Group Score for Consumer Demographics (P = 4):	4.00
Program Access (P = 4)	
<ul style="list-style-type: none"> • Description of where and when the program services will be offered and any logistical information • Describes eligibility criteria • Description and justification of the fee for services, including sliding fee schedule, if applicable 	3.00
Comments: <ul style="list-style-type: none"> • Transportation was noted being a challenge but program is described as being held at the same location as regular MAP programming. Why is transportation a challenge if the students are already at the facility? • A narrative wasn't provided for c. 	
	Score
Total Group Score for Program Access (P = 4):	3.00
Program Quality (P=4)	
<ul style="list-style-type: none"> • Description of any external requirements, such as licensing, minimum standards, accreditation, etc. • Program uses best practices that are evidence-based • Thorough description of unique and innovative aspects of the proposed services • Describes a quality improvement process for the proposed program • Describes a process that collects consumer feedback and utilization to enhance services and program outcomes 	3.00
Comments: <ul style="list-style-type: none"> • Asks youth to sign a commitment form to encourage voluntary participation. Also, helps ease the mind of parents perceiving youth are forced to do programming they don't want to participate in. • Provides sufficient information on the curriculum to be used. • Did not provide narrative for g. on consumer feedback, worried about training the individuals, likes the value they are proposing, likes the opportunity but worried about therapeutic portion because a licensed individual is not providing the service. 	

	Score
Total Group Score for Program Quality (P = 4) :	3.00
Collaboration (P=4)	
<ul style="list-style-type: none"> • Thorough description of partnerships or collaborations that enhance access to and/or the proposed services • Relevant MOUs for the support of these proposed services 	3.00
Comments: Proposed several partnerships to provide training and support for the program. No MOUs provided for key players in supporting/implementing the program. Very important to have MOUs in place What about any partnerships with the University of Missouri's departments?	
	Score
Total Group Score for Collaboration (P = 4) x 2 for weighted score:	6.00
Program Personnel and Narrative (P=4)	
<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	2.00
Comments: No full-time personnel. Will there be enough time for personnel to develop lessons/practices plus the programming hours? Salary range won't attract top talent, would worry about turnover.	
	Score
Total Group Score for Program Personnel and Narrative (P = 4) x 2 for weighted score:	4.00
Program Budget and Narrative (P=4)	
<ul style="list-style-type: none"> • Adequate overall program funding • Ratio of Boone County funding to other sources of funding • Correlation between personnel expenses and program personnel • Justification for level of funding from Boone County • Basis for funding request from Boone County • Detailed budget narrative 	2.00
Comments: Federal funding included in total revenue. Provide more information on federal funding. Personnel seems high without full time employees. Eighty percent from CSF and the rest from feds, worries about salaries.	
	Score
Total Group Score for Program Budget and Narrative (P = 4) x 2 for weighted score:	4.00

Reference List (citations) (P=4)	
<ul style="list-style-type: none"> • Use of Boone Indicators Dashboard • Use of valid and reliable data to describe the issue • Use of valid and reliable data to describe the population affected by the issue • Use of valid and reliable data to describe the effect of the issue in Boone County • Adherence to required citation methodology • Reference sources are current, valid and reliable 	4.00
Comments: Numerous references listed but some are pretty dated. BID not cited.	
	Score
Total Group Score for Reference List (P = 4):	4.00
PROGRAM SERVICE	
Development/Start Up Service Funding (P=0)	
<ul style="list-style-type: none"> • Provides service names and definitions from the Taxonomy of Services • Detailed description for each proposed service(s) 	
Comments: Training costs for CHALIS staff in trauma informed therapeutic techniques and supplies. Amount listed for art and percussion supplies seems low. Art supplies probably wouldn't be a one time cost.	
This criteria does not receive a score	
Service Names, Definitions, and Descriptions (P=4)	
<ul style="list-style-type: none"> • Provides service names and definitions from the Taxonomy of Services • Detailed description for each proposed service(s) 	4.00
Comments: <ul style="list-style-type: none"> • Only lists one service and does not follow the Taxonomy. The service description is pretty detailed. • Consider renaming service as Positive Youth Development. Summary of trauma informed services well written and research based. 	
Total Group Score for Service Names, Definitions, and Descriptions (P = 4) x 3 for weighted score:	12.00
Service Outputs (P=4)	

<ul style="list-style-type: none"> • Adequate Unit Measure proposed for each service • Reasonable Unit Rates proposed for each service • Unit of service rate(s) (cost) tied to an established public funding unit rate • Adequate number of Units proposed for each service • Adequate number of unduplicated individuals to be served by each proposed service • Adequate cost of service per individual 	3.00
Comments: The unit rate is high and also the cost per individual.	
Total Group Score for Service Outputs (P = 4) x 2 for weighted score:	6.00
Service Fees (P=4)	
<ul style="list-style-type: none"> • Description and justification of the fee for services • Description of third party payer(s) • Description of fee payment option if consumer is uninsured or under insured 	2.00
Comments:	
Total Group Score for Service Fees (P = 4):	2.00
Amount Received From Other Funders (P=0)	
<ul style="list-style-type: none"> • Proposed program services list current funding by the City of Columbia, Boone County, and/or the Heart of Missouri United Way 	
Comments:	
This criteria does not receive a score	
Service Funding Request (P=4)	
<ul style="list-style-type: none"> • Adequate amount requested from Boone County • Adequate proposed number of units of service • Adequate justification for funding request from Boone County 	3.00
Comments: Evidence based and will try to leverage MFH funds.	
Total Group Score for Service Funding Request (P = 4):	3.00

Service Performance Measures and Narratives (P=4)	
<ul style="list-style-type: none"> • Relationship of outcome(s) to program goal(s) and issue identified in proposed program • Relativity, feasibility, and rationale of outcome indicator(s) • Relativity, validity, reliability, and rationale for the method of measurement(s) • Description of any external factors or variables which may affect proposed outcome(s) 	2.00
Comments: Amount of time spent on analyzing results seems high for the low amount of staff time involved in the program.	
Total Group Score for Service Performance Measures and Narratives (P = 4) x 2 for weighted score:	4.00
Overall Comments (P = 0-10 Extra Points)	
<p>Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.</p> <p>Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.</p> <p>Purpose Statement: <i>BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.</i></p> <p>Funding Goals: <i>The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), http://booneindicators.org/Default.aspx, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.</i></p> <p><i>Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.</i></p>	
	Score
Total Group Score for Overall Comments (P = 10):	8.00
Comments: The program is expensive. The cost per individual is high. Concern on the amount of time an individual will actually get to practice the drums or use art supplies when sharing with a group or partner sites. Lacks clear details on program implementation. Other comments included: trusted service provider, worried about duplication of services, very interesting program, written well, combined activity with therapy services. Who is doing mental health screenings?	

Matching Funds (P = 0-10 Extra Points)

Degree to which the program proposal response describes other funding sources for the procurement of services to maximize the ability to reach and serve children, youth, and families in Boone County. Please review the entire proposal and specifically the Budget Narrative before scoring. Some questions to consider: Does the matching funds involve a partnership with another funding source? Do the matching funds create a greater amount of resources to serve children, youth, and families?

	Score
Total Group Score for Matching Funds (P = 10):	0.00

Comments: Some federal funding is provided for the program. No explanation of what the funds will cover and specific source.

Collaboration (P = 0-15 Extra Points)

Definition of "Collaboration": Longer term interaction based on shared mission, goals; shared decision-makers and resources.

• Degree to which the program is coordinated with existing community resources. Organizations may be awarded extra points based on how well they demonstrate substantive and ongoing collaboration with other agencies. Some questions to consider: Does the collaboration go beyond a referral system? Does the collaboration have the potential to enhance consumer outcomes that without the collaboration would not likely occur?

- Program does not duplicate existing services
- Program demonstrates county-wide collaborative efforts

	Score
Total Group Consensus for Collaboration (P = 15):	5.00

Comments: Lists several organizations/institutions that will train and lead the enrichment activities. Family Counseling Center is also mentioned for screenings/assessments as a referral source for parents. No MOUs provided.

Updated 7/19/17



Organization Name: CHA Low-Income Services, Inc.

Program Name: Trauma Informed Art-Making in After School & Summer Program

OVERALL SCORE SHEET		
	Total Possible Score	Group Score

Organization Profile Section

Organization General	4.00	3.00
Organization Financial	4.00	3.00

Program Overview

Statement of Issue Being Addressed	4.00	2.00
Program Goal	4.00	3.00
Program Overview	8.00	6.00
Program Consumers	8.00	4.00
Consumer Demographics	4.00	4.00
Program Access	4.00	3.00
Program Quality	4.00	3.00
Collaboration	8.00	6.00
Program Personnel and Narrative	8.00	4.00
Program Budget and Narrative	8.00	4.00
Reference List (citations)	4.00	4.00

Program Services

Service Names, Definitions, and Descriptions	12.00	12.00
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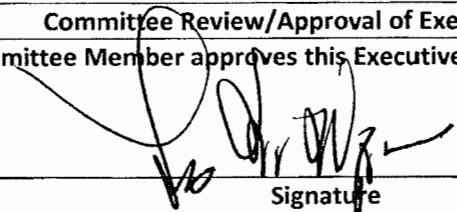
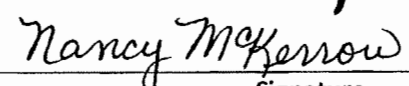
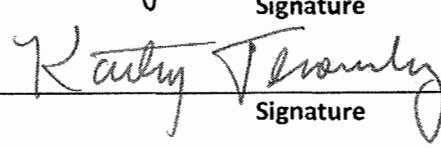

Service Outputs	8.00	6.00
Service Fees	4.00	2.00
Service Funding Requested	4.00	3.00
Service Performance Measures and Narratives	8.00	4.00
Overall Comments	10.00	8.00
Matching Funds	10.00	0.00
Collaboration	15.00	5.00
<i>Final Score:</i>	<i>71.00</i>	<i>40.00</i>

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	CHA Low-Income Services, Inc. – <i>Youth Community Coalition Communities that Care Project</i>
Recommended Contract Amount	\$94,596.00
Best and Final Offer Amount	\$155,722.00
Total Amount Requested	\$140,122.00
Current Contract Amount	\$80,000
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Home-based and community-based family intervention programs • Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Community Collaboration	One hour	\$30.79	2,400
#2	Positive Youth Development	One hour	\$15.00	700
#3	Community Needs Assessment	One assessment	\$850.00	12

Recommended Board Action
Fund the best and final offer in part based on current contract rate and utilization.

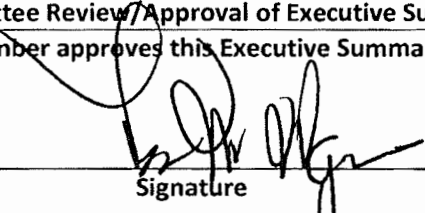
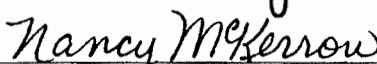
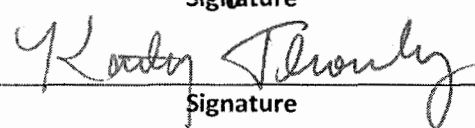
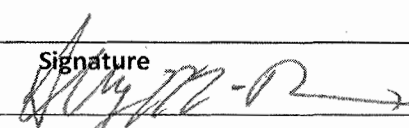
Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Child Abuse & Neglect Emergency Shelter, Inc. – <i>Children's Emergency Shelter</i>
Recommended Contract Amount	\$13,271.80
Best and Final Offer Amount	\$13,332.80
Total Amount Requested	\$40,560.50 (Year 1 = \$20,280.75)
Current Contract Amount	\$13,071.25
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Respite care services • Outpatient chemical dependency and psychiatric treatment programs • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Individual, group, or family professional counseling and therapy services

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Out-of-Home Respite Care	1 hour	\$14.85	400
#2	Individual Therapy – Child	1 hour	\$83.51	50
#3	Positive Youth Development	1 hour	\$18.63	60
#4	Public Awareness/Education	1 hour	\$20.78	75
#5	Social/Emotional & Developmental Screening	1 screening	\$16.00	30

Recommended Board Action
Math was incorrect for the Best and Final Offer submitted by the organization. Fund the services in whole with correct contract amount.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

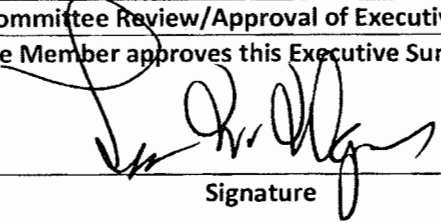
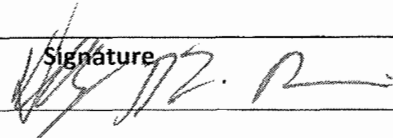
EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Child Abuse & Neglect Emergency Shelter, Inc. – <i>Homeless Youth Program</i>
Recommended Contract Amount	\$11,629.25
Best and Final Offer Amount	\$11,629.26
Total Amount Requested	\$99,413.34 (1 Year = \$49,706.67)
Current Contract Amount	\$21,778.35
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth • Counseling and related services as a part of transitional living programs • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Crisis intervention services, inclusive of telephone hotlines • Individual, group, or family professional counseling and therapy services

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	24-Hour Emergency Shelter	1 bed night	\$101.81	50
#2	<i>Transitional Shelter</i>	<i>1 bed night</i>	<i>\$101.81</i>	<i>-----</i>
#3	Individual Therapy - Child	1 hour	\$122.53	20
#4	Case Management	15 minutes	\$9.52	350
#5	Clinical Case Management	15 minutes	\$19.07	25
#6	Positive Youth Development	1 hour	\$13.97	20

Program service funded through other revenue source

Recommended Board Action
Math was incorrect for the Best and Final Offer submitted by the organization. Fund the services in whole with correct contract amount.

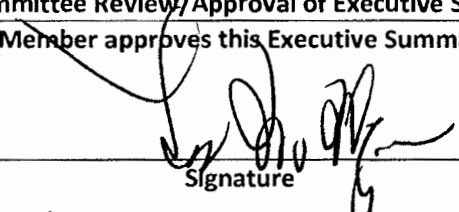
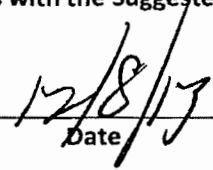

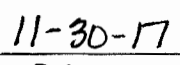
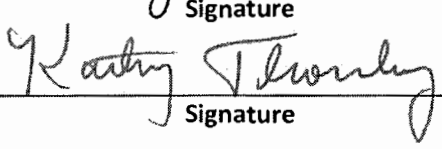
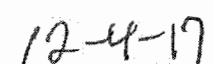
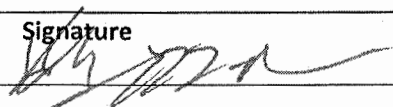
Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		<i>12/8/17</i>
Printed Name	Signature	Date
Nancy McKerrow	<i>Nancy McKerrow</i>	<i>11-30-17</i>
Printed Name	Signature	Date
Kathy Thornburg	<i>Kathy Thornburg</i>	<i>12-4-17</i>
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Child Abuse & Neglect Emergency Shelter, Inc. – <i>Parenting Class Program</i>
Recommended Contract Amount	\$4,250.00
Best and Final Offer Amount	\$4,250.00
Total Amount Requested	\$8,500.00 (Year 1 = \$4,250)
Current Contract Amount	\$10,771.20
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Services				
Service		Unit Measure	Unit Rate	# of Units
#1	Parenting Skills Training	One hour	\$8.50	500

Recommended Board Action				
Fund the best and final offer in whole.				

Committee Review/Approval of Executive Summary				
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:				
Les Wagner				
Printed Name	Signature		Date	
Nancy McKerrow				
Printed Name	Signature		Date	
Kathy Thornburg				
Printed Name	Signature		Date	
Dewey Riehn				
Printed Name	Signature		Date	

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Columbia Center for Urban Agriculture – <i>Improving Mental and Physical Health of Food Insecure Children Through Hand-On Nutrition Interventions</i>
Recommended Contract Amount	\$99,060.00
Best and Final Offer Amount	\$99,095.04
Total Amount Requested	\$141,560.00 (Year 1 = \$99,095.04)
Current Contract Amount	\$25,500 (Strategic Opportunity Fund)
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Home-based and community-based family intervention programs • Prevention programs that promote healthy lifestyles among children and youth and strengthen families

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Health Education	One individual	\$7.00	11,161
#2	Community Gardens	One family	\$173.00	121

Recommended Board Action	
Unit Measures were changed by the organization since the original Best and Final Offer. This made the recommended contract amount to be lower. Fund the proposed program in whole.	

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Greg Grupe		11/30/17
Printed Name	Signature	Date
Wiley Miller		11-30-17
Printed Name	Signature	Date
Michele Kennett		11/30/2017
Printed Name	Signature	Date



Boone County
Children's Services Fund
Group Consensus Score Sheet

Organization Name: Columbia Center for Urban Agriculture

Program Name: Improving Mental and Physical Health of Food Insecure Children Through Hand-On Nutrition Interventions

GROUP CONSENSUS SCORE SHEET	
ORGANIZATION PROFILE	
Organization General (P=4)	
<ul style="list-style-type: none">Relationship of mission and goals to proposed service(s)History of providing proposed service(s) or similar service(s)Number and qualifications of independent governing board membersSufficient representation of Boone County residents on governing board	3.00
Comments: <ul style="list-style-type: none">Add notes on expertise/experience for all Board Members and contact information	
	Score
Total Group Score for Organization General (P = 4):	3.00
Organization Financial (P=4)	
<ul style="list-style-type: none">Financial StatementFinancial procedures regarding board oversightEmployee compensation levels	3.00
Comments: <ul style="list-style-type: none">Audit reported that several employees carry organization debit cards and recommended that cards are stored in a secure area. Will need to follow up with these items.Check on when new 990 will be available.All employees receive same salary. Is this correct?Low salaries could contribute to undesired personnel turnover.	
	Score
Total Group Score for Organization Financial (P = 4):	3.00
PROGRAM OVERVIEW	
Statement of Issue Being Addressed (P=4)	

<ul style="list-style-type: none"> • Description of how the population/community is affected by the issues to be addressed in this proposal • Utilizes data from Boone Indicators Dashboard (BID) 	3.00
Comments: <ul style="list-style-type: none"> • Good use of relevant and current information. • Very well presented and documented. 	
	Score
Total Group Score for Statement of Issue Being Addressed (P = 4):	3.00
Program Goal (P=4)	
<ul style="list-style-type: none"> • Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile 	3.00
Comments: <ul style="list-style-type: none"> • Focused on the three most economically distressed neighborhoods. • Clear goal. Clearly defined target population. It would be nice if low-income families in non-targeted neighborhoods and schools could also participate. Why limit participation to 3rd and 5th grades? 	
	Score
Total Group Score for Program Goal (P = 4):	3.00
Program Overview (P=4)	
<ul style="list-style-type: none"> • Clearly describes the proposed program 	3.00
Comments: <ul style="list-style-type: none"> • Highly significant that program will work with families. 	
	Score
Total Group Score for Program Overview (P = 4) x 2 for weighted score:	6.00
Program Consumers (P=4)	
<ul style="list-style-type: none"> • Description of consumers accessing program services • Explanation of why these consumers were chosen • Describes any impediments or challenges in serving these consumers • Adequate number of unduplicated individuals to be served • Adequate average program cost per individual 	3.00
Comments:	
	Score
Total Group Score for Program Consumers (P = 4) x 2 for weighted score:	6.00
Consumer Demographics (P=4)	

<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	3.00
Comments: <ul style="list-style-type: none"> • Provide clarification on the 22 high school students listed and 27 middle school students to be served. 	
	Score
Total Group Score for Consumer Demographics (P = 4):	3.00
Program Access (P = 4)	
<ul style="list-style-type: none"> • Description of where and when the program services will be offered and any logistical information • Describes eligibility criteria • Description and justification of the fee for services, including sliding fee schedule, if applicable 	4.00
Comments: <ul style="list-style-type: none"> • What activities will be completed during the fall and winter months? 	
	Score
Total Group Score for Program Access (P = 4):	4.00
Program Quality (P=4)	
<ul style="list-style-type: none"> • Description of any external requirements, such as licensing, minimum standards, accreditation, etc. • Program uses best practices that are evidence-based • Thorough description of unique and innovative aspects of the proposed services • Describes a quality improvement process for the proposed program • Describes a process that collects consumer feedback and utilization to enhance services and program outcomes 	3.00
Comments: <ul style="list-style-type: none"> • Good tie between physical and mental health. • Will there be need for city food health inspections? • Will participants' culture be taken into account? How? To what extent? 	
	Score
Total Group Score for Program Quality (P = 4):	3.00
Collaboration (P=4)	

<ul style="list-style-type: none"> • Thorough description of partnerships or collaborations that enhance access to and/or the proposed services • Relevant MOUs for the support of these proposed services 	4.00
Comments: <ul style="list-style-type: none"> • MOUs with CPS and BGC. Are there a MOUs for collaboration efforts with Fun City and CHA-LIS? • Rather good collaboration with Columbia Public Schools, Columbia Housing Authority, and several other agencies. 	
	Score
Total Group Score for Collaboration (P = 4) x 2 for weighted score:	8.00
Program Personnel and Narrative (P=4)	
<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	3.00
Comments: <ul style="list-style-type: none"> • Several employees are listed for the program with 2 being from AmeriCorps • Again, salary ranges might be a bit low. Yet, it is understood that for its members salary ranges are set by AmeriCorps. 	
	Score
Total Group Score for Program Personnel and Narrative (P = 4) x 2 for weighted score:	6.00
Program Budget and Narrative (P=4)	
<ul style="list-style-type: none"> • Adequate overall program funding • Ratio of Boone County funding to other sources of funding • Correlation between personnel expenses and program personnel • Justification for level of funding from Boone County • Basis for funding request from Boone County • Detailed budget narrative 	3.00
Comments: <ul style="list-style-type: none"> • The amount entered in the budget for CSF should be \$99,095.04. • Year 1 request = \$99,095.04 and Year 2 = \$141,562.76 	
	Score
Total Group Score for Program Budget and Narrative (P = 4) x 2 for weighted score:	6.00
Reference List (citations) (P=4)	

<ul style="list-style-type: none"> • Use of Boone Indicators Dashboard • Use of valid and reliable data to describe the issue • Use of valid and reliable data to describe the population affected by the issue • Use of valid and reliable data to describe the effect of the issue in Boone County • Adherence to required citation methodology • Reference sources are current, valid and reliable 	3.00
Comments: <ul style="list-style-type: none"> • Good variety of references that are current and cited in APA style. Includes BID 	
	Score
Total Group Score for Reference List (P = 4):	3.00
PROGRAM SERVICE	
Development/Start Up Service Funding (P=0)	
<ul style="list-style-type: none"> • Provides service names and definitions from the Taxonomy of Services • Detailed description for each proposed service(s) 	
Comments:	
This criteria does not receive a score	
Service Names, Definitions, and Descriptions (P=4)	
<ul style="list-style-type: none"> • Provides service names and definitions from the Taxonomy of Services • Detailed description for each proposed service(s) 	4.00
Comments:	
<ul style="list-style-type: none"> • A wonderfully comprehensive approach to good nutrition and related healthy outcomes. 	
Total Group Score for Service Names, Definitions, and Descriptions (P = 4) x 3 for weighted score:	12.00
Service Outputs (P=4)	

<ul style="list-style-type: none"> • Adequate Unit Measure proposed for each service • Reasonable Unit Rates proposed for each service • Unit of service rate(s) (cost) tied to an established public funding unit rate • Adequate number of Units proposed for each service • Adequate number of unduplicated individuals to be served by each proposed service • Adequate cost of service per individual 	3.00
Comments: <ul style="list-style-type: none"> • Service 1- Provide justification on the high increase in proposed number of services to be provided compared to the current contracted amount through the Strategic Innovation Fund. • Provide clarification on the outputs on whether these numbers are for the first year of funding or Year 2. Numbers should reflect the first year of services. 	
Total Group Score for Service Outputs (P = 4) x 2 for weighted score:	6.00
Service Fees (P=4)	
<ul style="list-style-type: none"> • Description and justification of the fee for services • Description of third party payer(s) • Description of fee payment option if consumer is uninsured or under insured 	3.00
Comments:	
Total Group Score for Service Fees (P = 4);	3.00
Amount Received From Other Funders (P=0)	
<ul style="list-style-type: none"> • Proposed program services list current funding by the City of Columbia, Boone County, and/or the Heart of Missouri United Way 	
Comments: <ul style="list-style-type: none"> • Current amount of units is 225 and has only used 17 hours as of September 2017. • Nearly half. 	
This criteria does not receive a score	
Service Funding Request (P=4)	
<ul style="list-style-type: none"> • Adequate amount requested from Boone County • Adequate proposed number of units of service • Adequate justification for funding request from Boone County 	3.00

Comments: <ul style="list-style-type: none"> • For both services, the amount requested should be the amount needed for Year 1 with the correct output figures. The justification can provide information on the amount needed for Year 2 	
Total Group Score for Service Funding Request (P = 4):	3.00
Service Performance Measures and Narratives (P=4)	
<ul style="list-style-type: none"> • Relationship of outcome(s) to program goal(s) and issue identified in proposed program • Relativity, feasibility, and rationale of outcome indicator(s) • Relativity, validity, reliability, and rationale for the method of measurement(s) • Description of any external factors or variables which may affect proposed outcome(s) 	2.00
Comments: <ul style="list-style-type: none"> • Service 1- MAP scores shouldn't be used as an assessment tool for this program. Suggest developing a program assessment tool and/or looking at attendance records. • Performance measures need more work. How will changes in food selection be measured? What about weight loss and increased energy? Again, what about a comparison between participants and a control group on measurements taken by the schools? 	
Total Group Score for Service Performance Measures and Narratives (P = 4) x 2 for weighted score:	4.00
Overall Comments (P = 0-10 Extra Points)	
<p>Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.</p> <p>Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.</p> <p>Purpose Statement: <i>BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.</i></p> <p>Funding Goals: <i>The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), http://booneindicators.org/Default.aspx, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.</i></p> <p><i>Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.</i></p>	

	Score
Total Group Score for Overall Comments (P = 10):	9.00
Comments: <ul style="list-style-type: none"> • The program provides good descriptions of the program and services. The budget and service outputs need to be fixed to reflect Year 1 of services. The program performance measures need to be worked on. • Partnerships with other orgs is a strength. • Has there been any outreach to the College of Ag? 	
Matching Funds (P = 0-10 Extra Points)	
Degree to which the program proposal response describes other funding sources for the procurement of services to maximize the ability to reach and serve children, youth, and families in Boone County. Please review the entire proposal and specifically the Budget Narrative before scoring. Some questions to consider: Does the matching funds involve a partnership with another funding source? Do the matching funds create a greater amount of resources to serve children, youth, and families?	
	Score
Total Group Score for Matching Funds (P = 10):	10.00
Comments: <ul style="list-style-type: none"> • Diverse revenue streams. Provides a detailed list of which funds will be covering program expenses. 	
Collaboration (P = 0-15 Extra Points)	
Definition of "Collaboration": Longer term interaction based on shared mission, goals; shared decision-makers and resources. <ul style="list-style-type: none"> • Degree to which the program is coordinated with existing community resources. Organizations may be awarded extra points based on how well they demonstrate substantive and ongoing collaboration with other agencies. Some questions to consider: Does the collaboration go beyond a referral system? Does the collaboration have the potential to enhance consumer outcomes that without the collaboration would not likely occur? • Program does not duplicate existing services • Program demonstrates county-wide collaborative efforts 	
	Score
Total Group Consensus for Collaboration (P = 15):	13.00
Comments: <ul style="list-style-type: none"> • Good use of incorporating existing programs for kids/youth with Boys and Girls Club and other after-school & summer programming for low-income families. MOUs are provided with CPS and BGC. 	



Organization Name: Columbia Center for Urban Agriculture

Program Name: Improving Mental and Physical Health of Food Insecure Children Through Hand-On Nutrition Interventions

OVERALL SCORE SHEET		
	Total Possible Score	Group Score

Organization Profile Section

Organization General	4.00	3.00
Organization Financial	4.00	3.00

Program Overview

Statement of Issue Being Addressed	4.00	3.00
Program Goal	4.00	3.00
Program Overview	8.00	6.00
Program Consumers	8.00	6.00
Consumer Demographics	4.00	3.00
Program Access	4.00	4.00
Program Quality	4.00	3.00
Collaboration	8.00	8.00
Program Personnel and Narrative	8.00	6.00
Program Budget and Narrative	8.00	6.00
Reference List (citations)	4.00	3.00

Program Services

Service Names, Definitions, and Descriptions	12.00	12.00
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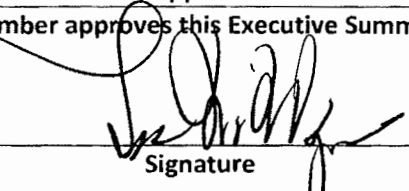
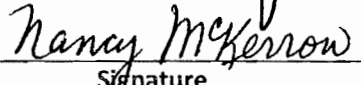
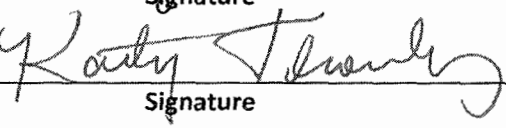
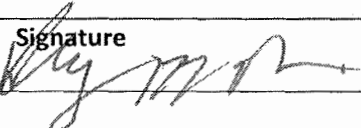
Service Outputs	8.00	6.00
Service Fees	4.00	3.00
Service Funding Requested	4.00	3.00
Service Performance Measures and Narratives	8.00	4.00
Overall Comments	10.00	9.00
Matching Funds	10.00	10.00
Collaboration	15.00	13.00
<i>Final Score:</i>	<i>71.00</i>	<i>60.00</i>

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Columbia/Boone County Department of Public Health and Human Services – <i>Teen Outreach Program (TOP)</i>
Recommended Contract Amount	\$37,110.44
Best and Final Offer Amount	\$37,110.44
Total Amount Requested	\$47,106.00 (Amount listed in Program Overview)
Current Contract Amount	\$71,286.00 (18-month contract)
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Health Education	One hour	\$25.09	901.5
#2	Information and Referral	One meeting	\$24.67	100
#3	Positive Youth Development	One hour	\$13.80	835
#4	Family Education	One hour	\$25.09	20

Recommended Board Action
Fund the best and final offer in whole.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

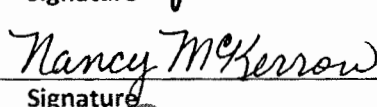
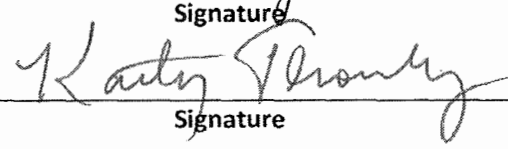
EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Community Playground of Columbia, Inc. - Fun City Youth Academy
Recommended Contract Amount	\$84,036.00
Best and Final Offer Amount	\$87,636.00
Total Amount Requested	\$80,000.00
Current Contract Amount	\$79,989.17
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Home-based and community-based family intervention programs • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Individual, group, or family professional counseling and therapy services

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Out of School Programming (includes: Positive Youth Development, Physical Activity, and Nutrition Education)	One hour	\$10.27	5,000
#2	Parent Partnership	15 minutes	\$9.00	1,674
#3	Individual Therapy – Child	15 minutes	\$9.00	320
#4	Group Therapy – Child	15 minutes	\$9.00	480
#5	Academic Instruction	One hour	\$10.42	1,000
#6	Family Education	----	----	----

Program services funded through other revenue source

Recommended Board Action
Fund the best and final offer in part based on current contract.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

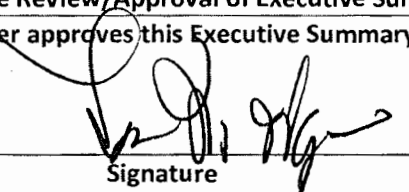
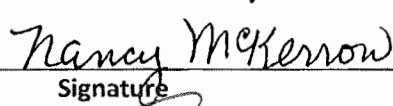
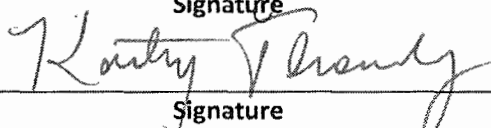
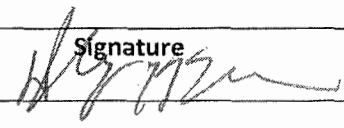
EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	First Chance for Children – <i>First Chance for Children</i>
Recommended Contract Amount	\$210,000.00
Best and Final Offer Amount	\$210,000.00
Total Amount Requested	\$575,028.00
Current Contract Amount	\$187,560.00
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Unmarried parent services • Home-based and community-based family intervention programs • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Crisis intervention services, inclusive of telephone hotlines • Mental health screenings

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Family Education	One family	\$41.67	-----
#2	Parent Partnership	One family	\$12.00	480
#3	Home Visit (CRIBS Visit)	One visit	\$75.00	200
#4	Home Visit (BabyU Visit)	One visit	\$128.00	1,200
#5	Crisis Intervention	One crisis kit	\$25.00	900
#6	Best Practices Training	One individual	\$20.00	-----
#7	Behavioral Health Screening	One screening	\$8.76	1,500

Program service funded through other revenue source

Recommended Board Action	
Fund the best and final offer in whole.	

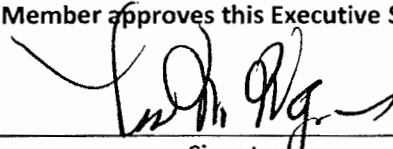
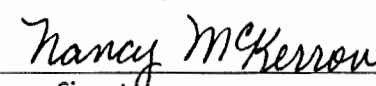
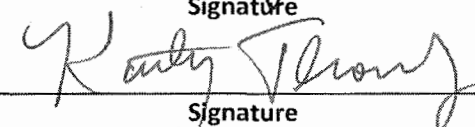
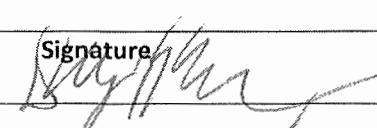
Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Great Circle – Early Assessment and Intervention Services for Outcomes Now (EAIS-ON)
Recommended Contract Amount	\$214,129.85
Best and Final Offer Amount	\$224,644.00
Total Amount Requested	\$553,633.00 (Year 1 = \$278,674.00)
Current Contract Amount	\$233,870.00
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Home-based and community-based family intervention programs • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Crisis intervention services, inclusive of telephone hotlines • Individual, group, or family professional counseling and therapy services

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Individual Therapy – Child	One hour	\$49.15	1,125
#2	Individual Therapy – Adult	One hour	\$40.96	1,284
#3	Family Therapy	One hour	\$68.26	761
#4	Behavioral Health Assessment	One assessment	\$115.40	344
#5	Substance Use Disorder Assessment	One assessment	\$150.00	18
#6	Individual Therapy - Child (Substance Use Treatment)	One hour	\$85.00	140

Recommended Board Action
Unit Measures were changed by the organization since the original Best and Final Offer. This made the recommended contract amount to be lower. Fund the proposed program in whole.

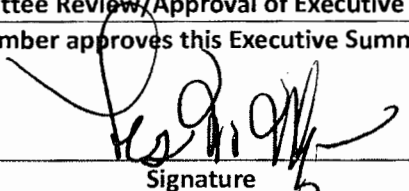

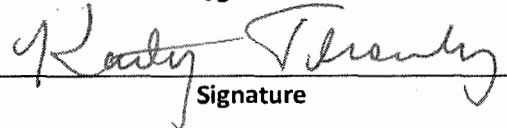
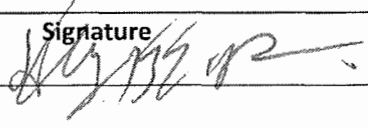
Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Harrisburg Early Learning Center – <i>School Age and Early Childhood Services</i>
Recommended Contract Amount	\$43,378.32
Best and Final Offer Amount	\$43,404.00
Total Amount Requested	\$50,000.00
Current Contract Amount	\$34,999.34
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Prevention programs which promote healthy lifestyles among children and youth and strengthen families Mental health screenings

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Social/Emotional Screening	One screening	\$26.79	168
#2	Out of School Programming (Positive Youth Development and Academic Support)	One hour	\$3.45	8,148
#3	Scholarships	One hour	\$1.50	7,178

Recommended Board Action
Math was incorrect for the Best and Final Offer submitted by the organization. Fund the services in whole with correct contract amount.

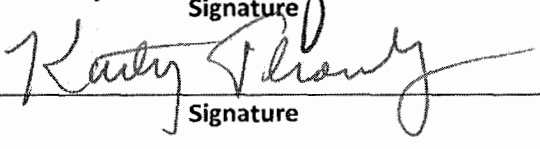
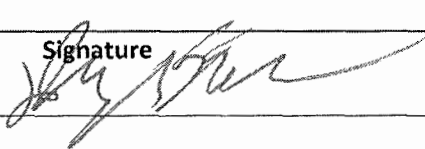
Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Heart of Missouri CASA – <i>CASA Child Advocacy</i>
Recommended Contract Amount	\$100,000.00
Best and Final Offer Amount	\$100,000.00
Total Amount Requested	\$90,000.00
Current Contract Amount	\$90,000.00
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Home-based and community-based family intervention programs

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Advocacy	One hour	\$25.00	4,000

Recommended Board Action
Fund the best and final offer in whole.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Lutheran Family and Children's Services of Missouri – <i>Pregnancy and Parenting Services</i>
Recommended Contract Amount	\$418,933.04
Best and Final Offer Amount	\$418,933.04
Total Amount Requested	\$427,908.24
Current Contract Amount	\$262,904.32 (Nurturing Network) + \$116,622.84 (Maternal Mental Health) = \$379,527.16
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Unmarried parent services • Home-based and community-based family intervention programs • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Individual, group, or family professional counseling and therapy services

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Individual Therapy – Adult	15 minutes	\$31.91	4,200
#2	Individual Therapy – Child	15 minutes	\$31.91	800
#3	Family Therapy	15 minutes	\$31.91	480
#4	Case Management	15 minutes	\$19.07	3,232
#5	General Medical Care	One visit	\$40.00	30
#6	Prescription Medication	One prescription	\$30.00	40
#7	Home Visiting (includes: Family Education, Parent Skills Training, and Case Management)	15 minutes	\$28.13	6,400
#8	Group Therapy – Adult	One hour	\$18.63	-----

Program services funded through other revenue source

Recommended Board Action
Fund the best and final offer in whole.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

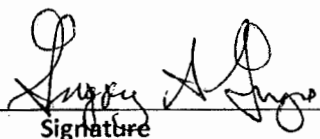
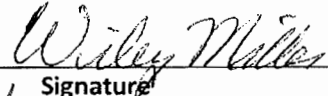
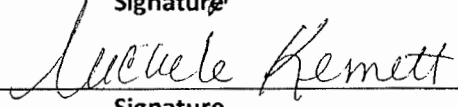
EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Mary Lee Johnston Community Learning Center – <i>Healthy Habits</i>
Recommended Contract Amount	\$73,487.50
Best and Final Offer Amount	\$96,528.00
Total Amount Requested	\$295,660.00 (Year 1 = \$147,803.00)
Current Contract Amount	\$14,800.00 (Community Health Fund)
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Health Education	One hour	\$32.20	1,040
#2	Case Management	15 minutes	\$12.50	2,560
#3	Public Awareness/Education	One individual	\$53.33	150
#4	<i>Congregate Meals</i>	<i>One meal</i>	<i>\$0.21</i>	<i>-----</i>
#5	<i>Parent Partnership</i>	<i>One individual</i>	<i>\$6.89</i>	<i>-----</i>

Program services funded through other revenue source

Recommended Board Action
Fund the best and final offer in part. Recommended contract amount excludes Physical Activity as a service.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Greg Grupe		11/30/17
Printed Name	Signature	Date
Wiley Miller		11-30-17
Printed Name	Signature	Date
Michele Kennett		11/30/2017
Printed Name	Signature	Date



Boone County
Children's Services Fund
Group Consensus Score Sheet

Organization Name: Mary Lee Johnston Community Learning Center

Program Name: Healthy Habits

GROUP CONSENSUS SCORE SHEET	
ORGANIZATION PROFILE	
Organization General (P=4)	
<ul style="list-style-type: none"> Relationship of mission and goals to proposed service(s) History of providing proposed service(s) or similar service(s) Number and qualifications of independent governing board members Sufficient representation of Boone County residents on governing board 	3.00
Comments: <ul style="list-style-type: none"> Strategic Plan not provided. Missing information on Jenny Gray on Board Members. Mary Ellen Muller and Laura Peiter are listed on Organizational chart but missing on Board Member table. Term end date for John Meyer ended on 8/1/16. Update or deactivate member. There's only 11 active board members whereas the bylaws state there needs to be 12. 	
	Score
Total Group Score for Organization General (P = 4):	3.00
Organization Financial (P=4)	
<ul style="list-style-type: none"> Financial Statement Financial procedures regarding board oversight Employee compensation levels 	2.00
Comments: <ul style="list-style-type: none"> Employee compensation seems low. 	
	Score
Total Group Score for Organization Financial (P = 4):	2.00
PROGRAM OVERVIEW	
Statement of Issue Being Addressed (P=4)	

<ul style="list-style-type: none"> • Description of how the population/community is affected by the issues to be addressed in this proposal • Utilizes data from Boone Indicators Dashboard (BID) 	3.00
Comments: <ul style="list-style-type: none"> • Good use of data - used several sources, including information from BID. 	
	Score
Total Group Score for Statement of Issue Being Addressed (P = 4):	3.00
Program Goal (P=4)	
<ul style="list-style-type: none"> • Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile 	3.00
Comments: <ul style="list-style-type: none"> • Sentence is incomplete and difficult to fully comprehend. 	
	Score
Total Group Score for Program Goal (P = 4):	3.00
Program Overview (P=4)	
<ul style="list-style-type: none"> • Clearly describes the proposed program 	3.00
Comments: <ul style="list-style-type: none"> • Parents and guardians might need greater incentives to participate in parent education and other parent focused activities. Good to see them reach out to other centers with new staff member. 	
	Score
Total Group Score for Program Overview (P = 4) 2 for weighted score:	6.00
Program Consumers (P=4)	
<ul style="list-style-type: none"> • Description of consumers accessing program services • Explanation of why these consumers were chosen • Describes any impediments or challenges in serving these consumers • Adequate number of unduplicated individuals to be served • Adequate average program cost per individual 	3.00
Comments:	
	Score
Total Group Score for Program Consumers (P = 4) x 2 for weighted score:	6.00
Consumer Demographics (P=4)	

<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	0.00
Comments: <ul style="list-style-type: none"> • Residence is the only section completed. • Demographics not shown in this section of the proposal, but ethnicities are revealed elsewhere. 	
	Score
Total Group Score for Consumer Demographics (P = 4):	0.00
Program Access (P = 4)	
<ul style="list-style-type: none"> • Description of where and when the program services will be offered and any logistical information • Describes eligibility criteria • Description and justification of the fee for services, including sliding fee schedule, if applicable 	3.00
Comments: <ul style="list-style-type: none"> • The sliding scale is difficult to understand. Doesn't account for the household size. 	
	Score
Total Group Score for Program Access (P = 4):	3.00
Program Quality (P=4)	
<ul style="list-style-type: none"> • Description of any external requirements, such as licensing, minimum standards, accreditation, etc. • Program uses best practices that are evidence-based • Thorough description of unique and innovative aspects of the proposed services • Describes a quality improvement process for the proposed program • Describes a process that collects consumer feedback and utilization to enhance services and program outcomes 	3.00
Comments: <ul style="list-style-type: none"> • Currently under close supervision for the license. Provide explanation and efforts correct issue(s). 	
	Score
Total Group Score for Program Quality (P = 4) :	3.00
Collaboration (P=4)	
<ul style="list-style-type: none"> • Thorough description of partnerships or collaborations that enhance access to and/or the proposed services • Relevant MOUs for the support of these proposed services 	3.00

Comments: <ul style="list-style-type: none"> • Good collaboration with other organizations but no MOUs provided. 	
	Score
Total Group Score for Collaboration (P = 4) x 2 for weighted score:	6.00
Program Personnel and Narrative (P=4)	
<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	2.00
Comments: <ul style="list-style-type: none"> • Salary ranges are not provided. Only the base salary rate provided. • Again, salaries appear to be a bit low. • High turnover. 	
	Score
Total Group Score for Program Personnel and Narrative (P = 4) x 2 for weighted score:	4.00
Program Budget and Narrative (P=4)	
<ul style="list-style-type: none"> • Adequate overall program funding • Ratio of Boone County funding to other sources of funding • Correlation between personnel expenses and program personnel • Justification for level of funding from Boone County • Basis for funding request from Boone County • Detailed budget narrative 	2.00
Comments: <ul style="list-style-type: none"> • Proposal cover page lists the amount for two years. 1 year amount = \$147,830. Budget doesn't list USDA as providing support plus receives money from the Community Health Fund, unless not renewing for 2018. 100% funded by CSF. 	
	Score
Total Group Score for Program Budget and Narrative (P = 4) x 2 for weighted score:	4.00
Reference List (citations) (P=4)	
<ul style="list-style-type: none"> • Use of Boone Indicators Dashboard • Use of valid and reliable data to describe the issue • Use of valid and reliable data to describe the population affected by the issue • Use of valid and reliable data to describe the effect of the issue in Boone County • Adherence to required citation methodology • Reference sources are current, valid and reliable 	2.00

Comments:	
<ul style="list-style-type: none"> Provides several links but not in APA format. 	
	Score
Total Group Score for Reference List (P = 4):	2.00
PROGRAM SERVICE	
Development/Start Up Service Funding (P=0)	
<ul style="list-style-type: none"> Provides service names and definitions from the Taxonomy of Services Detailed description for each proposed service(s) 	
Comments:	
<ul style="list-style-type: none"> Justification appears to be sound. 	
This criteria does not receive a score	
Service Names, Definitions, and Descriptions (P=4)	
<ul style="list-style-type: none"> Provides service names and definitions from the Taxonomy of Services Detailed description for each proposed service(s) 	3.00
Comments:	
<ul style="list-style-type: none"> Service 1- change activities in Health Education to include the nutrition education and physical activity. Is MLJCLC paying CUA to provide gardening and education? Add Community Gardening (1.1) as a service and look into subcontracting CUA. Congregate Meals (1.2) also needs to be a separate service. Service 2- physical activity should be included in the proposed change for service 1. Service 3- Case Management is the correct service name. Description is fine. Service 4- should be renamed 'Parent Partnership' (10.18) since they are working with parents to organize events and improve the health of the families/children. Still concerned about getting parents and guardians adequately involved. 	
Total Group Score for Service Names, Definitions, and Descriptions (P = 4) x 3 for weighted score:	9.00
Service Outputs (P=4)	

<ul style="list-style-type: none"> • Adequate Unit Measure proposed for each service • Reasonable Unit Rates proposed for each service • Unit of service rate(s) (cost) tied to an established public funding unit rate • Adequate number of Units proposed for each service • Adequate number of unduplicated individuals to be served by each proposed service • Adequate cost of service per individual 	3.00
Comments: <ul style="list-style-type: none"> • Did not provide unit measurement for any of the services. Does not provide good explanation of how unit rate was determined. • Mentioned there not being a public rate for Case Management but they could refer to the St. Louis Children's Services fund taxonomy. • Outputs will need to be changed with services being fixed. 	
Total Group Score for Service Outputs (P = 4) x 2 for weighted score:	6.00
Service Fees (P=4)	
<ul style="list-style-type: none"> • Description and justification of the fee for services • Description of third party payer(s) • Description of fee payment option if consumer is uninsured or under insured 	3.00
Comments:	
Total Group Score for Service Fees (P = 4):	3.00
Amount Received From Other Funders (P=0)	
<ul style="list-style-type: none"> • Proposed program services list current funding by the City of Columbia, Boone County, and/or the Heart of Missouri United Way 	
Comments: <ul style="list-style-type: none"> • The Community Health Fund helps cover education, food, and events. Did not list the Community Health Fund in any service charts. 	
This criteria does not receive a score	
Service Funding Request (P=4)	
<ul style="list-style-type: none"> • Adequate amount requested from Boone County • Adequate proposed number of units of service • Adequate justification for funding request from Boone County 	3.00

Comments: <ul style="list-style-type: none"> • The service funding request seems high for the type of services to be provided. No mention of Community Health funding. 	
Total Group Score for Service Funding Request (P = 4):	3.00
Service Performance Measures and Narratives (P=4)	
<ul style="list-style-type: none"> • Relationship of outcome(s) to program goal(s) and issue identified in proposed program • Relativity, feasibility, and rationale of outcome indicator(s) • Relativity, validity, reliability, and rationale for the method of measurement(s) • Description of any external factors or variables which may affect proposed outcome(s) 	2.00
Comments: <ul style="list-style-type: none"> • Service 2- Don't include the word enjoy in the indicator to leave it at just incorporating physical activity into their day. The percentage will probably increase too. • Service 3- There are already stress measurement tools existing. Can they access one that is scientific based instead of recreating a new tool? • Measurement of the program's impact on parents and families is not so clear. More specific and scientifically acceptable measures of performance would be welcomed. 	
Total Group Score for Service Performance Measures and Narratives (P = 4) x 2 for weighted score:	4.00
Overall Comments (P = 0-10 Extra Points)	
<p>Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.</p> <p>Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.</p> <p>Purpose Statement: <i>BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.</i></p> <p>Funding Goals: <i>The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), http://booneindicators.org/Default.aspx, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.</i></p> <p><i>Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.</i></p>	
	Score

Total Group Score for Overall Comments (P = 10):		7.00
Comments: <ul style="list-style-type: none"> • The amount requested seems high for the types of services to be provided. The services need to be rearranged to better use the taxonomy. Portions of the proposal are incomplete (demographics, unit measurements, etc.). Missing signed addendums. • This seems to be a good proposal designed to meet the health, developmental, and educational needs of low-income infants and preschoolers of Boone County. 		
Matching Funds (P = 0-10 Extra Points)		
Degree to which the program proposal response describes other funding sources for the procurement of services to maximize the ability to reach and serve children, youth, and families in Boone County. Please review the entire proposal and specifically the Budget Narrative before scoring. Some questions to consider: Does the matching funds involve a partnership with another funding source? Do the matching funds create a greater amount of resources to serve children, youth, and families?		
		Score
Total Group Score for Matching Funds (P = 10):		8.00
Comments: <ul style="list-style-type: none"> • Is MLJCLC not renewing the Community Health Fund contract? Does not list USDA or Community Health Fund on the budget. 		
Collaboration (P = 0-15 Extra Points)		
Definition of "Collaboration": Longer term interaction based on shared mission, goals; shared decision-makers and resources. <ul style="list-style-type: none"> • Degree to which the program is coordinated with existing community resources. Organizations may be awarded extra points based on how well they demonstrate substantive and ongoing collaboration with other agencies. Some questions to consider: Does the collaboration go beyond a referral system? Does the collaboration have the potential to enhance consumer outcomes that without the collaboration would not likely occur? • Program does not duplicate existing services • Program demonstrates county-wide collaborative efforts 		
		Score
Total Group Consensus for Collaboration (P = 15):		11.00
Comments: <ul style="list-style-type: none"> • Collaboration with CCUA and other child learning centers for low-income families and SOAR. No MOUs provided. 		



Organization Name: Mary Lee Johnston Community Learning Center

Program Name: Healthy Habits

OVERALL SCORE SHEET		
	Total Possible Score	Group Score

Organization Profile Section

Organization General	4.00	3.00
Organization Financial	4.00	2.00

Program Overview

Statement of Issue Being Addressed	4.00	3.00
Program Goal	4.00	3.00
Program Overview	8.00	6.00
Program Consumers	8.00	6.00
Consumer Demographics	4.00	0.00
Program Access	4.00	3.00
Program Quality	4.00	3.00
Collaboration	8.00	6.00
Program Personnel and Narrative	8.00	4.00
Program Budget and Narrative	8.00	4.00
Reference List (citations)	4.00	2.00

Program Services

Service Names, Definitions, and Descriptions	12.00	9.00
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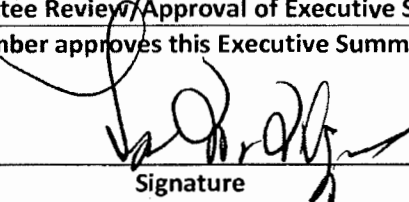
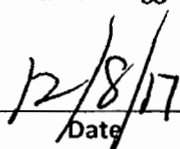
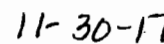
Service Outputs	8.00	6.00
Service Fees	4.00	3.00
Service Funding Requested	4.00	3.00
Service Performance Measures and Narratives	8.00	4.00
Overall Comments	10.00	7.00
Matching Funds	10.00	8.00
Collaboration	15.00	11.00
<i>Final Score:</i>	<i>71.00</i>	<i>51.00</i>

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Presbyterian Children's Homes and Services – <i>Therapeutic Mentoring and Family Support</i>
Recommended Contract Amount	\$25,000.00
Best and Final Offer Amount	\$50,000.00
Total Amount Requested	\$75,000.00
Current Contract Amount	\$75,000.00
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Home-based and community-based family intervention programs

Services				
Service		Unit Measure	Unit Rate	# of Units
#1	Therapeutic Mentoring	1 hour	\$25.00	1,000

Recommended Board Action
Fund the best and final offer in part based on current utilization.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		
Printed Name	Signature	Date
Nancy McKerrow		
Printed Name	Signature	Date
Kathy Thornburg		
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Sustainable Farms & Communities, Inc. – <i>Access to Healthy Food</i>
Recommended Contract Amount	\$48,250.00
Best and Final Offer Amount	\$55,100.00
Total Amount Requested	Proposal Sheet = \$48,595.00 (Year 1 = \$54,720.00)
Current Contract Amount	\$45,000.00
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	SNAP/WIC Matching	One voucher	\$1.25	33,800
#2	Professional Services	One hour	\$12.00	500

Recommended Board Action
Math was incorrect for the Best and Final Offer submitted by the organization. Fund the services in whole with correct contract amount.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D., and the Psychological Services Clinic) – <i>MU Center for Evidence-Based Youth Mental Health</i>
Recommended Contract Amount	\$469,000.00
Best and Final Offer Amount	\$469,000.00
Total Amount Requested	\$507,920.00
Current Contract Amount	\$466,564.00 (Currently in two contracts: \$260,536.00 + \$206,028.00)
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Individual, group, or family professional counseling and therapy services • Psychological evaluations • Mental health screenings

Development/Start Up Service Funding				
Amount Requested		\$21,600.00		
We request funding to support cover the cost of hiring a programmer to automate the Therapy Tracker (therapy adherence and client outcomes monitoring tool used in Service 5). Bright Beam (Mr. Will Spiller) has provided a cost estimate for the job, which involves 240 hours @ \$90/hr. The Therapy Tracker is an online tool that supports therapist implementation of evidence-based treatment, including routine outcomes monitoring. It includes several component measures that assess therapist adherence to evidence-based treatment and track client outcomes, as well as features that support utilization of therapist and client data in treatment planning, implementation, and record-keeping. Fully automating the Therapy Tracker will increase the tool's standardization and ease of use, making it a useful and attractive tool that can support all interested Boone County youth MH provider				
Services				
Service		Unit Measure	Unit Rate	# of Units
#1	Behavioral Health Assessment	One assessment	\$738.00	120
#2	Individual Therapy – Child	One hour	\$102.00	1,120
#3	Family Therapy	One hour	\$139.00	1,040
#4	Group Therapy – Child	One session	\$40.00	366
#5	Evidence-Based Practice Training	One hour	\$61.00	1,400

Recommended Board Action
Fund the best and final offer in whole.

Committee Review/Approval of Executive Summary

By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:

Les Wagner

Printed Name

Signature

Date

Nancy McKerrow

Printed Name

Signature

11-30-17

Date

Kathy Thornburg

Printed Name

Signature

12-4-17

Date

Dewey Riehn

Printed Name

Signature

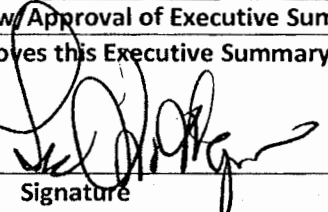
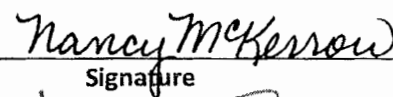
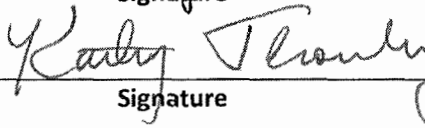
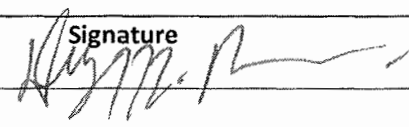
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EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	The Curators of the University of Missouri (on behalf of the Department of Psychiatry) – <i>System of Offering Actions for Resilience (SOAR)</i>
Recommended Contract Amount	\$506,677.25
Best and Final Offer Amount	\$797,498.34
Total Amount Requested	\$995,900.92
Current Contract Amount	\$700,779.54 (\$454,229.72 + \$246,549.82) – combined SOAR and EC-PBS
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Individual, group, or family professional counseling and therapy services • Mental health screenings

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Best Practices Training (EC-PBS)	One individual	\$39.07	400
#2	Professional Coaching (EC-PBS)	One hour	\$34.51	6,007
#3	Parenting Skills Training	One individual	\$55.56	270
#4	Family Therapy	One hour	\$39.69	1,507
#5	Service Coordination	One hour	\$46.83	2,154
#6	Professional Coaching (SOAR Reflective Supervision)	One hour	\$45.27	1,388
#7	Best Practices Training (SOAR Staff Training)	One individual	\$3,804.01	7
#8	Behavioral Health Assessment	One assessment	\$929.95	20

Recommended Board Action
Fund the best and final offer in part. Recommended not to fund services for the Fussy Baby Network and FAN framework. Time spent by SOAR staff assisting in Social/Emotional Screenings have been added to Professional Coaching (EC-PBS) units.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition) – <i>Boone County Schools Mental Health Coalition</i>
Recommended Contract Amount	\$973,405.00
Best and Final Offer Amount	\$973,862.67
Total Amount Requested	\$1,312,067.00 (Requesting \$656,033 for one year)
Current Contract Amount	\$1,174,821.00 (18-month contract)
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Individual, group, or family professional counseling and therapy services • Mental health screenings

Development/Start Up Service Funding				
Amount Requested		\$13,250.00		
These funds are requested to allot \$250 per school building (n=53) in Boone County Schools to purchase evidence-based curriculum to support prevention and intervention activities in their buildings based on the BCSMHC checklist data. One of the barriers to schools using evidence-based interventions (interventions with research showing they are effective) is they do not have the funds needed to purchase these curriculum for use. These funds will only be used if schools do not have access to funds to purchase needed materials. In many cases, one curriculum will be purchased and shared across buildings (e.g., some curriculum cost \$1,000 or more).				
Services				
Service		Unit Measure	Unit Rate	# of Units
#1	Boone County Schools Mental Health Coalition Checklist (Teachers)	One checklist	\$4.32	63,000
#2	Boone County Schools Mental Health Coalition Checklist (Students)	One checklist	\$6.48	42,000
#3	Professional Coaching	15 minutes	\$20.70	4,000
#4	Group Therapy – Child	15 minutes	\$12.89	6,500
#5	Individual Therapy – Child	15 minutes	\$22.12	1,500
#6	Case Management	15 minutes	\$15.42	500
#7	Best Practices Training	One individual	\$104.60	800
#8	Universal Intervention	One individual	\$20.78	6,000

Recommended Board Action
<p>Math was incorrect for the Best and Final Offer submitted by the organization. Fund the services in whole with correct contract amount.</p>

Committee Review/Approval of Executive Summary

By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:

Les Wagner

Printed Name

Signature

Date

Nancy McKerrow

Printed Name

Signature

Date

Kathy Thornburg

Printed Name

Signature

Date

Dewey Riehn

Printed Name

Signature

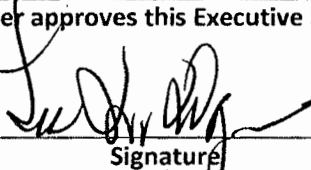
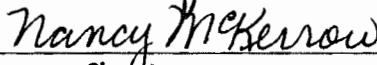
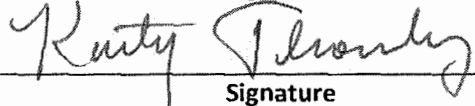
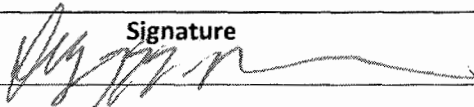
Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	The Curators of the University of Missouri (on behalf of the Department of Psychiatry) – MU Bridge Program: School-Based Psychiatry
Recommended Contract Amount	\$701,891.68
Best and Final Offer Amount	\$701,981.68
Total Amount Requested	\$701,886.00
Current Contract Amount	\$682,769.79
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Individual, group, or family professional counseling and therapy services • Mental health screenings

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Psychiatric Treatment	15 minutes	\$59.03	2,000
#2	Psychiatric Case Management	15 minutes	\$24.44	23,272
#3	Psychiatric Treatment (Fellows)	15 minutes	\$21.52	700

Recommended Board Action
Math was incorrect for the Best and Final Offer submitted by the organization. Fund the services in whole with correct contract amount.

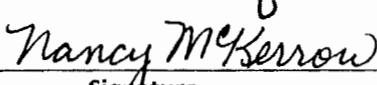
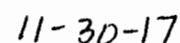

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		12/8/17
Printed Name	Signature	Date
Nancy McKerrow		11-30-17
Printed Name	Signature	Date
Kathy Thornburg		12-4-17
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care) – <i>Healthy Steps for Young Children</i>
Recommended Contract Amount	\$64,582.00
Best and Final Offer Amount	\$64,582.00
Total Amount Requested	\$65,274.00
Current Contract Amount	\$90,048.00
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Prevention programs which promote health lifestyles among children and youth and strengthen families Mental health screenings

Development/Start Up Service Funding				
Amount Requested		\$3,000.00		
Attendance costs for two personnel to attend the Zero to Three national annual conference to include- registration, air travel, hotel accommodations, meals, and ground transportation. Healthy Steps (HS) is now a program of Zero to Three. The conference focuses on child development, parenting and behavioral health. It features the HS Annual Luncheon where individual sites receive program updates from the National Office and network and share best practices with other HS professionals around the country. Additionally, they provided a 7-hour Innovations in Primary Care workshop where field-leading experts and researchers discussed innovations in and best				
Services				
Service		Unit Measure	Unit Rate	# of Units
#1	Case Management	15 minutes	\$16.00	3,057
#2	Developmental Screening & Social/Emotional Screening	One screening	\$14.00	300
#3	Behavioral Health Screening	One screening	\$14.00	125
#4	Home Visiting (includes: Expectant New Parent Assistance)	15 minutes	\$16.00	420

Recommended Board Action
Fund the best and final offer in whole.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		
Printed Name	Signature	Date
Nancy McKerrow		
Printed Name	Signature	Date
Kathy Thornburg		
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

Not Funding

Compass Health, Inc. – *The Parachute Program*

Burrell, Inc. – *Brain Train*

St. Raymond's Society – *St. Raymond's Society*

Grade A Plus Incorporated – *Grade A Plus Academic Support and Enrichment*

Encircle Technologies – *Career Training*

Tree Top Innovation Learning Center – *Early Childhood Services and School Age Children*

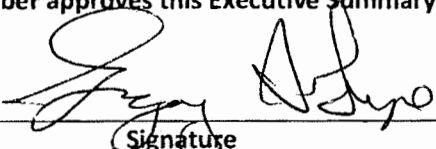
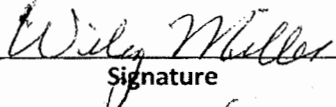

SEED Success – *T.E.A.M FIT: An At-Risk Youth Teenage Program*

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	SEED Success – T.E.A.M FIT: An At-Risk Youth Teenage Program
Recommended Contract Amount	\$0.00
Total Amount Proposed	\$69,400.00
Current Contract Amount	N/A
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Development/Start Up Service Funding				
Amount Requested		\$12,739.00		
Funds will be used for promoting the program, provide a transportation scholarship, and give each participant a backpack with basic fitness gear.				
Services				
Service		Unit Measure	Unit Rate	# of Units
#1	Fitness Training – Health Education	1 hour	\$20.00	0
#2	Financial Education – Personal Financial Education	1 hour	\$0.00	0
#3	Mental Health Programming – Health Education	1 hour	\$0.00	0
#4	New Bank Account for Each Participant- Personal Finance Education	1 account	\$400.00	0

Recommended Board Action
The Boone County Children's Services Board does not recommend funding this proposal.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Greg Grupe		12/14/17
Printed Name	Signature	Date
Wiley Miller		12-14-17
Printed Name	Signature	Date
Michele Kennett		12-19-17
Printed Name	Signature	Date



Boone County
Children's Services Fund
Group Consensus Score Sheet

Organization Name: SEED Success

Program Name: T.E.A.M. FIT: An At-Risk Youth Teenage Program

GROUP CONSENSUS SCORE SHEET	
ORGANIZATION PROFILE	
Organization General (P=4)	
<ul style="list-style-type: none">Relationship of mission and goals to proposed service(s)History of providing proposed service(s) or similar service(s)Number and qualifications of independent governing board membersSufficient representation of Boone County residents on governing board	1.00
Comments: <ul style="list-style-type: none">Nothing filled outOnly one governing board member?	
	Score
Total Group Score for Organization General (P = 4):	1.00
Organization Financial (P=4)	
<ul style="list-style-type: none">Financial StatementFinancial procedures regarding board oversightEmployee compensation levels	1.00
Comments: <ul style="list-style-type: none">Nothing filled out	
	Score
Total Group Score for Organization Financial (P = 4):	1.00
PROGRAM OVERVIEW	
Statement of Issue Being Addressed (P=4)	
<ul style="list-style-type: none">Description of how the population/community is affected by the issues to be addressed in this proposalUtilizes data from Boone Indicators Dashboard (BID)	1.00

Comments: <ul style="list-style-type: none"> • Has one reference but does not provide specific information related to the study completed. Does not reference BID. The population description only restates who they will be serving and not specific data or references. 	
	Score
Total Group Score for Statement of Issue Being Addressed (P = 4):	1.00
Program Goal (P=4)	
<ul style="list-style-type: none"> • Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile 	1.00
Comments: <ul style="list-style-type: none"> • The items listed out are more activities. What are the outcomes of the individuals to be served? The program goal can't correspond to the organization mission statement since it wasn't provided. • Goal needs to be reframed - Stress related to ethnic discrimination - deliberate or not - remains a huge problem rarely addressed directly by many social services efforts. This proposal offers an opportunity to address that very serious problem. • Seemed duplicative of Boys and Girls Club. 	
	Score
Total Group Score for Program Goal (P = 4):	1.00
Program Overview (P=4)	
<ul style="list-style-type: none"> • Clearly describes the proposed program 	2.00
Comments: <ul style="list-style-type: none"> • Did not provide enough details on the program. • Why not work with ages 11-18? • Liked idea of fitness. • Seemed duplicative of BGC. • The connection between mental and physical health was not well explained. 	
	Score
Total Group Score for Program Overview (P = 4) x 2 for weighted score:	4.00
Program Consumers (P=4)	
<ul style="list-style-type: none"> • Description of consumers accessing program services • Explanation of why these consumers were chosen • Describes any impediments or challenges in serving these consumers • Adequate number of unduplicated individuals to be served • Adequate average program cost per individual 	1.00



Organization Name: SEED Success

Program Name: T.E.A.M. FIT: An At-Risk Youth Teenage Program

OVERALL SCORE SHEET		
	Total Possible Score	Group Score

Organization Profile Section

Organization General	4.00	1.00
Organization Financial	4.00	1.00

Program Overview

Statement of Issue Being Addressed	4.00	1.00
Program Goal	4.00	1.00
Program Overview	8.00	4.00
Program Consumers	8.00	2.00
Consumer Demographics	4.00	1.00
Program Access	4.00	3.00
Program Quality	4.00	1.00
Collaboration	8.00	4.00
Program Personnel and Narrative	8.00	2.00
Program Budget and Narrative	8.00	2.00
Reference List (citations)	4.00	1.00

Program Services

Service Names, Definitions, and Descriptions	12.00	3.00
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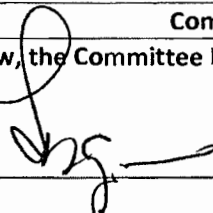
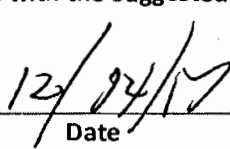
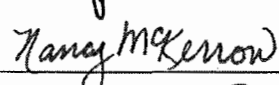
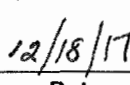
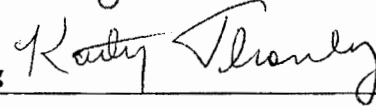
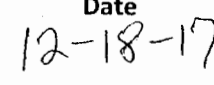

Service Outputs	8.00	2.00
Service Fees	4.00	2.00
Service Funding Requested	4.00	1.00
Service Performance Measures and Narratives	8.00	2.00
Overall Comments	10.00	4.00
Matching Funds	10.00	0.00
Collaboration	15.00	4.00
<i>Final Score:</i>	71.00	18.00

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Compass Health, Inc. – <i>The Parachute Program</i>
Recommended Contract Amount	\$0.00
Best and Final Offer Amount	\$0.00
Total Amount Requested	\$156,644.20
Current Contract Amount	\$155,355.84
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Outpatient chemical dependency and psychiatric treatment programs • Individual, group, or family professional counseling and therapy services • Psychological evaluations • Mental health screenings

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Behavioral Health Assessment	1 assessment	\$209.87	0
#2	Behavioral Health Screening	15 minutes	\$19.04	0
#3	Psychiatric Treatment	15 minutes	\$59.03	0
#4	Psychiatric Treatment	1 hour	\$209.87	0
#5	Individual Therapy – Child	15 minutes	\$13.73	0
#6	Group Therapy – Child	15 minutes	\$6.18	0
#7	Family Therapy	15 minutes	\$17.77	0
#8	Behavioral Support Services	15 minutes	\$2.66	0
#9	Case Management	15 minutes	\$24.21	0

Recommended Board Action
The Boone County Children's Services Board recommended funding this proposal but the organization withdrew their proposal during contract negotiations.


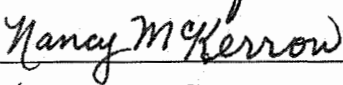
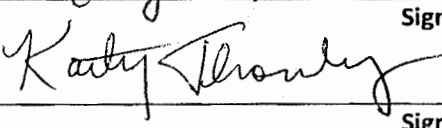

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Les Wagner		
Printed Name	Signature	Date
Nancy McKerrow		
Printed Name	Signature	Date
Kathy Thornburg		
Printed Name	Signature	Date
Dewey Riehn		
Printed Name	Signature	Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Burrell, Inc. – <i>Brain Train</i>
Recommended Contract Amount	\$0.00
Best and Final Offer Amount	\$291,896.00
Total Amount Requested	\$291,896.00
Current Contract Amount	\$119,406.00
Statutorily Eligible Service Area	<ul style="list-style-type: none"> Individual, group, or family professional counseling and therapy services

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Computer-Assisted Intervention	15 minutes	\$6.64	0

Recommended Board Action	
<p>The Boone County Community Services Department staff requested supporting data for this program from previous contracts. The Boone County Children's Services Board does not recommend funding this proposal based on insufficient data provided during negotiations.</p>	

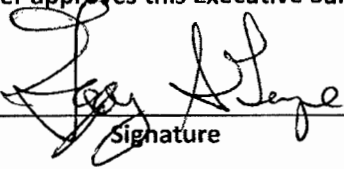

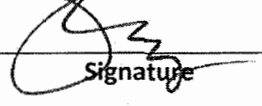
Committee Review/Approval of Executive Summary			
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:			
Les Wagner			12/14/17
Printed Name	Signature		Date
Nancy McKerrow			12/18/17
Printed Name	Signature		Date
Kathy Thornburg			12-18-17
Printed Name	Signature		Date
Dewey Riehn			
Printed Name	Signature		Date

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	St. Raymond's Society – St. Raymond's Society
Recommended Contract Amount	\$0.00
Total Amount Proposed	\$131,000.00
Current Contract Amount	N/A
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Unmarried parent services • Counseling and related services as a part of transitional living programs • Home-based and community-based family intervention programs

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Congregate Meals, Infant Formula, Supplemental Food	1 month	\$124.18	0
#2	Transitional Shelter, Transitional Housing	6 months	\$5,240.00	0

Recommended Board Action
The Boone County Children's Services Board does not recommend funding this proposal.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Greg Grupe		12/14/17
Printed Name	Signature	Date
Leigh Spence		12/14/17
Printed Name	Signature	Date
Joel Ray		12/19/17
Printed Name	Signature	Date



Organization Name: St. Raymond's Society

Program Name: St. Raymond's Society

OVERALL SCORE SHEET		
	Total Possible Score	Group Score

Organization Profile Section

Organization General	4.00	1.00
Organization Financial	4.00	1.00

Program Overview

Statement of Issue Being Addressed	4.00	2.00
Program Goal	4.00	3.00
Program Overview	8.00	2.00
Program Consumers	8.00	4.00
Consumer Demographics	4.00	1.00
Program Access	4.00	2.00
Program Quality	4.00	1.00
Collaboration	8.00	2.00
Program Personnel and Narrative	8.00	4.00
Program Budget and Narrative	8.00	4.00
Reference List (citations)	4.00	1.00

Program Services

Service Names, Definitions, and Descriptions	12.00	3.00
----------------------------------------------	-------	------

Service Outputs	8.00	2.00
Service Fees	4.00	1.00
Service Funding Requested	4.00	1.00
Service Performance Measures and Narratives	8.00	2.00
Overall Comments	10.00	0.00
Matching Funds	10.00	5.00
Collaboration	15.00	5.00
<i>Final Score:</i>	<i>71.00</i>	<i>19.00</i>



Boone County
Children's Services Fund
Group Consensus Score Sheet

Organization Name: St. Raymond's Society

Program Name: St. Raymond's Society

GROUP CONSENSUS SCORE SHEET	
ORGANIZATION PROFILE	
Organization General (P=4)	
<ul style="list-style-type: none"> Relationship of mission and goals to proposed service(s) History of providing proposed service(s) or similar service(s) Number and qualifications of independent governing board members Sufficient representation of Boone County residents on governing board 	1.00
Comments: <ul style="list-style-type: none"> By-laws state that there needs to be 5-9 members, only 4 are listed. The officers and/or directors are not clearly identified. A Quorum states a minimum of three. What happens if there are 9 members on the board? Why is the President of the board also the Executive Director? Also his employer is listed as Columbia Lane (land?) Care? Shouldn't it be St. Raymond's Society? Provide clarification on the Founder title in Organization Contact Information section. Are the Organization's Major Goals for the whole organization or for the proposed program? Provide more specifics on the organization history. Provide strategic plan, if available. Are any Board Members paid staff members? All men on this board, no strategic plan or conflict of interest information 	
	Score
Total Group Score for Organization General (P = 4):	1.00
Organization Financial (P=4)	
<ul style="list-style-type: none"> Financial Statement Financial procedures regarding board oversight Employee compensation levels 	1.00
Comments: <ul style="list-style-type: none"> Financials not reviewed by a third party or audit. Provided a balance sheet. 990 is for 2014. Need most recent copy. Executive Director is not listed on Employee Compensation. 	
	Score

Total Group Score for Organization Financial (P = 4):		1.00
PROGRAM OVERVIEW		
Statement of Issue Being Addressed (P=4)		
<ul style="list-style-type: none"> • Description of how the population/community is affected by the issues to be addressed in this proposal • Utilizes data from Boone Indicators Dashboard (BID) 		2.00
Comments: <ul style="list-style-type: none"> • Provide materials supporting the numbers reported on the frequency of pregnancies in Boone County. The link provided in the References Section is difficult to follow and doesn't show how those numbers were determined. 		
		Score
Total Group Score for Statement of Issue Being Addressed (P = 4):		2.00
Program Goal (P=4)		
<ul style="list-style-type: none"> • Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile 		3.00
Comments: <ul style="list-style-type: none"> • Good goal. 		
		Score
Total Group Score for Program Goal (P = 4):		3.00
Program Overview (P=4)		
<ul style="list-style-type: none"> • Clearly describes the proposed program 		1.00
Comments: <ul style="list-style-type: none"> • Doesn't provide specific information on how goals will be accomplished and the structure of the program. • States that there is a "Spiritual Element", there would need to be further information on this. 		
		Score
Total Group Score for Program Overview (P = 4) x 2 for weighted score:		2.00
Program Consumers (P=4)		
<ul style="list-style-type: none"> • Description of consumers accessing program services • Explanation of why these consumers were chosen • Describes any impediments or challenges in serving these consumers • Adequate number of unduplicated individuals to be served • Adequate average program cost per individual 		2.00

Comments: <ul style="list-style-type: none"> • There is a need for this type of housing. 	
	Score
Total Group Score for Program Consumers (P = 4) x 2 for weighted score:	4.00
Consumer Demographics (P=4)	
<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	1.00
Comments: <ul style="list-style-type: none"> • Race does not add up to 25 and Ethnicity section is not complete. • No talk about training. 	
	Score
Total Group Score for Consumer Demographics (P = 4):	1.00
Program Access (P=3)	
<ul style="list-style-type: none"> • Description of where and when the program services will be offered and any logistical information • Describes eligibility criteria • Description and justification of the fee for services, including sliding fee schedule, if applicable 	2.00
Comments: <ul style="list-style-type: none"> • Mentions that families can live in transitional housing for up to one year. How will this fit with CSF limiting funding to 30 days of transitional housing? • How are the mothers chosen for the program when there are multiple people on a waiting list? How do you know a mother is drug free for six months. 	
	Score
Total Group Score for Program Access (P = 4):	2.00
Program Quality (P=4)	
<ul style="list-style-type: none"> • Description of any external requirements, such as licensing, minimum standards, accreditation, etc. • Program uses best practices that are evidence-based • Thorough description of unique and innovative aspects of the proposed services • Describes a quality improvement process for the proposed program • Describes a process that collects consumer feedback and utilization to enhance services and program outcomes 	1.00

Comments: <ul style="list-style-type: none"> • Mentions St. Raymond Society is recognized by the Missouri Department of Social Services Maternity Home eligibility standards but does not provide further details. The DSS site only lists the Jefferson City site as being qualified. Is the Columbia location in the process of becoming qualified? • Section is pretty empty as far as information on best practices, quality, efficacy, etc. little thought or effort in this section. 	
	Score
Total Group Score for Program Quality (P = 4):	1.00
Collaboration (P=4)	
<ul style="list-style-type: none"> • Thorough description of partnerships or collaborations that enhance access to and/or the proposed services • Relevant MOUs for the support of these proposed services 	1.00
Comments: <ul style="list-style-type: none"> • Lists numerous organizations/instructions they work with to coordinate services. No MOUs or work with FACE. 	
	Score
Total Group Score for Collaboration (P = 4) x 2 for weighted score:	2.00
Program Personnel and Narrative (P=4)	
<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	2.00
Comments: <ul style="list-style-type: none"> • The ED was not listed on the Organizational Profile. The salary range is listed at \$10,000-\$55,000. Does the ED spend their full time on this program? • The salaries for Administrative Assistant and Development Director ranges from \$10,000-\$30,000. 	
	Score
Total Group Score for Program Personnel and Narrative (P = 4) x 2 for weighted score:	4.00
Program Budget and Narrative (P=4)	
<ul style="list-style-type: none"> • Adequate overall program funding • Ratio of Boone County funding to other sources of funding • Correlation between personnel expenses and program personnel • Justification for level of funding from Boone County • Basis for funding request from Boone County • Detailed budget narrative 	2.00

Comments: <ul style="list-style-type: none"> CSF will cover 49% of program budget. Majority comes from Fund Raising and Other Direct support. Expenses are about half of the program revenues. Is the entire budget for the whole organization or just the program? Good tax credits available, no state or fed funds listed. 	
	Score
Total Group Score for Program Budget and Narrative (P = 4) x 2 for weighted score:	4.00
Reference List (citations) (P=4)	
<ul style="list-style-type: none"> Use of Boone Indicators Dashboard Use of valid and reliable data to describe the issue Use of valid and reliable data to describe the population affected by the issue Use of valid and reliable data to describe the effect of the issue in Boone County Adherence to required citation methodology Reference sources are current, valid and reliable 	1.00
Comments: <ul style="list-style-type: none"> Lists six sources but not in APA style. Link to Women's Reproductive Health Profile for Boone County Residents is difficult to find the cited information. 	
	Score
Total Group Score for Reference List (P = 4):	1.00
PROGRAM SERVICE	
Development/Start Up Service Funding (P=0)	
<ul style="list-style-type: none"> Describes how funds will be utilized Adequate justification for one-time funding request 	
Comments: <ul style="list-style-type: none"> The development/start up funding is listed at the full requested amount. 	
This criteria does not receive a score	
Service Names, Definitions, and Descriptions (P=4)	
<ul style="list-style-type: none"> Provides service names and definitions from the Taxonomy of Services Detailed description for each proposed service(s) 	1.00

Comments: <ul style="list-style-type: none"> • Service 1- Provide more description on how food is distributed to clients. Do they receive other benefits first (WIC, SNAP) plus supplemental food? Are meals served to big groups? If not, Congregate Meals shouldn't be listed. Services need to be separated and depends on how food/meals are provided. • Service 2- Is there a transitional shelter location and transitional housing locations? If so, services need to be split or choose the correct service that is being provided (shelter vs. housing). What other services are provided during Transitional Housing and/or Transitional Shelter? How are the seven areas of self-sufficiency listed in the overview being provided? Those areas need to be separate services (Case Management, Parenting Skills Training, Job Coaching, Personal Finance Education, Health Education, etc.). Does not provide details on how services will be incorporated with shelter/housing. 	
Total Group Score for Service Names, Definitions, and Descriptions (P = 4) x 3 for weighted score:	3.00
Service Outputs (P=4)	
<ul style="list-style-type: none"> • Adequate Unit Measure proposed for each service • Reasonable Unit Rates proposed for each service • Unit of service rate(s) (cost) tied to an established public funding unit rate • Adequate number of Units proposed for each service • Adequate number of unduplicated individuals to be served by each proposed service • Adequate cost of service per individual 	1.00
Comments: <ul style="list-style-type: none"> • Service 1- Unit measure might need to be changed but the reasoning fits with the rate and measure. Only receive supplemental food until other food sources are established (about two months/individual). Also they mention 146 individuals receiving supplemental but the total number of unduplicated individuals to be served is 25. • Service 2- Number of units to be provided seems low and especially when compared to the number of unduplicated individuals to be served. The unit measure should be one night to allow for invoicing to adjust as families achieve stable housing or end services. Explanation of unit rate not provided. CSF only provides funding for housing up to 30 days. 	
Total Group Score for Service Outputs (P = 4) x 2 for weighted score:	2.00
Service Fees (P=4)	
<ul style="list-style-type: none"> • Description and justification of the fee for services • Description of third party payer(s) • Description of fee payment option if consumer is uninsured or under insured 	1.00
Comments: <ul style="list-style-type: none"> • Service 2- Who is paying for housing/shelter after 30 days? 	
Total Group Score for Service Fees (P = 4):	1.00

Amount Received From Other Funders (P=0)	
<ul style="list-style-type: none"> Proposed program services list current funding by the City of Columbia, Boone County, and/or the Heart of Missouri United Way 	
Comments:	
This criteria does not receive a score	
Service Funding Request (P=4)	
<ul style="list-style-type: none"> Adequate amount requested from Boone County Adequate proposed number of units of service Adequate justification for funding request from Boone County 	1.00
Comments: <ul style="list-style-type: none"> Service 1- The number of units to be provided is double compared to the Outputs section. Amount requested should be \$6,209.00. Was the amount listed for two years? Service 2- The number of units is different than the outputs section. Was the amount listed for two years? # of outputs is 22.63 and doesn't make sense. 	
Total Group Score for Service Funding Request (P = 4):	1.00
Service Performance Measures and Narratives (P=4)	
<ul style="list-style-type: none"> Relationship of outcome(s) to program goal(s) and issue identified in proposed program Relativity, feasibility, and rationale of outcome indicator(s) Relativity, validity, reliability, and rationale for the method of measurement(s) Description of any external factors or variables which may affect proposed outcome(s) 	1.00
Comments: <ul style="list-style-type: none"> Provide more outcomes/indicators be for the other supportive services that come with Supplemental Food and Transitional Housing. (i.e. access to resources, referrals, mental health screenings, etc.) 	
Total Group Score for Service Performance Measures and Narratives (P = 4) x 2 for weighted score:	2.00
Overall Comments (P = 0-10 Extra Points)	

Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.

Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.

Purpose Statement: *BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.*

Funding Goals: *The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.*

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

	Score
Total Group Score for Overall Comments (P = 10):	

Comments:

- The proposal lacks solid justification for funding. There is key information lacking throughout the proposal (budget, personnel, program services). The Development/Start-Up funding lists the whole amount requested and lists services that were not discussed throughout the Program Service form. The proposal does not follow the taxonomy structure as requested. The number of units proposed varies throughout the sections. Lacks thorough description of services and day-to-day operations. There is a need for this type of service though.
- The board lacked diversity. It was an all male board.
- The Program Overview section states that there is a "Spiritual Element". The certifications sections of the Organization Profile states that there **should be no religious proselytizing**.
- The application didn't make their case very well.
- Children's Services Fund can't pay for transitional living.

Matching Funds (P = 0-10 Extra Points)

Degree to which the program proposal response describes other funding sources for the procurement of services to maximize the ability to reach and serve children, youth, and families in Boone County. Please review the entire proposal and specifically the Budget Narrative before scoring. Some questions to consider: Does the matching funds involve a partnership with another funding source? Do the matching funds create a greater amount of resources to serve children, youth, and families?

	Score
--	--------------

Total Group Score for Matching Funds (P = 10):		5.00
Comments: <ul style="list-style-type: none"> • CSF covers 49% of budget but the expenses only meet half of the revenues. Will need clarification on the proposed budget in Apricot. Is it for the whole organization or the program? 		
Collaboration (P = 0-15 Extra Points)		
Definition of "Collaboration": Longer term interaction based on shared mission, goals; shared decision-makers and resources. <ul style="list-style-type: none"> • Degree to which the program is coordinated with existing community resources. Organizations may be awarded extra points based on how well they demonstrate substantive and ongoing collaboration with other agencies. Some questions to consider: Does the collaboration go beyond a referral system? Does the collaboration have the potential to enhance consumer outcomes that without the collaboration would not likely occur? • Program does not duplicate existing services • Program demonstrates county-wide collaborative efforts 		
		Score
Total Group Consensus for Collaboration (P = 15):		5.00
Comments: <ul style="list-style-type: none"> • Lists numerous organizations/instructions they work with to coordinate services. No MOUs or work with FACE. 		

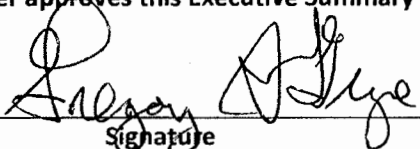


Updated 7/19/17

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Grade A Plus Incorporated – <i>Grade A Plus Academic Support and Enrichment Program</i>
Recommended Contract Amount	\$0.00
Total Amount Proposed	\$111,290.00
Current Contract Amount	N/A
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Home-based and community-based family intervention programs • Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Development/Start Up Service Funding				
Amount Requested		\$12,739.00		
We are attempting to expand the program to serve more students and to increase availability of the service, therefore possession of our own space and equipment will give us the control to complete the program goal and services.				
Services				
Service		Unit Measure	Unit Rate	# of Units
#1	Tutoring	15 minutes	\$8.00	0
#2	Family Education	15 minutes	\$19.00	0

Recommended Board Action
The Boone County Children's Services Board does not recommend funding this proposal.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Greg Grupe		12/14/17
Printed Name	Signature	Date
Leigh Spence		12/14/17
Printed Name	Signature	Date
Joel Ray		12/18/17
Printed Name	Signature	Date



Boone County
Children's Services Fund
Group Consensus Score Sheet

Organization Name: Grade A Plus Incorporated

Program Name: Grade A Plus Academic Support and Enrichment Program

GROUP CONSENSUS SCORE SHEET

ORGANIZATION PROFILE

Organization General (P=4)

<ul style="list-style-type: none">• Relationship of mission and goals to proposed service(s)• History of providing proposed service(s) or similar service(s)• Number and qualifications of independent governing board members• Sufficient representation of Boone County residents on governing board	2.00
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------

Comments:

Articles of Incorporation

- Articles of Incorporation is fine. Last 2 pages have Grade A Plus Incorporated in the Amendment and Certificate of Incorporation.

Bylaws

- Are any paid employees voting board members? (CEO and/or Finance Director)
- What is a Founder? Are there other people who could be considered a Founder of Grade A Plus?
- Provide clarification on the Committees of the Board in the bylaws and the individuals listed on the Advisory Board section. How are committee members determined to be paid or not paid?
- Is the Executive Director also the Chairman of the Board?
- Confusion on Section III. Remuneration and why paid employees are listed as board and committee members.

Organizational Chart

- Organization Chart is disorganized and confusing. All employees are listed as Directors but still answer to other Directors given the flow chart structure.

Strategic Plan

- Strategic Plan hasn't been approved/voted by the Board. Not an approved Strategic Plan.

Governing Board Members

- Penny Knarr - missing address
- Darlene Grant - missing address
- Mabel Harris- missing address, employer, expertise
- LaShauna Guy- missing address, employer, expertise
- Clyde Ruffin- missing address, employer, expertise
- Marcia Collins- missing address, employer, expertise
- Tunde Akinmoladun- missing address, employer, expertise
- Tami Benus- missing address, employer, expertise
- Janice Dawson Threat- missing address and employer
- Julie Stavely O'Connell- missing address

Advisory board

- Waldon Moss - missing address
- Mark Swanson- missing address
- Phil Peters- missing address and employer
- Stephen Montgomery-Smith- missing address

	Score
Total Group Score for Organization General (P = 4):	2.00

Organization Financial (P=4)

- Financial Statement
- Financial procedures regarding board oversight
- Employee compensation levels

0.00**Comments:**

- Is there a copy of the tax-exempt letter with the organization name change?
- Financial Statement was provided by a third party and has Grade A Plus listed.
- Is 990 the most recent filing?
- Employee Compensation is not filled out. There are paid program personnel listed in Program Overview.

	Score
Total Group Score for Organization Financial (P = 4):	0.00

PROGRAM OVERVIEW**Statement of Issue Being Addressed (P=4)**

- Description of how the population/community is affected by the issues to be addressed in this proposal
- Utilizes data from Boone Indicators Dashboard (BID)

1.00**Comments:**

- Letter A does not use references or data. B. only used BID data instead of other sources. Stating demographics from BID but doesn't relate it to the proposed program and objective.

	Score
Total Group Score for Statement of Issue Being Addressed (P = 4):	1.00

Program Goal (P=4)

- Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile

1.00**Comments:**

- Reflects back to the Organization mission.

	Score
Total Group Score for Program Goal (P = 4):	1.00

Program Overview (P=4)	
<ul style="list-style-type: none"> Clearly describes the proposed program 	1.00
Comments: <ul style="list-style-type: none"> Overview doesn't provide a clear explanation of what programming will look like. What will the program structure look like? How will students varying that much in age be able to receive tutoring or enrichment? Heavy dependence on volunteers but doesn't where these volunteers come from. 	
	Score
Total Group Score for Program Overview (P = 4) x 2 for weighted score:	2.00
Program Consumers (P=4)	
<ul style="list-style-type: none"> Description of consumers accessing program services Explanation of why these consumers were chosen Describes any impediments or challenges in serving these consumers Adequate number of unduplicated individuals to be served Adequate average program cost per individual 	1.00
Comments: <ul style="list-style-type: none"> Description of consumers is difficult to understand. It seems to focus on students that lack cultural competency and understanding of social issues rather than educational tutoring to directly bridge the education gap. Those topics are important but how are those traits of lacking knowledge identified in youth if that's who you're targeting? How will they be contacted and encouraged to attend the program? The description sounds like there's two types of audiences the program is targeting (education achievement vs. cultural competency). The statement of the issue to be addressed focused achievement gap but the consumer graphics only focused on youth who lack cultural competency and diverse experiences. Also, tutoring is the only service focused on the youth and Cultural Enrichment isn't listed. Seemed to be a wide-based of consumers. 	
	Score
Total Group Score for Program Consumers (P = 4) x 2 for weighted score:	2.00
Consumer Demographics (P=4)	
<ul style="list-style-type: none"> Program personnel qualifications appropriate to deliver proposed services Program staffing levels adequate to provide proposed services Program personnel compensation levels reasonable 	1.00
Comments: <ul style="list-style-type: none"> Ethnicity Demographics not filled out Provide details on the 50 individuals to be trained. If these are volunteers being trained, 'Best Practices Training' should be listed as a service. 	
	Score
Total Group Score for Consumer Demographics (P = 4):	1.00
Program Access (P=3)	

<ul style="list-style-type: none"> • Description of where and when the program services will be offered and any logistical information • Describes eligibility criteria • Description and justification of the fee for services, including sliding fee schedule, if applicable 	1.00
Comments: <ul style="list-style-type: none"> • Schedule seems a bit confusing. Also programming hours seem limited to families plus the amount of money being requested. Closed Monday and Friday and only opened a few hours Tuesday-Thursday. • Where are the kids supposed to go during the time school gets out at 2:45 and when programming starts at 4:00? How will transportation be coordinated? Will the kids be picked up after school, home, or another location? Not sure how they get kids involved in this program. 	
	Score
Total Group Score for Program Access (P = 4):	1.00
Program Quality (P=4)	
<ul style="list-style-type: none"> • Description of any external requirements, such as licensing, minimum standards, accreditation, etc. • Program uses best practices that are evidence-based • Thorough description of unique and innovative aspects of the proposed services • Describes a quality improvement process for the proposed program • Describes a process that collects consumer feedback and utilization to enhance services and program outcomes 	2.00
Comments: <ul style="list-style-type: none"> • Is there specific data that can be shared to support the claim that STAR scores increased? • The response to this section was not very strong. 	
	Score
Total Group Score for Program Quality (P = 4):	2.00
Collaboration (P=4)	
<ul style="list-style-type: none"> • Thorough description of partnerships or collaborations that enhance access to and/or the proposed services • Relevant MOUs for the support of these proposed services 	1.00
Comments: <ul style="list-style-type: none"> • Provide details on what each organization is providing. • No MOUs with CPS mentioned. 	
	Score
Total Group Score for Collaboration (P = 4) x 2 for weighted score:	2.00
Program Personnel and Narrative (P=4)	

<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	1.00
Comments: <ul style="list-style-type: none"> • The Program Personnel and the Organizational Employee Compensation tables need to be adjusted. The salary doubled for the Executive Director in the Program Personnel section compared to the 990. • Does the ED spend their full time on this program or are there other responsibilities they tend to? • Van drivers are listed but are marked at 0.00 FTE. 	
	Score
Total Group Score for Program Personnel and Narrative (P = 4) x 2 for weighted score:	2.00
Program Budget and Narrative (P=4)	
<ul style="list-style-type: none"> • Adequate overall program funding • Ratio of Boone County funding to other sources of funding • Correlation between personnel expenses and program personnel • Justification for level of funding from Boone County • Basis for funding request from Boone County • Detailed budget narrative 	1.00
Comments: <ul style="list-style-type: none"> • Program revenues exceed expenses by \$51,215.88 • Program Budget Narrative states they increased their giving to HMUW in 2015 and 2016. Clarification on if they meant they giving or receiving from HMUW? • The amount entered in the CSF line is different than the amount listed in Year 1 Amount Requested. The budget lists \$111,290.00. The program services page indicates development cost and service costs but the totals don't add up to that amount. 	
	Score
Total Group Score for Program Budget and Narrative (P = 4) x 2 for weighted score:	2.00
Reference List (citations) (P=4)	
<ul style="list-style-type: none"> • Use of Boone Indicators Dashboard • Use of valid and reliable data to describe the issue • Use of valid and reliable data to describe the population affected by the issue • Use of valid and reliable data to describe the effect of the issue in Boone County • Adherence to required citation methodology • Reference sources are current, valid and reliable 	1.00
Comments: <ul style="list-style-type: none"> • Provides seven sources and is missing BID on reference list. Only one recent reference. 	
	Score
Total Group Score for Reference List (P = 4):	1.00

PROGRAM SERVICE

Development/Start Up Service Funding (P=0)

- Describes how funds will be utilized
- Adequate justification for one-time funding request

Comments:

- Requesting \$12,739 for getting a bigger space and equipment. Not specific on renting or ongoing of expenses. Also what type of equipment is being requested?

This criteria does not receive a score

Service Names, Definitions, and Descriptions (P=4)

- Provides service names and definitions from the Taxonomy of Services
- Detailed description for each proposed service(s)

1.00

Comments:

- Service 1- The description describes meals and snacks being provided. Is the unit cost include the food? This portion of the program needs to be a separate service. Also mentions transportation but funds can't be used for transportation. HMUW funds can pay for transportation costs. The information about parent education sessions shouldn't be included in the Service 1 description. Are the time guidelines flexible for students that need help with subject other than math/literature? The structure seems rigid.
- Service 2- should this service be case management? Family Education is considered leading events and teach skills, not providing referrals or advocacy services. There was a section that mentioned parent nights but would be different than what is mostly described throughout Service 2.
- The proposal mentions mentoring in the Individuals to be Trained narrative, Program Access, and in Performance Measures. This needs to be listed as a service and given thorough information on what mentoring services will look like.

Total Group Score for Service Names, Definitions, and Descriptions (P = 4) x 3 for weighted score:

3.00

Service Outputs (P=4)

- Adequate Unit Measure proposed for each service
- Reasonable Unit Rates proposed for each service
- Unit of service rate(s) (cost) tied to an established public funding unit rate
- Adequate number of Units proposed for each service
- Adequate number of unduplicated individuals to be served by each proposed service
- Adequate cost of service per individual

1.00

Comments:	
<ul style="list-style-type: none"> • Service 1- Would the unit measure be easier to track if it was in 1 hour increments? Also, how was the unit rate established? The math doesn't make sense for the number of units to be provided. • Service 2- The math doesn't make sense for the number of units to be provided. The unit rate also seems high for basically case management and compared to rates listed from other organizations. The number of units per individual seems high as well. Are families aware of the of interaction with staff and/or willing to share all their troubles with program staff? vague and no logic, need more specific data 	
Total Group Score for Service Outputs (P = 4) x 2 for weighted score:	2.00
Service Fees (P=4)	
<ul style="list-style-type: none"> • Description and justification of the fee for services • Description of third party payer(s) • Description of fee payment option if consumer is uninsured or under insured 	1.00
Comments:	
Total Group Score for Service Fees (P = 4):	1.00
Amount Received From Other Funders (P=0)	
<ul style="list-style-type: none"> • Proposed program services list current funding by the City of Columbia, Boone County, and/or the Heart of Missouri United Way 	
Comments:	
This criteria does not receive a score	
Service Funding Request (P=4)	
<ul style="list-style-type: none"> • Adequate amount requested from Boone County • Adequate proposed number of units of service • Adequate justification for funding request from Boone County 	1.00
Comments:	
<ul style="list-style-type: none"> • Service 1- The Output section proposed 8,000 units to be provided but this section states 8,311.88. The amount requested should not include the amount that was listed for Development/Start-Up funding. Why should Boone County pay \$64,000 for services that's provided primarily by volunteers? • Service 2- Check math on funding request amount. Why are the proposed number of units of service lower than what was listed in the Outputs section? 	
Total Group Score for Service Funding Request (P = 4):	1.00

Service Performance Measures and Narratives (P=4)	
<ul style="list-style-type: none"> Relationship of outcome(s) to program goal(s) and issue identified in proposed program Relativity, feasibility, and rationale of outcome indicator(s) Relativity, validity, reliability, and rationale for the method of measurement(s) Description of any external factors or variables which may affect proposed outcome(s) 	1.00
Comments: <ul style="list-style-type: none"> Service 1- Indicators need to state a measurable goal. Indicator (1-3) will be difficult to report on for year-end and interim reports due to the length time (6th grade-9th grade). Also, what does turn-over of students look like semester-semester or year-to-year? Is this something that can be reliably measured with a high turnover rate? How does the cultural enrichment portion tie into outcomes? Other organizations have been unable to receive grades from CPS. How will this work for the younger kids? Service 2- Indicators need to be rewritten. Method of Measurement (2-3) of observation of parents with schools isn't a good method (too subjective and not able to witness 100% of communication between parent/school). The narrative (2c.) also states that parent engagement is the measurement. This isn't a tool or easy to measure. The Indicators don't reflect the service description. 	
Total Group Score for Service Performance Measures and Narratives (P = 4) x 2 for weighted score:	2.00
Overall Comments (P = 0-10 Extra Points)	
<p>Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.</p> <p>Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.</p> <p>Purpose Statement: <i>BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.</i></p> <p>Funding Goals: <i>The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), http://booneindicators.org/Default.aspx, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.</i></p> <p><i>Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.</i></p>	
	Score
Total Group Score for Overall Comments (P = 10):	5.00

Comments:

- The proposal overall is missing key information on narratives and are difficult to follow. The program will need to figure out correct service outline with providing tutoring, congregate meals, case management, site-based mentoring, and best practices training. The program is mostly run by volunteers so why are they requesting \$64,000 for a service provided through volunteers? The development/start-up costs are vague and don't provide a clear explanation of how funds will be used, other than a location and equipment. The program aligns with CSF goals but curious on how the program services will be received with the expected level of interaction between program staff and families. The Organization Profile is missing key information and there's concern over the structure of the board and organization. Concerned about where the social emotional program is, felt like they are just tutoring, no mention of trauma based interventions, there is a community at need for this, worried about finding volunteers, ED and board can attract community support.

Matching Funds (P = 0-10 Extra Points)

Degree to which the program proposal response describes other funding sources for the procurement of services to maximize the ability to reach and serve children, youth, and families in Boone County. Please review the entire proposal and specifically the Budget Narrative before scoring. Some questions to consider: Does the matching funds involve a partnership with another funding source? Do the matching funds create a greater amount of resources to serve children, youth, and families?

	Score
Total Group Score for Matching Funds (P = 10):	3.00

Comments:

- They have several revenue sources but the revenues exceed the expenses. Plus the amount requested from Boone County is unclear. The salary of the ED would double when comparing the Program Personnel and the 990.

Collaboration (P = 0-15 Extra Points)

Definition of "Collaboration": Longer term interaction based on shared mission, goals; shared decision-makers and resources.

- Degree to which the program is coordinated with existing community resources. Organizations may be awarded extra points based on how well they demonstrate substantive and ongoing collaboration with other agencies. Some questions to consider: Does the collaboration go beyond a referral system? Does the collaboration have the potential to enhance consumer outcomes that without the collaboration would not likely occur?

- Program does not duplicate existing services
- Program demonstrates county-wide collaborative efforts

	Score
Total Group Consensus for Collaboration (P = 15):	5.00

Comments:

- Doesn't provide details on how listed organizations will contribute to the program. Informal partnerships not mentioned or inferred.



Organization Name: Grade A Plus Incorporated

Program Name: Grade A Plus Academic Support and Enrichment Program

OVERALL SCORE SHEET		
	Total Possible Score	Group Score

Organization Profile Section

Organization General	4.00	2.00
Organization Financial	4.00	0.00

Program Overview

Statement of Issue Being Addressed	4.00	1.00
Program Goal	4.00	1.00
Program Overview	8.00	2.00
Program Consumers	8.00	2.00
Consumer Demographics	4.00	1.00
Program Access	4.00	1.00
Program Quality	4.00	2.00
Collaboration	8.00	2.00
Program Personnel and Narrative	8.00	2.00
Program Budget and Narrative	8.00	2.00
Reference List (citations)	4.00	1.00

Program Services

Service Names, Definitions, and Descriptions	12.00	3.00
----------------------------------------------	-------	------

Service Outputs	8.00	2.00
Service Fees	4.00	1.00
Service Funding Requested	4.00	1.00
Service Performance Measures and Narratives	8.00	2.00
Overall Comments	10.00	5.00
Matching Funds	10.00	3.00
Collaboration	15.00	5.00
<i>Final Score:</i>	<i>71.00</i>	<i>22.00</i>

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	EnCircle Technologies – <i>Career Training</i>
Recommended Contract Amount	\$0.00
Best and Final Offer Amount	\$0.00
Total Amount Requested	\$291,896.00
Current Contract Amount	N/A
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Prevention programs which promote healthy lifestyles among children and youth and strengthen families • Individual, group, or family professional counseling and therapy services

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Vocational Training	1 hour of class room instruction	\$35.00	0

Recommended Board Action
The Boone County Children's Services Board recommended funding this proposal but the organization withdrew their proposal during contract negotiations.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Greg Grupe		
Printed Name	Signature	Date
Leigh Spence		
Printed Name	Signature	Date
Joel Ray		
Printed Name	Signature	Date



Organization Name: EnCircle Technologies

Program Name: Career Training

OVERALL SCORE SHEET		
	Total Possible Score	Group Score

Organization Profile Section

Organization General	4.00	2.00
Organization Financial	4.00	2.00

Program Overview

Statement of Issue Being Addressed	4.00	3.00
Program Goal	4.00	3.00
Program Overview	8.00	6.00
Program Consumers	8.00	6.00
Consumer Demographics	4.00	2.00
Program Access	4.00	3.00
Program Quality	4.00	2.00
Collaboration	8.00	6.00
Program Personnel and Narrative	8.00	4.00
Program Budget and Narrative	8.00	6.00
Reference List (citations)	4.00	2.00

Program Services

Service Names, Definitions, and Descriptions	12.00	6.00
----------------------------------------------	-------	------

Service Outputs	8.00	6.00
Service Fees	4.00	3.00
Service Funding Requested	4.00	3.00
Service Performance Measures and Narratives	8.00	6.00
Overall Comments	10.00	5.00
Matching Funds	10.00	5.00
Collaboration	15.00	7.00
<i>Final Score:</i>	<i>71.00</i>	<i>41.00</i>



Boone County
Children's Services Fund
Group Consensus Score Sheet

Organization Name: EnCircle Technologies

Program Name: Career Training

GROUP CONSENSUS SCORE SHEET	
ORGANIZATION PROFILE	
Organization General (P=4)	
<ul style="list-style-type: none">Relationship of mission and goals to proposed service(s)History of providing proposed service(s) or similar service(s)Number and qualifications of independent governing board membersSufficient representation of Boone County residents on governing board	2.00
Comments: <ul style="list-style-type: none">Update Brian Lloyd Board Term dates (ended 2/13/17)Current mission states provision services to adults. Organization history explains expanding services to youth but is not reflected in the mission statement or bylaws.There are no signatures of Board Members or a date showing the bylaws were adopted by the board.	
	Score
Total Group Score for Organization General (P = 4):	2.00
Organization Financial (P=4)	
<ul style="list-style-type: none">Financial StatementFinancial procedures regarding board oversightEmployee compensation levels	2.00
Comments: <ul style="list-style-type: none">Update Financial Statement and 990 when available.Very small budget.	
	Score
Total Group Score for Organization Financial (P = 4):	2.00
PROGRAM OVERVIEW	
Statement of Issue Being Addressed (P=4)	

<ul style="list-style-type: none"> • Description of how the population/community is affected by the issues to be addressed in this proposal • Utilizes data from Boone Indicators Dashboard (BID) 	3.00
Comments: <ul style="list-style-type: none"> • Good use of current data that covers national and local information. • Cited BID. • Good purpose not duplicative. 	
	Score
Total Group Score for Statement of Issue Being Addressed (P = 4):	3.00
Program Goal (P=4)	
<ul style="list-style-type: none"> • Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile 	3.00
Comments: <ul style="list-style-type: none"> • The mission statement doesn't reflect serving youth. 	
	Score
Total Group Score for Program Goal (P = 4):	3.00
Program Overview (P=4)	
<ul style="list-style-type: none"> • Clearly describes the proposed program 	3.00
Comments:	
	Score
Total Group Score for Program Overview (P = 4) x 2 for weighted score:	6.00
Program Consumers (P=4)	
<ul style="list-style-type: none"> • Description of consumers accessing program services • Explanation of why these consumers were chosen • Describes any impediments or challenges in serving these consumers • Adequate number of unduplicated individuals to be served • Adequate average program cost per individual 	3.00
Comments: <ul style="list-style-type: none"> • Includes several clients from other counties. • Provide clarification on the 18 individuals not funded through CSF. 	
	Score
Total Group Score for Program Consumers (P = 4) x 2 for weighted score:	6.00

Consumer Demographics (P=4)	
<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	2.00
Comments: <ul style="list-style-type: none"> • Age Demographics Total does not match Total Unduplicated Individuals to be Served. 	
	Score
Total Group Score for Consumer Demographics (P = 4):	2.00
Program Access (P=4)	
<ul style="list-style-type: none"> • Description of where and when the program services will be offered and any logistical information • Describes eligibility criteria • Description and justification of the fee for services, including sliding fee schedule, if applicable 	3.00
Comments: <ul style="list-style-type: none"> • Hours are concerning. • Most clients are in high school. 	
	Score
Total Group Score for Program Access (P = 4):	3.00
Program Quality (P=4)	
<ul style="list-style-type: none"> • Description of any external requirements, such as licensing, minimum standards, accreditation, etc. • Program uses best practices that are evidence-based • Thorough description of unique and innovative aspects of the proposed services • Describes a quality improvement process for the proposed program • Describes a process that collects consumer feedback and utilization to enhance services and program outcomes 	2.00
Comments: <ul style="list-style-type: none"> • Pursuing CARF accreditation. • Able to pursue DMH funding. • There needs a mental health component. This might include social skills training. • Pursue the mental health aspect more. • Need more clarification on the social emotional piece. 	
	Score
Total Group Score for Program Quality (P = 4) :	2.00
Collaboration (P=4)	

<ul style="list-style-type: none"> • Thorough description of partnerships or collaborations that enhance access to and/or the proposed services • Relevant MOUs for the support of these proposed services 	3.00
Comments: <ul style="list-style-type: none"> • Good collaborations. • Provides MOUs with MU Occupational Therapy Department, Easter Seals, and BCFR 	
	Score
Total Group Score for Collaboration (P = 4) x 2 for weighted score:	6.00
Program Personnel and Narrative (P=4)	
<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	2.00
Comments: <ul style="list-style-type: none"> • Narrative mentions teachers subcontracted but are not listed out in the Program Personnel table. • Some of the information seemed vague. 	
	Score
Total Group Score for Program Personnel and Narrative (P = 4) x 2 for weighted score:	4.00
Program Budget and Narrative (P=4)	
<ul style="list-style-type: none"> • Adequate overall program funding • Ratio of Boone County funding to other sources of funding • Correlation between personnel expenses and program personnel • Justification for level of funding from Boone County • Basis for funding request from Boone County • Detailed budget narrative 	3.00
Comments: <ul style="list-style-type: none"> • Individuals are invested in the program • Diverse funding sources. 	
	Score
Total Group Score for Program Budget and Narrative (P = 4) x 2 for weighted score:	6.00
Reference List (citations) (P=4)	

<ul style="list-style-type: none"> • Use of Boone Indicators Dashboard • Use of valid and reliable data to describe the issue • Use of valid and reliable data to describe the population affected by the issue • Use of valid and reliable data to describe the effect of the issue in Boone County • Adherence to required citation methodology • Reference sources are current, valid and reliable 	2.00
Comments: <ul style="list-style-type: none"> • Provided numerous references that are current, including BID information. • Very little research on this type of program. 	
	Score
Total Group Score for Reference List (P = 4):	2.00
PROGRAM SERVICE	
Development/Start Up Service Funding (P=0)	
<ul style="list-style-type: none"> • Provides service names and definitions from the Taxonomy of Services • Detailed description for each proposed service(s) 	
Comments:	
This criteria does not receive a score	
Service Names, Definitions, and Descriptions (P=4)	
<ul style="list-style-type: none"> • Provides service names and definitions from the Taxonomy of Services • Detailed description for each proposed service(s) 	2.00
Comments: <ul style="list-style-type: none"> • Good use of taxonomy and description of the program semester(s). • Students can become certified in different technology programs to build resumes. 	
Total Group Score for Service Names, Definitions, and Descriptions (P = 3) x 3 for weighted score:	6.00
Service Outputs (P=4)	

<ul style="list-style-type: none"> • Adequate Unit Measure proposed for each service • Reasonable Unit Rates proposed for each service • Unit of service rate(s) (cost) tied to an established public funding unit rate • Adequate number of Units proposed for each service • Adequate number of unduplicated individuals to be served by each proposed service • Adequate cost of service per individual 	3.00
Comments:	
Total Group Score for Service Outputs (P = 4) x 2 for weighted score:	
6.00	
Service Fees (P=4)	
<ul style="list-style-type: none"> • Description and justification of the fee for services • Description of third party payer(s) • Description of fee payment option if consumer is uninsured or under insured 	3.00
Comments:	
<ul style="list-style-type: none"> • There is a charge for out of county participants and sliding scale fee structure. 	
Total Group Score for Service Fees (P = 4):	
3.00	
Amount Received From Other Funders (P=0)	
<ul style="list-style-type: none"> • Proposed program services list current funding by the City of Columbia, Boone County, and/or the Heart of Missouri United Way 	
Comments:	
This criteria does not receive a score	
Service Funding Request (P=4)	
<ul style="list-style-type: none"> • Adequate amount requested from Boone County • Adequate proposed number of units of service • Adequate justification for funding request from Boone County 	3.00
Comments:	
Total Group Score for Service Funding Request (P = 4):	
3.00	
Service Performance Measures and Narratives (P=4)	

<ul style="list-style-type: none"> • Relationship of outcome(s) to program goal(s) and issue identified in proposed program • Relativity, feasibility, and rationale of outcome indicator(s) • Relativity, validity, reliability, and rationale for the method of measurement(s) • Description of any external factors or variables which may affect proposed outcome(s) 	3.00
Comments: <ul style="list-style-type: none"> • Written well to reflect the variety of ages and outcomes of youth interested in technology fields. • Need an outcome/indicator that ties into social/emotional improvements. 	
Total Group Score for Service Performance Measures and Narratives (P = 4) x 2 for weighted score:	6.00
Overall Comments (P = 0-10 Extra Points)	
<p>Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.</p> <p>Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.</p> <p>Purpose Statement: <i>BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.</i></p> <p>Funding Goals: <i>The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), http://booneindicators.org/Default.aspx, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.</i></p> <p><i>Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.</i></p>	
	Score
Total Group Score for Overall Comments (P = 10):	5.00
Comments: <ul style="list-style-type: none"> • Great proposal that provides relevant information and sufficient details on programming. • The signed addendums need all signature pages provided and a better scanned quality. • There needs to be a clear tie to emotional issues. 	
Matching Funds (P = 0-10 Extra Points)	

Degree to which the program proposal response describes other funding sources for the procurement of services to maximize the ability to reach and serve children, youth, and families in Boone County. Please review the entire proposal and specifically the Budget Narrative before scoring. Some questions to consider: Does the matching funds involve a partnership with another funding source? Do the matching funds create a greater amount of resources to serve children, youth, and families?

	Score
Total Group Score for Matching Funds (P = 10):	5.00

Comments:

- Good use of matching funds.
- CSF covers 47% of program costs.

Collaboration (P = 0-15 Extra Points)

Definition of "Collaboration": Longer term interaction based on shared mission, goals; shared decision-makers and resources.

- Degree to which the program is coordinated with existing community resources. Organizations may be awarded extra points based on how well they demonstrate substantive and ongoing collaboration with other agencies. Some questions to consider: Does the collaboration go beyond a referral system? Does the collaboration have the potential to enhance consumer outcomes that without the collaboration would not likely occur?

- Program does not duplicate existing services.
- Program demonstrates county-wide collaborative efforts.

	Score
Total Group Consensus for Collaboration (P = 15):	7.00

Comments:

- Good collaboration and provides MOUs with MU Occupational Therapy Department, Easter Seals, and BCFR.
- About Vocational Rehab

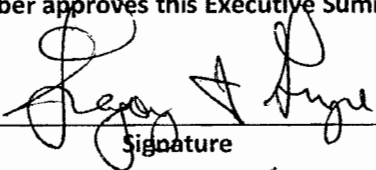
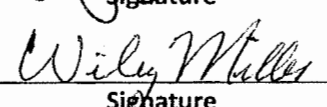
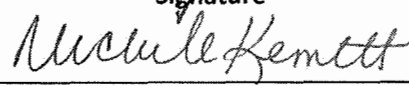
Updated 7/19/17

EXECUTIVE SUMMARY: RECOMMENDED CONTRACT AMOUNT TO RFP #30-20JUL17

Organization	Tree Top Innovation Learning Center – <i>Early Childhood Services and School Age Children</i>
Recommended Contract Amount	\$0.00
Total Amount Proposed	\$40,000
Current Contract Amount	N/A
Statutorily Eligible Service Area	<ul style="list-style-type: none"> • Unmarried parent services • Counseling and related services as a part of transitional living programs • Home-based and community-based family intervention programs

Services				
	Service	Unit Measure	Unit Rate	# of Units
#1	Children will receive social emotional screening, developmental screenings and social skills testing	1 hour	\$28.20	0
#2	School age children will receive summer enrichment programming, before and after school programming and tutoring	13,500	\$27.50	0

Recommended Board Action
The Boone County Children's Services Board does not recommend funding this proposal.

Committee Review/Approval of Executive Summary		
By signature below, the Committee Member approves this Executive Summary and concurs with the Suggested Board Action:		
Greg Grupe		12/14/17
Printed Name	Signature	Date
Wiley Miller		12-14-17
Printed Name	Signature	Date
Michele Kennett		12.19.17
Printed Name	Signature	Date



Boone County
Children's Services Fund
Group Consensus Score Sheet

Organization Name: Tree Top Innovation Learning Center

Program Name: Early Childhood Services and School Age Children

GROUP CONSENSUS SCORE SHEET	
ORGANIZATION PROFILE	
Organization General (P=4)	
<ul style="list-style-type: none"> Relationship of mission and goals to proposed service(s) History of providing proposed service(s) or similar service(s) Number and qualifications of independent governing board members Sufficient representation of Boone County residents on governing board 	1.00
Comments: <ul style="list-style-type: none"> Website and email address is not provided in Organization Contact Information section. Missing Bylaws, Organizational Chart, and Strategic Plan. No Board members listed, just one year for length of board term. No advisory board. A Board of Trustees is mentioned in the Financial section. One year seems awfully short for a Board term. Appears to offer quality personnel. 	
	Score
Total Group Score for Organization General (P = 4):	1.00
Organization Financial (P=4)	
<ul style="list-style-type: none"> Financial Statement Financial procedures regarding board oversight Employee compensation levels 	1.00
Comments: <ul style="list-style-type: none"> No financial attachments provided. FTE for Director is 0.00 Compensation seems to be very low for staff and teachers. 	
	Score
Total Group Score for Organization Financial (P = 4):	1.00
PROGRAM OVERVIEW	
Statement of Issue Being Addressed (P=4)	

<ul style="list-style-type: none"> • Description of how the population/community is affected by the issues to be addressed in this proposal • Utilizes data from Boone Indicators Dashboard (BID) 	2.00
Comments: <ul style="list-style-type: none"> • A. doesn't provide statistics on the community-level issue or what they are trying to address. Provides more of an overview/goal of the program. B. provides some data but no sources • Does not provide citations or utilize BID. • Services to be offered by program appear to be needed but duplicative. 	
	Score
Total Group Score for Statement of Issue Being Addressed (P = 4):	2.00
Program Goal (P=4)	
<ul style="list-style-type: none"> • Relevance of stated goal(s) to organization's goal(s) and mission statement, as stated in the Organization Profile 	2.00
Comments: <ul style="list-style-type: none"> • Does not state proposed outcomes of what the program will achieve. States the type of services they are providing. 	
	Score
Total Group Score for Program Goal (P = 4):	2.00
Program Overview (P=4)	
<ul style="list-style-type: none"> • Clearly describes the proposed program 	2.00
Comments: <ul style="list-style-type: none"> • Does not provide clear information. • The program proposes serving a wide range of ages. 	
	Score
Total Group Score for Program Overview (P = 4) x 2 for weighted score:	4.00
Program Consumers (P=4)	
<ul style="list-style-type: none"> • Description of consumers accessing program services • Explanation of why these consumers were chosen • Describes any impediments or challenges in serving these consumers • Adequate number of unduplicated individuals to be served • Adequate average program cost per individual 	2.00
Comments: <ul style="list-style-type: none"> • Additional funding sources need to be provided for children from other counties. • The number of children to be served is relatively small, only 42. 	

	Score
Total Group Score for Program Consumers (P = 4) x 2 for weighted score:	4.00
Consumer Demographics (P=4)	
<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	1.00
Comments: <ul style="list-style-type: none"> • Consumer numbers vary in each section and some sections are not filled out. Narrative on the type of training provided is unclear. Who will pay for the two residing in other counties? 	
	Score
Total Group Score for Consumer Demographics (P = 4):	1.00
Program Access (P=4)	
<ul style="list-style-type: none"> • Description of where and when the program services will be offered and any logistical information • Describes eligibility criteria • Description and justification of the fee for services, including sliding fee schedule, if applicable 	2.00
Comments: <ul style="list-style-type: none"> • The Organizational Profile mentioned a sliding fee scale. This needs to be provided under the Program Access section if you are including before/after school care and summer programming • No fee for program but tuition for child care? 	
	Score
Total Group Score for Program Access (P = 4):	2.00
Program Quality (P=4)	
<ul style="list-style-type: none"> • Description of any external requirements, such as licensing, minimum standards, accreditation, etc. • Program uses best practices that are evidence-based • Thorough description of unique and innovative aspects of the proposed services • Describes a quality improvement process for the proposed program • Describes a process that collects consumer feedback and utilization to enhance services and program outcomes 	1.00

Comments: <ul style="list-style-type: none"> • The Program Quality section says it's licensed by DHSS. Since May 2017, there have been four substantiated complaints. • What type of professional development training does staff receive? • Does not provide citations. • I have concern about qualifications of those who would provide after-school learning activities. Support evidence for program activities is not specific or extensive. 	
	Score
Total Group Score for Program Quality (P = 4) :	1.00
Collaboration (P=4)	
<ul style="list-style-type: none"> • Thorough description of partnerships or collaborations that enhance access to and/or the proposed services • Relevant MOUs for the support of these proposed services 	2.00
Comments: <ul style="list-style-type: none"> • How are they collaborating with these programs? No MOUs provided. 	
	Score
Total Group Score for Collaboration (P = 4) x 2 for weighted score:	4.00
Program Personnel and Narrative (P=4)	
<ul style="list-style-type: none"> • Program personnel qualifications appropriate to deliver proposed services • Program staffing levels adequate to provide proposed services • Program personnel compensation levels reasonable 	1.00
Comments: <ul style="list-style-type: none"> • The FTE is really low for all personnel (either 0.02 or 0.03). The Executive Director time isn't listed. Salaries are not listed correctly. • Salaries and personnel qualifications seem low. 	
	Score
Total Group Score for Program Personnel and Narrative (P = 4) x 2 for weighted score:	2.00
Program Budget and Narrative (P=4)	
<ul style="list-style-type: none"> • Adequate overall program funding • Ratio of Boone County funding to other sources of funding • Correlation between personnel expenses and program personnel • Justification for level of funding from Boone County • Basis for funding request from Boone County • Detailed budget narrative 	1.00

Comments: <ul style="list-style-type: none"> • Yearly amount request is not complete. Budget narrative does not provide specific information. 	
	Score
Total Group Score for Program Budget and Narrative (P = 4) x 2 for weighted score:	2.00
Reference List (citations) (P=4)	
<ul style="list-style-type: none"> • Use of Boone Indicators Dashboard • Use of valid and reliable data to describe the issue • Use of valid and reliable data to describe the population affected by the issue • Use of valid and reliable data to describe the effect of the issue in Boone County • Adherence to required citation methodology • Reference sources are current, valid and reliable 	1.00
Comments: <ul style="list-style-type: none"> • Did not cite sources in proposal. Only lists two references and one is not in APA format. Did not cite BID. 	
	Score
Total Group Score for Reference List (P = 4):	1.00
PROGRAM SERVICE	
Development/Start Up Service Funding (P=0)	
<ul style="list-style-type: none"> • Provides service names and definitions from the Taxonomy of Services • Detailed description for each proposed service(s) 	
Comments: <ul style="list-style-type: none"> • Should not list the entire program requesting amount in this section. • This program might well represent an appropriate use of funds, but the amount of funds requested seems relatively low relative to the public need for the program's services and the level of program quality also needed. 	
This criteria does not receive a score	
Service Names, Definitions, and Descriptions (P=4)	
<ul style="list-style-type: none"> • Provides service names and definitions from the Taxonomy of Services • Detailed description for each proposed service(s) 	1.00

Comments: <ul style="list-style-type: none"> • Did not follow Taxonomy of Services. Description of the services is poor. Only one sentence restating what they wrote in the service name. • Service 2- Services listed need to be separated. (services could be Positive Youth Development and Tutoring). Difficult to suggest services due to poorly described service. not very detailed, 	
Total Group Score for Service Names, Definitions, and Descriptions (P = 4) x 3 for weighted score:	3.00
Service Outputs (P=4)	
<ul style="list-style-type: none"> • Adequate Unit Measure proposed for each service • Reasonable Unit Rates proposed for each service • Unit of service rate(s) (cost) tied to an established public funding unit rate • Adequate number of Units proposed for each service • Adequate number of unduplicated individuals to be served by each proposed service • Adequate cost of service per individual 	1.00
Comments: <ul style="list-style-type: none"> • Service 2- unit measure is incorrect. 	
Total Group Score for Service Outputs (P = 4) x 2 for weighted score:	2.00
Service Fees (P=4)	
<ul style="list-style-type: none"> • Description and justification of the fee for services • Description of third party payer(s) • Description of fee payment option if consumer is uninsured or under insured 	1.00
Comments: <ul style="list-style-type: none"> • Service 1- rationale for no fees doesn't relate to the question. • Service 2- states that families will not be charged if their income is in the 200% poverty rate. Is there a sliding fee scale if families are charged if they are above the 200% poverty rate? The amount received from families needs to be included in the budget. • No service fee. 	
Total Group Score for Service Fees (P = 4):	1.00
Amount Received From Other Funders (P=0)	
<ul style="list-style-type: none"> • Proposed program services list current funding by the City of Columbia, Boone County, and/or the Heart of Missouri United Way 	
Comments: <ul style="list-style-type: none"> • Apparently no other funders. 	

This criteria does not receive a score	
Service Funding Request (P=4)	
<ul style="list-style-type: none"> • Adequate amount requested from Boone County • Adequate proposed number of units of service • Adequate justification for funding request from Boone County 	1.00
Comments: <ul style="list-style-type: none"> • Service 1- Units vary between requesting amount and the outputs section. • Service 2- Requesting \$0 from CSF or not complete. 	
Total Group Score for Service Funding Request (P = 4):	1.00
Service Performance Measures and Narratives (P=4)	
<ul style="list-style-type: none"> • Relationship of outcome(s) to program goal(s) and issue identified in proposed program • Relativity, feasibility, and rationale of outcome indicator(s) • Relativity, validity, reliability, and rationale for the method of measurement(s) • Description of any external factors or variables which may affect proposed outcome(s) 	1.00
Comments: <ul style="list-style-type: none"> • Service 1- Need more information on the ELLC social skills checklist. • More specific and meaningful measures needed. • "Improvement" by what amounts? 	
Total Group Score for Service Performance Measures and Narratives (P = 4) x 2 for weighted score:	2.00
Overall Comments (P = 0-10 Extra Points)	

Clarity and Accuracy of Proposal: Detailed overview of the proposed program. Clear statement of service need in Boone County. Information submitted is clear, accurate, concise, and written in correct style.

Responsiveness: The proposal is responsive to the Purpose Statement and Funding Goals as stated in the RFP.

Purpose Statement: *BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.*

Funding Goals: *The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.*

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

	Score
Total Group Score for Overall Comments (P = 10):	3.00

Comments:

- They should have applied for funding for the before/after school programming and/or summer enrichment but are not requesting funds for this service. They did not provide a clear issue statement or in depth information into the program services included in the proposal. Organizational Profile is not complete. No attachments are provided on the Proposal Cover Sheet. The program lacked detail on services.
- Concerned on the four substantiated complaints since May 2017.
- The proposal seems well intended but not well presented, supported, or documented.
- There seemed to be a lack of understanding of what the BCCSB wanted to see.

Matching Funds (P = 0-10 Extra Points)

Degree to which the program proposal response describes other funding sources for the procurement of services to maximize the ability to reach and serve children, youth, and families in Boone County. Please review the entire proposal and specifically the Budget Narrative before scoring. Some questions to consider: Does the matching funds involve a partnership with another funding source? Do the matching funds create a greater amount of resources to serve children, youth, and families?

	Score
Total Group Score for Matching Funds (P = 10):	0.00

Comments:

- No matching funds and narrative of securing other funds was poor.

Collaboration (P = 0-15 Extra Points)

Definition of "Collaboration": Longer term interaction based on shared mission, goals; shared decision-makers and resources.

- Degree to which the program is coordinated with existing community resources. Organizations may be awarded extra points based on how well they demonstrate substantive and ongoing collaboration with other agencies. Some questions to consider: Does the collaboration go beyond a referral system? Does the collaboration have the potential to enhance consumer outcomes that without the collaboration would not likely occur?

- Program does not duplicate existing services
- Program demonstrates county-wide collaborative efforts

	Score
Total Group Consensus for Collaboration (P = 15):	4.00

Comments:

- Does not describe the efforts of how they are collaborating with the organizations mentioned in the Collaboration section. No MOUs provided.



Organization Name: Tree Top Innovation Learning Center

Program Name: Early Childhood Services and School Age Children

OVERALL SCORE SHEET		
	Total Possible Score	Group Score

Organization Profile Section

Organization General	4.00	1.00
Organization Financial	4.00	1.00

Program Overview

Statement of Issue Being Addressed	4.00	2.00
Program Goal	4.00	2.00
Program Overview	8.00	4.00
Program Consumers	8.00	4.00
Consumer Demographics	4.00	1.00
Program Access	4.00	2.00
Program Quality	4.00	1.00
Collaboration	8.00	4.00
Program Personnel and Narrative	8.00	2.00
Program Budget and Narrative	8.00	2.00
Reference List (citations)	4.00	1.00

Program Services

Service Names, Definitions, and Descriptions	12.00	3.00
----------------------------------------------	-------	------

Service Outputs	8.00	2.00
Service Fees	4.00	1.00
Service Funding Requested	4.00	1.00
Service Performance Measures and Narratives	8.00	2.00
Overall Comments	10.00	3.00
Matching Funds	10.00	0.00
Collaboration	15.00	4.00
<i>Final Score:</i>	71.00	16.00



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract Child Permanency Services

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **13th Circuit/Boone County Court** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **13th Circuit**.

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

WHEREAS, 13th Circuit has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY 13TH CIRCUIT

13th Circuit is expected to the greatest extent possible to maximize funding from all other sources. The 13th Circuit shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. The 13th Circuit shall only request reimbursement for services not reimbursable by any other source. The 13th Circuit shall not invoice the Children's Services Fund for units of service invoiced to another funding source. The 13th Circuit shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** The 13th Circuit will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and 13th Circuit's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over 13th Circuit's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from 13th Circuit and 13th Circuit agrees to furnish the **Child Permanency Services** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in 13th Circuit's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$208,078.20** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018 and extend through December 31, 2018** subject to the provisions for termination specified below. The 13th Circuit agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB. This contract may at the sole discretion of the BCCSB and with the agreement of 13th Circuit be renewed for **an additional one (1), one-year period**. 13th Circuit agrees and understands that the BCCSB may require supplemental information to be submitted by 13th Circuit prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Home Visiting (includes: Family Education, Parenting Skills Training, and Case Management)	\$23.34	One hour	5,115	\$119,384.10
Behavioral Health Assessment	\$3.54	One assessment	1,550	\$5,487.00
Case Management	\$23.34	One hour	3,565	\$83,207.10

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty

days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of 13th Circuit, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by 13th Circuit to monitor service delivery and program expenditures. The 13th Circuit agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by 13th Circuit and, if so stipulated, are noted on this contract document. Payments may be withheld from 13th Circuit if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. 13th Circuit agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** The 13th Circuit also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of 13th Circuit's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from 13th Circuit, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** The 13th Circuit agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect 13th Circuit's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, 13th Circuit hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its

designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event 13th Circuit requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from 13th Circuit may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with 13th Circuit's policies and procedures and in accordance with any local/state/federal regulations. 13th Circuit agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. 13th Circuit must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** The 13th Circuit will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

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

14. **Accreditation/Licensure/Certifications.** The 13th Circuit must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** The 13th Circuit agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and 13th Circuit, and this shall include any transaction in which 13th Circuit is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** The 13th Circuit may enter into subcontracts for components of the contracted service as 13th Circuit deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, 13th Circuit shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** The 13th Circuit agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. 13th Circuit shall require each subcontractor to affirmatively state in its Agreement with the 13th Circuit that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide 13th Circuit a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** The 13th Circuit agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against 13th Circuit or any individual acting on the 13th Circuit's behalf, including subcontractors, which seek to enjoin or prohibit 13th Circuit from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If the 13th Circuit ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if the 13th Circuit no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, the 13th Circuit will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event the 13th Circuit, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to 13th Circuit as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. BCCSB may terminate this agreement should the 13th Circuit fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, 13th Circuit shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the 13th Circuit for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. Indemnification. To the extent permitted under Missouri law, the 13th Circuit agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **13th Circuit/Boone County Court** (meaning anyone, including but not limited to consultants having a contract with 13th Circuit or subcontractor for part of the services), or anyone directly or indirectly employed by 13th Circuit, or of anyone for whose acts 13th Circuit may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. Publicity by the Organization. The 13th Circuit shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. 13th Circuit will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. 13th Circuit will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. The 13th Circuit agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

24. Independence. This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and 13th Circuit. The BCCSB does not recognize any of the 13th Circuit's employees, agents, or volunteers as those of the BCCSB.

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

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

27. ***Record Retention Clause.*** The 13th Circuit shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

Any written notice or communication to 13th Circuit shall be mailed or delivered to:

13th Circuit/Boone County Court
Mary Epping
705 E. Walnut St.
Columbia, Missouri 65201

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

13th Circuit/Boone County Court

By: Cindy Barnett
Signature

By: Cindy Barnett, Deputy Court Administrator
Printed Name/ Title

Boone County, Missouri

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

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

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk
DKB

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

Jane Ritchford 12/20/2017 (2161/71106/\$208,078.20)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 1, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: 13th Circuit – Boone County Courthouse

Address: 705 E. Walnut St.
Columbia, MO 65203

Telephone: (573) 886-4060 Fax: (573) 886-4070

Federal Tax ID (or Social Security #): 43-6000349

Print Name: Mary Epping Title: Court Administrator

Signature:  Date: 11/1/2017

E-mail: mary.epping@courts.mo.gov

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	13 th Circuit/Boone County Court
Name of Program	Child Permanency Services

Organization Profile	
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1. The Organization Profile shows that the 13th Circuit/Boone County Court does not have a written whistleblower policy.

Action Required: Provide information on whether there is a plan to implement a whistleblower policy.

This has been updated in the Apricot program. The court does have a whistleblower policy.

Section H – COUNTY PAID EMPLOYEES Grievance Procedure (State paid employees refer to State Administrative Rule 7.01.B.13)

I. RIGHT TO FILE

- A. An employee shall have the right to file a grievance regarding any action that negatively affects the employee's employment status, such as promotions, demotions, disciplinary or corrective actions, or any action that violates state or federal law or any provisions of these policies. (Rule 7.01.B.13.1(a))
- B. An employee does not have a right to file a grievance involving the following types of actions: (Rule 7.01.B.13.1(b))
 1. Any action involving another employee (except as otherwise specifically set forth by the policies of the 13th Judicial Circuit Court) or the appointment of an employee to a position if that employee meets the minimum qualifications for the job class assigned to the position, except when the appointment violates state or federal law or any provisions of these policies.
 2. Management decisions involving the organizational structure of the court.
 3. Management decisions that are consistent with state or federal law or the provisions of these policies.
 4. Matters that are determined by the Supreme Court or the State of Missouri, or for which the appointing or administrative authority has no control.
- C. An employee shall not suffer any consequences by his appointing or administrative authority or any other person as a result of having exercised his/her rights within the provisions of the grievance procedure. (Rule 7.01.B.13.1(c))

Program Overview Form

2. The Employee Compensation section was not complete.

Action Required: Complete the Employee Compensation field.

This has been updated in the Apricot system.

Proposal Cover Sheet

3. The required attachments and addendums on the Proposal Cover Sheet are not provided.

Action Required: Upload all the attachments and addendums with required signatures.

These attachments including the E-Verify MOU are attached in the email sent to Melinda Bobbitt.

4. Program Overview – The Intervention plan and family therapy are not established until Phase 2. Family support doesn't occur until Phase 3. Would there be a benefit to implementing these services earlier in the plan?

Action Required: Please provide additional information regarding the timing of these services in the box below.

Family support will be assessed and utilized beginning day one. The 4 Phases of the Child Permanency Program should be viewed as purposeful, fluid, and flexible. Primary objectives during Phase 1 include: establishment of a safety plan, facilitation of visits, baseline parental capacity assessment, baseline readiness for reunification assessment, and development of intervention plan. Additionally, parents will receive psychoeducation pertaining to significance and methods of attachment and bonding. Anticipated barriers during Phase 1 include implementation of a harm reduction safety plan, which will require advocacy from all Child Permanency Specialist ("CPS") Staff. All of the aforementioned tasks are intervention strategies which will occur during Phase 1. An individualized, and more client specific intervention plan will be developed at the time (Phase 1 or 2) when safety and basic need related goals have been met. Child Welfare Stakeholders will also have revised recommendations for the family, once crises are resolved, that can be added to the intervention plan. Implementation of Family Therapy is included in Phase 2, so that data from assessment tools and CPS observation may be used to identify individualized mental health needs. Comprehensive assessment should lead to an individualized court-approved treatment plan and ongoing monitoring by a multidisciplinary team skilled in working with this population (American Academy of Pediatrics, 2000). Additionally, the program aims to be cautious of not overwhelming clients of low socio-economic status, limited transportation, family support, and/or childcare options. Phase 3 is the first step towards termination of the program, and additional connections are made to replace the support that has been provided by CPS.

5. Program Overview - The total number of days in phases 1, 2, and 3 are approximately 126 days (42 days per phase X 3 phases = 126 days). Then there is a Maintenance phase for 90 days. The total number of days equals 216. Why is home placement targeted at 260 days? Is the timeline of phases flexible depending on the family?

Required: Provide a narrative explanation in the box below.

Yes, the timeline of phases is flexible depending on the family. Trial home placement (THP) is targeted for the end of Phase 1, with Phase 2-4 occurring during THP. Research indicates that families are at highest risk for additional crisis and re-occurring child abuse and neglect approximately 6-9 months after reunification. The Child Permanency Specialist Program aims to reduce instances of recidivism by remaining in place. Additionally, the National Family Preservation's Report on Family Reunification indicated step-down services as one of the top variables in successful reunification (2014).

6. Program Consumer – This section indicates that children 0-2 are the main focus of this proposal. What will be done with families whose children who are over the age of 2? What if the family has older siblings?

Action Required: Provide a narrative explanation in the box below.

The program will focus on families with children ages 0-2, with the emphasis on decreasing impact of diminished bonding and attachment in childhood. At all times the program will serve children/siblings of any age, which belong to a family who have a child ages 0-2. To maximize program utilization, referrals for the program can be made for families with children 0-5 when no referrals have been made for 5 business days.

7. Consumer Demographics - There were 117 unduplicated individuals listed in the Boone County Residence box. There were no numbers entered in the City of Columbia box. Do all the individuals, receiving this service, live outside of the city limits?

Action Required: Provide the number of individuals who will reside in the City of Columbia limits in the box below.

Unduplicated individuals include: parents/caretakers of children 0-2, and children 0-2. We are estimating program participants to include: 1.5 caretakers, and 2 children (Boone indicators). This equates to a total of 3.5 individuals per family served, 108.5 individuals per Child Permanency Specialist, and 325.5 (rounded to 326) individuals per fiscal year. The 13th Circuit and only tracks county demographics related to children in care, so we know 100% of participants will be in Boone County. US Census Data indicates approximately 17.5% of Boone County residents reside outside city limits. We have used the same to estimate approximately 269 persons served will reside in the City of Columbia, and 57 persons will reside in Boone County. However, this will not limit services to those in the city, versus the county, to this number.

8. Program Personnel Information - The salary range portion of this section was not completed correctly. We don't want the exact pay. This section must include a range showing the lowest starting salary to the highest paid salary. Please include the Supervisor if they are receiving any funds with this proposal.

Action Required: Update the chart below with the Full-Time Salary Range for all the staff.

Position/Title	Full-Time Salary Range From:	Full-Time Salary Range To:
<i>Ex. Child Permanency Specialist</i>	<i>\$42,000.00</i>	<i>\$72,000.00</i>
Child Permanency Specialist 1 (1.0 FTE)	\$33,200	\$35,675
Child Permanency Specialist 2 (1.0 FTE)	\$33,200	\$35,675
Child Permanency Specialist 3 (1.0 FTE)	\$33,200	\$35,675
Supervisor (1.0 FTE)	\$37,200	\$42,675
Associate Director of Operations (.25 FTE)*	\$17,200*	\$22,675*
Program Director (.25 FTE)*	\$17,200*	\$22,675*

*part time position, allocated at .25 for this project.

9. Program Personnel Information - The salaries for the Child Permanency Specialist seemed high, \$69,350.00, for a bachelor's level position.

Action Required: Provide a justification for this salary level in the box below.

The per diem rate initially used to establish the budget was divided by the 3 Child Permanency Specialists. We have revised the budget to better explain the expenditures based on units in this clarification. In addition, the table above for #8 shows the actual salary for Child Permanency Specialists.

10. Program Personnel Narrative – The narrative describes three Child Permanency Specialists but the Program Overview description box states that there will be two Child Permanency Specialists.

Action Required: Clarify in the box below.

That was an error. The grant should have reflected 3 specialists in all parts of the application. For the past 5 years there were an average of 50 children ages 0-2 in care per year. Our original estimate was for 2 Child Permanency Specialists ("CPS"), but we recognized the need for 3 CPS (3.0 FTE). The budget also provides for 1 Child Permanency Supervisor (1.0 FTE), 1 Program Director (at .25 FTE) to provide grant oversight and data collection/analysis, and one Associate Director of Operations (.25 FTE) to provide billing and operational support. Please see the graphics below that indicate rationale. Due to the intensity of the program, CPS Specialists can only serve 2 Phase 1 families at a time. 3 CPS Specialists would allow for approximately 27-31 families served per year.

2 Child Permanency Specialist Estimates

	Phase 1	Phase 2	Phase 3	Phase 4
Jan-Feb FY1				
Child Permanency Specialist 1	2			
Child Permanency Specialist 2	2			
Supervisor				
Mar-Apr FY1				
Child Permanency Specialist 1	1	2		
Child Permanency Specialist 2	1	2		
Supervisor				
May-July FY1				
Child Permanency Specialist 1	2	1		
Child Permanency Specialist 2	2	1		
Supervisor			4	
Aug-Sept FY1				
Child Permanency Specialist 1	1	2		
Child Permanency Specialist 2	1	2		
Supervisor			2	4
Oct-Nov FY1				
Child Permanency Specialist 1	2	1		
Child Permanency Specialist 2	2	1		
Supervisor			4	2
Dec FY1				
Child Permanency Specialist 1	1	2		
Child Permanency Specialist 2	1	2		
Supervisor			2	4
Total Client Served FY1	18			

(18-22)*

3 Child Permanency Specialist Estimates

	Phase 1	Phase 2	Phase 3	Phase 4
Jan-Feb FY1				
Child Permanency Specialist 1	2			
Child Permanency Specialist 2	2			
Child Permanency Specialist 3	2			
Supervisor				
Mar-Apr FY1				
Child Permanency Specialist 1	1	2		
Child Permanency Specialist 2	1	2		
Child Permanency Specialist 3	1	2		
Supervisor				
May-July FY1				
Child Permanency Specialist 1	2	1		
Child Permanency Specialist 2	2	1		
Child Permanency Specialist 3	2	1		
Supervisor			6	
Aug-Sept FY1				
Child Permanency Specialist 1	1	2		
Child Permanency Specialist 2	1	2		
Child Permanency Specialist 3	1	2		
Supervisor			3	6
Oct-Nov FY1				
Child Permanency Specialist 1	2	1		
Child Permanency Specialist 2	2	1		
Child Permanency Specialist 3	2	1		
Supervisor			6	3
Dec FY1				
Child Permanency Specialist 1	1	2		
Child Permanency Specialist 2	1	2		
Child Permanency Specialist 3	1	2		
Supervisor			3	6
Total Client Served FY1	27			

(23-31, based on attrition)*

11. The program is subcontracting Family Facets to provide program personnel. It is unclear whether program personnel serve other families in different programs.
Action Required: Provide the clarification on whether Program Personnel serving families through this program also serve families funded through other funding sources. If yes, please explain.

Child Permanency Specialists and the Supervisor will be full time employees, and will not be serving other clients through Family Facets. The Child Permanency Program Director is the current Clinical Director of Family Facets, and will be .25 FTE on this project. Additional clients served by this role include consumers of therapeutic services. The Associate Director of Operations does not provide direct services to consumers in any form.

12. Program Budget/Yearly Amount Request from Children's Services Fund – Box 2A. shows a request from the Children's Services Fund for \$209,625.00. The Year 1 Total Request is listed as \$209,575.00. The total amount requested needs to be consistent in all areas of the proposal.
Action Required: Clarify in the box below what the total request is for Year 1.

The numbers not matching was an error and both areas should have been \$209,625. This broke down to \$208,050 based on the per diem, plus \$1,575 for the assessments. Going back and looking it is not clear why there was a \$50 difference in these spots. We apologize for this error.

13. Program Budget – It is mentioned that Family Facets will bill Medicaid when possible. If Medicaid is received for services this will need to be included in the Program Budget.
Action Required: Provide information in the box below describing what types of services Medicaid will fund.

Family Facets provides therapy through a different program in the community. Medicaid reimbursement will only occur as a result of auxiliary services (i.e. individual and family therapy), being recommended. Additionally, not all families who are referred for mental health treatment will receive services at Family Facets. This is not a requirement or specific component of the Child Permanency Program.

14. Program Budget/Program Budget Narrative – The Total Expenses are \$10,000 higher than the Total Revenues. Based on information provided in the Program Budget Narrative, will any money from the court go into this program? Does it cover the \$10,000 difference? If so, all this funding must be included in the Program Budget. Reminder - All sources of funding should be included in the Program Budget
Action Required: Clarify in the box below why there is a \$10,000 difference between the Total Revenue and the Total Expenses. Provide any information about funds that will be received from the Court or any other funding source to assist in this program.

On page 10 of the grant application under "2. Non-Personnel" we included a \$10,000 grant the court has for visitation. As noted under "Program Budget Narrative" on the same page, the \$10,000 visitation grant is through the state and is limited to supervised visitation when there is has been a charge or arrest for domestic violence. This money should be considered separate and apart from the permanency grant we are applying for as the \$10,000 grant has nothing to do with the age of the child or bonding, does not have an education or skills component for the families, and can only be used for supervised visitation in limited circumstances. It should not have been included in the expenses, but was used to evidence that we had made efforts to get other funding for supervision generally.

Program Services Form (1-5)

15. Due to the complexity of providing services through home visits, the Boone Impact Group has added "Home Visiting" to the *Taxonomy of Services* with the following definition:

Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the *Taxonomy of Services*, which must also be delivered in the home/residence of the program consumer(s).

The Service Name must include all the services that are being provided during Home Visiting. For example, the Program Overview mentioned the following services are provided during home visits: Family Education, Parent Skills Training, Case Management, etc. Majority of the activities provided through Home Visiting will be listed as Service 1. Each service provided in Home Visits will need to be listed with an explanation on how that service is provided to families.

Behavioral Health Assessments will need to be listed as Service 2, even though it is conducted during a home visit. The needs and parental capacity assessment is provided during each phase but not at each home visit. The unit measure needs to be listed as "one assessment".

The diagnostic assessment provided by the licensed clinician will be listed as Service 3 as "Behavioral Health Evaluation". The unit measure needs to be listed as "one evaluation". The narrative indicates that this is only provided to diagnosis a mental health concern and then refer the parent to appropriate resources.

Time spent providing Case Management outside of Home Visiting needs to be listed as Service 3. The unit measure should be listed as "15 minutes" or "one hour".

The remaining clarification questions should reflect service changes mentioned above. See the table below as a summary for how the services should be structured:

Service #	Service Name	Notes
1	Home Visiting	Include all services that are provided during a home visit except the Behavioral Health Assessment and Behavioral Health Evaluation
2	Behavioral Health Assessment	Assessments provided throughout the four phases.
3	Behavioral Health Evaluation	Diagnostic assessment provided by a licensed clinician
4	Case Management	Time spent for clients outside of home visiting

Action Required: Complete the 'Service Change Chart' for each service. Provide any comments or questions in the field below.

Thank you for the opportunity to re-evaluate and further clarify our services. The following, and service tables 1-4 are a better representation of our intended program.

Service 1 – Home Visiting

16. Service 1 will be listed as “Home Visiting”. The proposal provided a good explanation on the activities provided during home visits. The activities need to be listed out to reflect the *Taxonomy of Services* and provide an explanation on how those services are incorporated into home visits.

Action Required: Complete the ‘Service Change Chart’ for Service 1. List the services that are included in Home Visiting in the service name. Provide an explanation below on how those services are incorporated into home visits.

Education to Parents: Child Permanency Specialists (“CPS”) will educate parents on child development, attachment, and bonding principles to increase parental capacities.

Parent Skills Training: CPS will educate, model, and role-play evidence based nurturing and attachment activities, and behavioral management strategies.

Case Management: CPS will serve as a resource broker by identifying leverage points, auxiliary services, and informal/natural supports.

The Outputs need to be redone to reflect time spent for home visits. The unit measure needs to be “15 minutes” or “one hour”. The unit rate needs to be based on the lowest public rate available.

Action Required: Complete the ‘Service Change Chart’ for Service 1. Provide an explanation below on how the unit rate and number of units to be provided was determined. Please provide your best and final offer.

Service 1 unit measures are 1 hour. A total unit of case management was determined by calculating the maximum number of Service 1 hours, per family, per Child Permanency Specialists (“CPS”), per phase. It was determined that CPS Specialists/Supervisors (combined) will provide approximately 50 hours of this service during Phase 1, 50 hours during Phase 2, 40 hours during Phase 3, and 25 hours during Phase 4. That is a total of 165 Service 1 hours (units) per family. An estimated 31 families will be served, totaling 5,115 hours. The rate was determined by evaluating current rates for similar in-home, family preservation programs including Children’s Treatment Services Parent Aide (\$23.34 for 60 minutes), Behavioral Health Services (\$38.80 for 30 mins), and Crisis Intervention In-home (\$32.99 for 30 mins). The average rate (in an hourly unit) is approximately \$55.64. We will provide the service at the lowest available rate of \$23.34 per unit.

17. The funding request for each service will need to be updated.

Action Required: Complete the 'Service Change Chart' for Service 1. Provide any questions or comments in the field below. Please provide your best and final offer.

We can provide this service for \$23.34 per unit.

18. The current proposal has all the services listed in one box with just one outcome, indicator, and method of measurement. Each service requires its own outcome(s), indicator(s), and method of measurement(s). Since these services are being split up, new information will need to be completed.

Action Required: Complete the 'Service Change Chart' for Service 1 with updated Performance Measures. Provide information below on how updated outcome(s), indicator(s), and method of measurement(s) were determined. See attached 'Program Performance Measures Information' for assistance.

Please see Service 1 Box.

Service 2 – Behavioral Health Assessment

19. Service 2 will be listed as "Behavioral Health Assessment". The proposal lacked specific information on the assessment tools that will be utilized.

Action Required: Complete the 'Service Change Chart' for Service 2. Provide information on the assessment tools in the field below.

The Child Permanency Services (CPS) utilizes evidence-based assessments of parental capacities including the North Carolina Family Assessment Scale for General Services and Reunification (NCFAS G+R), and the Nurturing Skills Competency Scale (NSCS). The NCFAS G+R is endorsed by the National Family Preservation Network. It assesses the following domains: environment, parental capabilities, family interactions, family safety, child well-being, social and community life, self-sufficiency, family healthy, caregiver/child ambivalence, and readiness for reunification. Research on the reunification is still ongoing, but the most recent evaluation of this tool can be found here:

http://www.nfnpn.org/Portals/0/Documents/ncfasg_research_report.pdf

The NSCS has been proven to be effective in formulating and reducing risk in reunification efforts, and preventing re-occurrence of maltreatment. Their long version is specifically designed for the child welfare population. Research findings can be found here:

<https://www.assessingparenting.com/assessment/nscs>

20. The Outputs need to be redone to reflect the Behavioral Health Assessments administered. The unit measure needs to be "one assessment". The unit rate needs to be based on the cost of the assessment tools and time spent administering and evaluating the information. The number of units need to reflect the number of these assessments that will be performed.

Action Required: Complete the 'Service Change Chart' for Service 2. Provide an explanation below on how the unit rate and number of units to be provided was determined. Please provide your best and final offer.

Service 2 is measured as "One Assessment." Total units of Behavioral Health Evaluation was determined by calculating the maximum number of evaluations, per family, per Child Permanency Specialists ("CPS"), per phase. It was determined that CPSs and supervisor will administer approximately 50 assessments per family for the entire program, and includes 2, 3, and 6 month follow ups, as well as estimates for 50% two parent homes. An estimated 31 families will be served, totaling 1,550 Behavioral Health Evaluations. The total cost of the training, tools, and data management for the NCFAS G+R is approximately \$1,000 (due to our close relationship with National Family Preservation Network). Information can be found here: <http://www.nfpn.org/assessment-tools/ncfas-gr-training-package>. The total cost of the training, tools, and data management for the NCSS is \$4,493. Information can be found here: <http://nurturingparenting.com/ecommerce/cart.i?cmd=view>. Total unit cost was calculated by dividing total cost (\$5,493) by total units (1,550), equaling \$3.5439 per unit.

21. The funding request for each service will need to be updated.

Action Required: Complete the 'Service Change Chart' for Service 2. Provide any questions or comments in the field below. Please provide your best and final offer.

We can provide this service for \$3.5439 per unit.

22. The current proposal has all the services listed in one box with just one outcome, indicator, and method of measurement. Each service requires its own outcome(s), indicator(s), and method of measurement(s). Since these services are being split up, new information will need to be completed.

Action Required: Complete the 'Service Change Chart' for Service 2 with updated Performance Measures. Provide information below on how updated outcome(s), indicator(s), and method of measurement(s) were determined. See attached 'Program Performance Measures Information' for assistance.

Please see Service 2 Box.

Service 3 – Behavioral Health Evaluation

NOTE: This service will not be provided through the CPS Program, and is not being requested. If a Behavioral Health Evaluation is required, it will be billed through another program.

23. Service 3 will be listed as “Behavioral Health Evaluation”. The proposal described that parents will receive a diagnostic assessment by a licensed clinician to assess for mental health needs. If needed, care will be set up and monitored to ensure the parent is participating in support services. The information did not provide specific information on the actual evaluation.
Action Required: Complete the ‘Service Change Chart’ for Service 3. Provide more information on the Behavioral Health Evaluation in the field below.
Please see above in red.
24. The proposal mentioned that the diagnostic assessment is provided by a licensed clinician but does not provide specific information.
Action Required: Provide information on the licensed clinician and clarify what organization will be subcontracted to provide the evaluation.
Please see above in red.
25. The Outputs need to be redone to reflect the Behavioral Health Evaluations being provided. The unit measure needs to be “one evaluation”. The unit rate needs to be based the lowest public rate available. The number of units need to reflect the number of these evaluations being conducted.
Action Required: Complete the ‘Service Change Chart’ for Service 3. Provide an explanation below on how the unit rate and number of units to be provided was determined. Please provide your best and final offer.
Please see above in red.
26. The funding request for each service will need to be updated.
Action Required: Complete the ‘Service Change Chart’ for Service 3. Provide any questions comments in the field below. Please provide your best and final offer.
Please see above in red.
27. The current proposal has all the services listed in one box with just one outcome, indicator, and method of measurement. Each service requires its own outcome(s), indicator(s), and method of measurement(s). Since these services are being split up, new information will need to be completed.
Action Required: Complete the ‘Service Change Chart’ for Service 3 with updated Performance Measures. Provide information below on how updated outcome(s), indicator(s), and method of measurement(s) were determined. See attached ‘Program Performance Measures Information’ for assistance.
Please see above in red.

Service 4- Case Management outside of Home Visits

28. Service 4 needs to be listed as "Case Management" and include time spent for clients outside of home visits, assessments, and evaluations.

Action Required: Complete the 'Service Change Chart' for Service 4. Provide additional information below on activities that can be included in Case Management outside of home visits (for example, developing family plans, advocating, service coordination, information and referral, etc.).

The program director will provide education to Child Welfare Stakeholders regarding models of harm reduction, and attend Family Support Team Meetings to identify families for the program. The program director will create and facilitate monthly interagency Child Permanency meetings. All program staff will attend weekly consultation to discuss program participants and coordinate care. Child Permanency Specialists("CPS")/Supervisor will attend Family Support Team Meetings of identified clients, to advocate for clients and coordinate intervention plans. CPSs will document interventions, resource broker, attend court proceedings, and further coordinate/correspond with auxiliary services as part of their case management role. CPS and the supervisor will be on call to families to provide "Parent Coaching."

29. The Outputs need to be redone to reflect Case Management provided outside of home visiting, assessments, and evaluations. The unit measure needs to be "15 minutes" or "one hour". The unit rate needs to be based the lowest public rate available. The number of units need to reflect the time spent for clients. The proposal listed "24 hours" as the unit measure. This unit measure is incorrect since it would include time personnel did not provide services (i.e. personal time).

Action Required: Complete the 'Service Change Chart' for Service 4. Provide an explanation below on how the unit rate and number of units to be provided was determined. Please provide your best and final offer.

Service 4 is measured as "One Hour." A total unit of Case Management was determined by calculating the maximum number of Service 4 hours, per family, per Child Permanency Specialist ("CPS"), per phase. It was determined that CPSs, supervisors, and program director will provide approximately 40 hours of this service during Phase 1, 30 hours during Phase 2, 25 hours during Phase 3, and 20 hours during Phase 4. That is a total of 115 Service 4 hours (units) per family. An estimated 31 families will be served, totaling 3,565 hours. Rate was determined by evaluating current rates for community based case management programs including Children's Treatment Services Family Centered Consultation (\$76.11 for 30 minutes), Family Centered Meeting (\$50.74 for 30 minutes), and Service Delivery Coordination (\$23.34 for 60 minutes). The average rate (at a unit of 1 hour) is approximately \$92.35. We will provide this service for the lowest available rate of \$23.34 per unit.

30. The funding request for each service will need to be updated.

Action Required: Complete the 'Service Change Chart' for Service 4. Provide any questions comments in the field below. Please provide your best and final offer.

We can provide this service for \$23.34 per unit.

31. The current proposal has all the services listed in one box with just one outcome, indicator, and method of measurement. Each service requires its own outcome(s), indicator(s), and method of measurement(s). Since these services are being split up, new information will need to be completed.

Action Required: Complete the 'Service Change Chart' for Service 4 with updated Performance Measures. Provide information below on how updated outcome(s), indicator(s), and method of measurement(s) were determined. See attached 'Program Performance Measures Information' for assistance.

Please see Service 4 Box.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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32. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: 13 th Circuit/Boone County Court			
Program Name: Child Permanency Services			
Service #1 – Taxonomy of Service Name: Home Visiting (includes: Psycho education to parents/caretakers, parent skills training, and case management).			
Service #1 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the <i>Taxonomy of Services</i> , which must also be delivered in the home/residence of the program consumer(s).			
Provide a detailed description of the proposed service:			
<u>Education to Parents:</u> Child Permanency Specialist (“CPS”) will educate parents on child development, attachment, and bonding principles to increase parental capacities. <u>Parent Skills Training:</u> CPS will educate, model, and role-play evidence based nurturing and attachment activities, and behavioral management strategies. <u>Case Management:</u> CPS will serve as a resource broker by identifying leverage points, auxiliary services, and informal/natural supports.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour	\$23.34	5,115	396
Funding Request			
Amount Requested to Boone County: \$119,384.10		Proposed Number of Units of Service: 5,115	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase parental capacities of nurturing and attachment	90% of program participants will demonstrate increased competence in parental resiliency	Baseline and program completion ratings on NSCS (specific sub scales); pre and post NCFAS G+R	
Increase knowledge of parenting and child development	90% of program participants will demonstrate increased knowledge in Nurturing Parenting Practices	Baseline and program completion ratings on NSCS (specific sub scale); pre and post NCFAS G+R	
Increase family formal and informal supports	90% of program participants will demonstrate increased social connectedness and concrete supports	Baseline and program completion ratings on NSCS (specific sub scale); pre and post NCFAS G+R	

Reduce average time in care for children ages 0-2.	The average time in care for children ages 0-2 in Boone County will reduce from 465 days to 260 days.	Annual reports.
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Service Change Chart
Organization Name: 13 th Circuit/Boone County Court
Program Name: Child Permanency Services
Service #2 – Taxonomy of Service Name: Behavioral Health Assessment
Service #2 – Taxonomy Definition of Service: Assessment by a qualified mental health professional of an individual's history, mental health and functioning with the purpose of establishing a treatment plan and/or diagnosis.
<p>Provide a detailed description of the proposed service:</p> <p>In the first 5 days Family Facets personnel and parents will engage in an assessment period. During that time the following will occur:</p> <ol style="list-style-type: none"> 1) A baseline evidenced base assessment of readiness for reunification using the NCFAS G+R, and 2) A baseline evidence based assessment of Nurturing Skills Competency Scale. <p>Parents will be assessed throughout the four phases: Phase 1 – 6 weeks, Phase 2 – 6 weeks, Phase 3 – 6 weeks, Phase 4 – 90 days, or 216 days. Family Facets personnel will continue working with the families longer if necessary by extending phases to ensure children may safely return/remain home. Families will be re-assessed between each phase, utilizing the NCFAS G+R and the Nurturing Skills Competency Scale. Acquisition of benchmarks (i.e.: 25% increase in skills, 50% increase in skills, etc.) will equate movement to subsequent program phases. Success for families will be determined individually, and based on the following outcome measures: acquisition of Nurturing Skills Competency at a minimum of 75%, increase in NCFAS G+R at a minimum of 50% from intake to termination, and either achieved permanency or a plan for permanency. These assessments will help Family Facets know what to focus on with the family, and will ensure the court knows whether and how the family is progressing. Follow up assessments will occur at 3, 6, and 12-months to assess program success.</p> <p>The Child Permanency Services (CPS) utilizes evidence-based assessments of parental capacities including the North Carolina Family Assessment Scale for General Services and Reunification (NCFAS G+R), and the Nurturing Skills Competency Scale (NSCS). The NCFAS G+R is endorsed by the National Family Preservation Network. It assesses the following domains: environment, parental capabilities, family interactions, family safety, child well-being, social and community life, self-sufficiency, family healthy, caregiver/child ambivalence, and readiness for reunification. Research on the reunification is still ongoing, but the most recent evaluation of this tool can be found here: http://www.nfnp.org/Portals/0/Documents/ncfasg_research_report.pdf</p> <p>The NSCS has been proven to be effective in formulating and reducing risk in reunification efforts, and preventing re-occurrence of maltreatment. Their long version is specifically designed for the child welfare population. Research findings can be found here:</p>

https://www.assessingparenting.com/assessment/nscs			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Assessment	\$3.5439 dollars	1,550	396
Funding Request			
Amount Requested to Boone County: \$5,493.00		Proposed Number of Units of Service: 1,550	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase bonded and attached families	90% of program participants will demonstrate a minimum of 50% increase in parental capacity from intake to discharge	Baseline and program completion ratings on NSCS (all sub scales)	
Decrease out of home placements for children ages 0-2 in Boone County	80% of program participants will remain intact after 6 months; 75% of families will remain intact after 12 months	Follow up surveys; follow up assessments	
Increase utilization of individualized intervention plans	100% of program participants will participate and receive an intervention plan based on results of NSCS and NCFAS G+R, within 4 weeks	Completion of task, QUIP review.	
Reduce average time in care for children ages 0-2.	The average time in care for children ages 0-2 in Boone County will reduce from 465 days to 260 days.	Annual reports.	

Service Change Chart			
Organization Name: 13 th Circuit/Boone County Court			
Program Name: Child Permanency Services			
Service #3 – Taxonomy of Service Name: Behavioral Health Evaluation			
Service #3 – Taxonomy Definition of Service: Evaluation by a qualified mental health professional to determine a mental health diagnosis.			
Provide a detailed description of the proposed service: This service will not be provided through the CPS Program, and is not being requested.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Evaluation			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: 13 th Circuit/Boone County Court			
Program Name: Child Permanency Services			
Service #4 – Taxonomy of Service Name: Case Management			
Service #4 – Taxonomy Definition of Service: A collaborative process that assess, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual’s health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost effective interventions and outcomes.			
Provide a detailed description of the proposed service:			
The program director will provide education to Child Welfare Stakeholders regarding models of harm reduction, and attend Family Support Team Meetings to identify families for the program. The program director will create and facilitate monthly interagency Child Permanency meetings. All program staff will attend weekly consultation to discuss program participants and coordinate care. Child Permanency Specialists/Supervisor will attend Family Support Team Meetings of identified clients, to advocate for clients and coordinate intervention plans. Child Permanency Specialists will document interventions, resource broker, attend court proceedings, and further coordinate/correspond with auxiliary services as part of their case management role. CPS Specialists/Supervisor will be on call to families to provide “Parent Coaching” phases 2-4.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$23.34	3,565	396
Funding Request			
Amount Requested to Boone County: \$83,207.10		Proposed Number of Units of Service: 3,565	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase interagency collaboration	100% of referring agencies will have one representative on the Child Permanency interagency meetings	Minutes	
Increase advocacy efforts	Referral sources will receive written intervention plan updates in conjunction with each stage, approximately every 4-6 weeks	Completion of task, QUIP Review, Referral Source Survey	
Increase formal and informal supports	90% of program participants will demonstrate increased social connectedness and concrete supports	Baseline and program completion ratings on NSCS (specific sub scale); pre and post NCFAS G+R	

Reduce average time in care for children ages 0-2.	The average time in care for children ages 0-2 in Boone County will reduce from 465 days to 260 days.	Annual reports.
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Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: 13 th Circuit				
Program Name: Child Permanency Program				
Program Outputs from all funding sources (including Children's Services Fund): 10,230				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Home Visitation	One Hour	\$23.34	5,115	396
Behavioral Health Evaluation	One Assessment	\$3.5439	1,550	396
Case Management	One Hour	\$23.34	3,565	396

Funding Request to Children's Services Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Home Visitation	\$119,384.10	5,115
Behavioral Health Evaluation	\$5,493.00	1,550
Case Management	\$83,207.10	3,565
Development/Start Up Service Funding	0.00	
Total Amount Requested to Boone County:	\$208,084.20	



Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIDUALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

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

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: 13th Circuit-Boone County Courthouse

Address: 705 E. Walnut, Columbia, MO 65201

Phone Number: 886-4060 Fax Number: 886-4070

E-mail: mary.epping@courts.mo.gov

Authorized Representative Signature: Mary Epping Date: 11/1/17

Authorized Representative Printed Name: Mary Epping

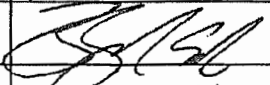
PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David Critchfield	Hardy Bank	449-8933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank K.C.	874-8506	874-8432
8.	Bob Hull	US Bank	446-3394	446-2061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

23.	Bonnelaylin	Central Bank		874-8501
24.	Jennifer Hockam	US Bank		446 6736
25.	Eric Wright	US Bank		813-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

46.	Julia Lutz	IT		
47.	Aron Gos	IT		
48.		COLLECTOR		
49.	Denise Abney	Collector		
50.	TOM DARROGH	TREAS		
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

a. You included the following requested attachments:

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: 13th Circuit, Boone County Courthouse

Address: 705 E Walnut St., Columbia, MO 65201

Phone Number: 886-4060

Fax Number: 886-4070

E-mail: Mary.epping@courts.mo.gov

Authorized Representative Signature: Mary Epping Date: 11/1/17

Authorized Representative Printed Name: Mary Epping



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: Boone County Courthouse / 13th Circuit
Address: 705 E. Walnut St. Columbia, MO 65201

Phone Number: 886-4060 Fax Number: 886-4070

E-mail: Mary.epping@cas.mo.gov

Authorized Representative Signature: Mary Epping Date: 11/1/17

Authorized Representative Printed Name: Mary Epping

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMD	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Jim Artage	U of Mo CFPR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Lucke	Rainbow House	573-473-2563	
15.	Ron Rone	XC2	573-554-7011	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Donna King	The Tree Top LLC	573-945-0348	
3.	Ernestine Campbell	Tree Top LLC	573-945-0348	
4.	Jennifer Klostermann	CMCA BRIDGE	573-427-7897	
5.	Mernell King	CMCA Bridge	573-999-4179	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A!	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vicki Dawalt	EC-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Julie Kiessling	Kiessling & Assoc.	573-821-5370	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Boring	SOAR	573-884-6384	
17.	Carole Schaub	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(777) 677-5218	
19.	Becky Markt	CHA Low-Income Svcs	573-443-2556	0551
20.	Gay Litken	MLJ CLC	573-449-5600	573-875-1535
21.	Minam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Chloe Smith	WV Bridge	268-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Rebecca Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys Girls Club	268 8549	
28.	Mark Brunk	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dinn	H Fletcher ZPPS	573-874-3677	
31.	Lance Bang-Walker	Rep of Ryck	884-6136	
32.	Michelle Shittles	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Nelly H71	Heart of MO CASH	442-4670	N/A
23.	Jim Throck	Grade A Plus	573-268-4172	
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ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Mary Eppens, Care Administrator
Printed Name - Organization Executive Director/President/CEO

11/1/17
Date

Mary Eppens
Signature - Organization Executive Director/President/CEO

11/1/17
Date

N/A
Printed Name - Organization Board Chair

Date

N/A
Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Mary Epping, Court Administrator
Name and Title of Authorized Representative

Mary Epping
Signature

11/1/17
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

My name is Mary Epping. I am an authorized agent of Boone County Ct,
13th Circuit (Bidder). This business is enrolled and participates in a federal work
authorization program for all employees working in connection with services provided to the
County. This business does not knowingly employ any person that is an unauthorized alien in
connection with the services being provided. Documentation of participation in a federal work
authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in
writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter
be in violation and submit a sworn affidavit under penalty of perjury that all employees are
lawfully present in the United States.

Mary Epping 11/1/17
Affiant Date

Mary Epping
Printed Name

Subscribed and sworn to before me this 1st day of November, 2017.

Susan K. Tatters
Notary Public



SUSAN K. TATTERS
My Commission Expires
September 14, 2019
Boone County
Commission #15638230

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when
enrolling.



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THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and County of Boone, Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).



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4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative



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nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.



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6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking



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adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as



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authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(l)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the



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contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.



Company ID Number: 173533

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible



Company ID Number: 173533

after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take



Company ID Number: 173533

mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 173533

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer County of Boone, Missouri

Wendy S Noren

Name (Please Type or Print)

Title

Electronically Signed

Signature

12/23/2008

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

12/23/2008

Date



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 173533

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: County of Boone, Missouri

Company Facility Address: Boone County Clerks Office

801 E. Walnut, Room 236

Columbia, MO 65201

Company Alternate

Address: Boone County Clerks Office

801 E. Walnut, Room 236

Columbia, MO 65201

County or Parish: BOONE

Employer Identification

Number: 436000349

North American Industry

Classification Systems

Code: 921

Parent Company: _____

Number of Employees: 100 to 499

Number of Sites Verified

for: 6

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

• MISSOURI 6 site(s)



E-Verify is a service of DHS

Company ID Number: 173533

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Jullanna M Crouch	Fax Number:	(573) 886 - 4300
Telephone Number:	(573) 886 - 4298		
E-mail Address:	jcrouch@boonecountymo.org		
Name:	Wendy S Noren	Fax Number:	(573) 886 - 4300
Telephone Number:	(573) 886 - 4298		
E-mail Address:	ckwendy@msn.com		
Name:	Tasha M Reynolds	Fax Number:	(573) 886 - 4300
Telephone Number:	(573) 886 - 4298		
E-mail Address:	treynolds@boonecountymo.org		
Name:	Susan B Wells	Fax Number:	(573) 886 - 4300
Telephone Number:	(573) 886 - 4298		
E-mail Address:	swells@boonecountymo.org		

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 24, 2017

13th Circuit/Boone County
Attn: Mary Epping, Court Administrator
Judges Office
705 E. Walnut Street
Columbia, MO 65201
mary.epping@courts.mo.gov

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Epping:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

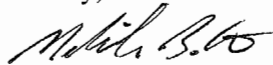
The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Angie Jaco – angie.jaco@courts.mo.gov

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	13 th Circuit/Boone County Court
Name of Program	Child Permanency Services

Organization Profile	
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1. The Organization Profile shows that the 13th Circuit/Boone County Court does not have a written whistleblower policy.
Action Required: Provide information on whether there is a plan to implement a whistleblower policy.

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2. The Employee Compensation section was not complete.
Action Required: Complete the Employee Compensation field.

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Proposal Cover Sheet	
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3. The required attachments and addendums on the Proposal Cover Sheet are not provided.
Action Required: Upload all the attachments and addendums with required signatures.

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Program Overview Form	
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4. Program Overview – The Intervention plan and family therapy are not established until Phase 2. Family support doesn't occur until Phase 3. Would there be a benefit to implementing these services earlier in the plan?
Action Required: Please provide additional information regarding the timing of these services in the box below.

--

5. Program Overview - The total number of days in phases 1, 2, and 3 are approximately 126 days (42 days per phase X 3 phases = 126 days). Then there is a Maintenance phase for 90 days. The total number of days equals 216. Why is home placement targeted at 260 days? Is the timeline of phases flexible depending on the family?

Action Required: Provide a narrative explanation in the box below.

6. Program Consumer – This section indicates that children 0-2 are the main focus of this proposal. What will be done with families whose children who are over the age of 2? What if the family has older siblings?

Action Required: Provide a narrative explanation in the box below.

7. Consumer Demographics - There were 117 unduplicated individuals listed in the Boone County Residence box. There were no numbers entered in the City of Columbia box. Do all the individuals, receiving this service, live outside of the city limits?

Action Required: Provide the number of individuals who will reside in the City of Columbia limits in the box below.

8. Program Personnel Information - The salary range portion of this section was not completed correctly. We don't want the exact pay. This section must include a range showing the lowest starting salary to the highest paid salary. Please include the Supervisor if they are receiving any funds with this proposal.

Action Required: Update the chart below with the Full-Time Salary Range for all the staff.

Position/Title	Full-Time Salary Range From:	Full-Time Salary Range To:
<i>Ex. Child Permanency Specialist</i>	<i>\$42,000.00</i>	<i>\$72,000.00</i>
Child Permanency Specialist		
Supervisor		

9. Program Personnel Information - The salaries for the Child Permanency Specialist seemed high, \$69,350.00, for a bachelor's level position.

Action Required: Provide a justification for this salary level in the box below.

10. Program Personnel Narrative – The narrative describes three Child Permanency Specialists but the Program Overview description box states that there will be two Child Permanency Specialists.

Action Required: Clarify in the box below.

11. The program is subcontracting Family Facets to provide program personnel. It is unclear whether program personnel serve other families in different programs.

Action Required: Provide the clarification on whether Program Personnel serving families through this program also serve families funded through other funding sources. If yes, please explain.

12. Program Budget/Yearly Amount Request from Children's Services Fund – Box 2A. shows a request from the Children's Services Fund for \$209,625.00. The Year 1 Total Request is listed as \$209,575.00. The total amount requested needs to be consistent in all areas of the proposal.

Action Required: Clarify in the box below what the total request is for Year 1.

13. Program Budget – It is mentioned that Family Facets will bill Medicaid when possible. If Medicaid is received for services this will need to be included in the Program Budget.

Action Required: Provide information in the box below describing what types of services Medicaid will fund.

14. Program Budget/Program Budget Narrative – The Total Expenses are \$10,000 higher than the Total Revenues. Based on information provided in the Program Budget Narrative, will any money from the court go into this program? Does it cover the \$10,000 difference? If so, all this funding must be included in the Program Budget. Reminder - All sources of funding should be included in the Program Budget

Action Required: Clarify in the box below why there is a \$10,000 difference between the Total Revenue and the Total Expenses. Provide any information about funds that will be received from the Court or any other funding source to assist in this program.

Program Services Form (1-5)	
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15. Due to the complexity of providing services through home visits, the Boone Impact Group has added "Home Visiting" to the *Taxonomy of Services* with the following definition:

Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the *Taxonomy of Services*, which must also be delivered in the home/residence of the program consumer(s).

The Service Name must include all the services that are being provided during Home Visiting. For example, the Program Overview mentioned the following services are provided during home visits: Family Education, Parent Skills Training, Case Management, etc. Majority of the activities provided through Home Visiting will be listed as Service 1. Each service provided in Home Visits will need to be listed with an explanation on how that service is provided to families.

Behavioral Health Assessments will need to be listed as Service 2, even though it is conducted during a home visit. The needs and parental capacity assessment is provided during each phase but not at each home visit. The unit measure needs to be listed as "one assessment".

The diagnostic assessment provided by the licensed clinician will be listed as Service 3 as "Behavioral Health Evaluation". The unit measure needs to be listed as "one evaluation". The narrative indicates that this is only provided to diagnosis a mental health concern and then refer the parent to appropriate resources.

Time spent providing Case Management outside of Home Visiting needs to be listed as Service 3. The unit measure should be listed as "15 minutes" or "one hour".

The remaining clarification questions should reflect service changes mentioned above. See the table below as a summary for how the services should be structured:

Service #	Service Name	Notes
1	Home Visiting	Include all services that are provided during a home visit except the Behavioral Health Assessment and Behavioral Health Evaluation
2	Behavioral Health Assessment	Assessments provided throughout the four phases.
3	Behavioral Health Evaluation	Diagnostic assessment provided by a licensed clinician
4	Case Management	Time spent for clients outside of home visiting

Action Required: Complete the 'Service Change Chart' for each service. Provide any comments or questions in the field below.

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Service 1 – Home Visiting

16. Service 1 will be listed as "Home Visiting". The proposal provided a good explanation on the activities provided during home visits. The activities need to be listed out to reflect the *Taxonomy of Services* and provide an explanation on how those services are incorporated into home visits.

Action Required: Complete the 'Service Change Chart' for Service 1. List the services that are included in Home Visiting in the service name. Provide an explanation below on how those services are incorporated into home visits.

--

17. The Outputs need to be redone to reflect time spent for home visits. The unit measure needs to be "15 minutes" or "one hour". The unit rate needs to be based on the lowest public rate available.

Action Required: Complete the 'Service Change Chart' for Service 1. Provide an explanation below on how the unit rate and number of units to be provided was determined. Please provide your best and final offer.

18. The funding request for each service will need to be updated.

Action Required: Complete the 'Service Change Chart' for Service 1. Provide any questions or comments in the field below. Please provide your best and final offer.

19. The current proposal has all the services listed in one box with just one outcome, indicator, and method of measurement. Each service requires its own outcome(s), indicator(s), and method of measurement(s). Since these services are being split up, new information will need to be completed.

Action Required: Complete the 'Service Change Chart' for Service 1 with updated Performance Measures. Provide information below on how updated outcome(s), indicator(s), and method of measurement(s) were determined. See attached 'Program Performance Measures Information' for assistance.

Service 2 – Behavioral Health Assessment

20. Service 2 will be listed as "Behavioral Health Assessment". The proposal lacked specific information on the assessment tools that will be utilized.

Action Required: Complete the 'Service Change Chart' for Service 2. Provide information on the assessment tools in the field below.

21. The Outputs need to be redone to reflect the Behavioral Health Assessments administered. The unit measure needs to be "one assessment". The unit rate needs to be based on the cost of the assessment tools and time spent administering and evaluating the information. The number of units need to reflect the number of these assessments that will be performed.

Action Required: Complete the 'Service Change Chart' for Service 2. Provide an explanation below on how the unit rate and number of units to be provided was determined. Please provide your best and final offer.

22. The funding request for each service will need to be updated.

Action Required: Complete the 'Service Change Chart' for Service 2. Provide any questions or comments in the field below. Please provide your best and final offer.

23. The current proposal has all the services listed in one box with just one outcome, indicator, and method of measurement. Each service requires its own outcome(s), indicator(s), and method of measurement(s). Since these services are being split up, new information will need to be completed.

Action Required: Complete the 'Service Change Chart' for Service 2 with updated Performance Measures. Provide information below on how updated outcome(s), indicator(s), and method of measurement(s) were determined. See attached 'Program Performance Measures Information' for assistance.

Service 3 – Behavioral Health Evaluation

24. Service 3 will be listed as "Behavioral Health Evaluation". The proposal described that parents will receive a diagnostic assessment by a licensed clinician to assess for mental health needs. If needed, care will be set up and monitored to ensure the parent is participating in support services. The information did not provide specific information on the actual evaluation.

Action Required: Complete the 'Service Change Chart' for Service 3. Provide more information on the Behavioral Health Evaluation in the field below.

25. The proposal mentioned that the diagnostic assessment is provided by a licensed clinician but does not provide specific information.

Action Required: Provide information on the licensed clinician and clarify what organization will be subcontracted to provide the evaluation.

26. The Outputs need to be redone to reflect the Behavioral Health Evaluations being provided. The unit measure needs to be "one evaluation". The unit rate needs to be based the lowest public rate available. The number of units need to reflect the number of these evaluations being conducted.

Action Required: Complete the 'Service Change Chart' for Service 3. Provide an explanation below on how the unit rate and number of units to be provided was determined. Please provide your best and final offer.

27. The funding request for each service will need to be updated.

Action Required: Complete the 'Service Change Chart' for Service 3. Provide any questions comments in the field below. Please provide your best and final offer.

28. The current proposal has all the services listed in one box with just one outcome, indicator, and method of measurement. Each service requires its own outcome(s), indicator(s), and method of measurement(s). Since these services are being split up, new information will need to be completed.

Action Required: Complete the 'Service Change Chart' for Service 3 with updated Performance Measures. Provide information below on how updated outcome(s), indicator(s), and method of measurement(s) were determined. See attached 'Program Performance Measures Information' for assistance.

--

Service 4

29. Service 4 needs to be listed as "Case Management" and include time spent for clients outside of home visits, assessments, and evaluations.

Action Required: Complete the 'Service Change Chart' for Service 4. Provide additional information below on activities that can be included in Case Management outside of home visits (for example, developing family plans, advocating, service coordination, information and referral, etc.).

--

30. The Outputs need to be redone to reflect Case Management provided outside of home visiting, assessments, and evaluations. The unit measure needs to be "15 minutes" or "one hour". The unit rate needs to be based the lowest public rate available. The number of units need to reflect the time spent for clients. The proposal listed "24 hours" as the unit measure. This unit measure is incorrect since it would include time personnel did not provide services (i.e. personal time).

Action Required: Complete the 'Service Change Chart' for Service 4. Provide an explanation below on how the unit rate and number of units to be provided was determined. Please provide your best and final offer.

--

31. The funding request for each service will need to be updated.

Action Required: Complete the 'Service Change Chart' for Service 4. Provide any questions comments in the field below. Please provide your best and final offer.

--

32. The current proposal has all the services listed in one box with just one outcome, indicator, and method of measurement. Each service requires its own outcome(s), indicator(s), and method of measurement(s). Since these services are being split up, new information will need to be completed.

Action Required: Complete the 'Service Change Chart' for Service 4 with updated Performance Measures. Provide information below on how updated outcome(s), indicator(s), and method of measurement(s) were determined. See attached 'Program Performance Measures Information' for assistance.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
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33. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: 13 th Circuit/Boone County Court			
Program Name: Child Permanency Services			
Service #1 – Taxonomy of Service Name: Home Visiting (includes:)			
Service #1 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the <i>Taxonomy of Services</i> , which must also be delivered in the home/residence of the program consumer(s).			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: 13 th Circuit/Boone County Court			
Program Name: Child Permanency Services			
Service #2 – Taxonomy of Service Name: Behavioral Health Assessment			
Service #2 – Taxonomy Definition of Service: Assessment by a qualified mental health professional of an individual's history, mental health and functioning with the purpose of establishing a treatment plan and/or diagnosis.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Assessment			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: 13 th Circuit/Boone County Court			
Program Name: Child Permanency Services			
Service #3 – Taxonomy of Service Name: Behavioral Health Evaluation			
Service #3 – Taxonomy Definition of Service: Evaluation by a qualified mental health professional to determine a mental health diagnosis.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Evaluation			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: 13 th Circuit/Boone County Court			
Program Name: Child Permanency Services			
Service #4 – Taxonomy of Service Name: Behavioral Health Evaluation			
Service #4 – Taxonomy Definition of Service: A collaborative process that assess, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost effective interventions and outcomes.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Services Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		



Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIDUALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click **Save Record** on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click **Save Record** you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

13th Circuit/Boone County Court

DBA:

13 Circuit

Federal EIN Number:

43-6000349

Organization Type:

Governmental

Organization Contact Information

Address

705 E. Walnut St.

City

Columbia

State

Missouri

County

USA

Zip

65201-4487

Organization Phone Number:

573-886-4060

Website:

<http://www.courts.mo.gov/hosted/circuit13/>

Head of Organization

Mary Kathryn Epping

Head of Organization Phone:

573-886-4058

Address

Judges Office

705 E. Walnut St.

City

Columbia

State

Missouri

County

USA

Zip

65201-4487

Organization Fax Number:

573-886-4070

Email:

mary.epping@courts.mo.gov

Head of Organization Title (e.g. Director, President, CEO)

Court Administrator

Head of Organization Email:

mary.epping@courts.mo.gov

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization Mission Statement
(Purpose):

Provide your organization's mission statement. (600 character limit)

To provide access to justice with expedition and timeliness; applying equality, fairness and integrity with independence and accountability; to instill public trust and confidence in the judiciary.

Organization History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

The first Boone County Courthouse was constructed in 1828 and has been in operation since that time. The types of cases heard at the courthouse include family law matters, juvenile, criminal, and civil.

Brief Statement of Organization's
Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Articles of Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

**Provide a copy of the
organization's Articles of
Incorporation.**

Bylaws: **Provide a copy of the
organization's Bylaws.**

Bylaws (MUST BE IN PDF FORMAT)

Organizational Chart
(must be for the entire organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1498165501_30406_2017-05TablesOfOrganization.pdf/

Strategic Plan:

Strategic Plan (MUST BE IN PDF FORMAT)

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

The 13th Circuit encompasses all of Boone County.

Population Served:

Briefly describe the population(s) served by your organization. (600 character limit)

We serve anyone who comes into the courthouse for any type of court case, for any reason (party, witness, etc).

Conflict of Interest Policy:

Does your organization have a written Conflict of Interest policy?

yes

Whistleblower Policy:

Does your organization have a written Whistleblower policy?

no

Business Continuity Plan:

Does your organization have a written Business Continuity plan?

no

Records Retention Policy:

Does your organization have a written Records Retention policy?

yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

N/a.

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

We area state and county run entity. Our county budgets run on the calendar year (Jan-Dec).

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1498165501_29953_BooneCountyTaxExemptLetter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The court has its own budget administrator and all bills are processed from individual offices, signed by the court administrator, and sent to the Boone County Auditor.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement (MUST BE IN PDF FORMAT)


Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	13th Circuit/Boone County Court	Children's Services Fund - POS 2017	Boone County	#30- 20JUL17		Added on 06/22/2017
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0						

System Fields

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

13th Circuit/Boone County Court

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Child Permanency Services

Amount of Request

\$209,625.00

County-Children's Services - Service Type (check all that apply)

Home-based and community-based family intervention programs
Prevention programs which promote healthy lifestyles among children and youth and strengthen families
Crisis intervention services, inclusive of telephone hotlines
Individual, group, or family professional counseling and therapy services
Mental health screenings

Program Information

Program Website (will default to Organization website)

<http://www.courts.mo.gov/hosted/circuit13/>

Address

705 E. Walnut St.

City

Columbia

State

Missouri

County

USA

Zip

65201-4487

Program Administrator Name

Angie Jaco

Phone Number

573-886-4215

Address

Judges Office

705 E. Walnut St.

City

Columbia

State

Missouri

County

USA

Zip

65201-4487

Program Administrator Title

Supervisor, Juvenile Office

Email

angie.jaco@courts.mo.gov

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

Signed Addendums

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Active Date

13th Circuit/Boone County Court

Judges Office

Mary Kathryn Epping

Added on
06/22/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-6000349

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	13th Circuit/Boone County Court
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Child Permanency Services
Amount of Request	\$209,625.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Attachment and bonding between a parent and a child is vital to child development and well-being. Disruption in this process can impact temperament, formation of relationships, and physical and mental health. "It is known that emotional and cognitive disruptions in the early lives of children have the potential to impair brain development" (American Academy of Pediatrics, 2000). Boone Indicators Dashboard in 2015 indicate there were 20 children with substantiated emotional abuse, 9 with substantiated medical neglect, 93 with substantiated neglect, and 45 with substantiated physical abuse for a total of 167 children. Children removed from the home and put into care after abuse or neglect allegations get minimal visitation with their parents. Lack of visitation can prevent the attachment process and research highlights that frequent and immediate visitation can enhance permanency outcomes. "The frequency of parental visitation is a stronger predictor of reunification than parental characteristics, child characteristics, and the reason for child placement" (Leathers, 2003). Parents who receive less visitation are less engaged with child welfare entities, less motivated during treatment, and their children spend longer in custody (Child Welfare Information Gateway, 2011). The longer children remain in care, the higher the risk of having multiple placements which facilitates system-induced trauma, compounding the traumatic experience (Cheng, 2010).

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The proposed program is to offer more in-home supervised visitation for families and provide teaching and therapy to help the parents bond with their children. For the past 5 years in Boone County there were an average of 50 children ages 0-2 in care per year. Children remained out of home an average of 465 days. In 2016, it cost \$20,590 for a child aged 0-2 to be in foster care for 1 year. Reducing the amount of time children spend in alternative care will; first, reduce the cost to the community and taxpayers, and, second, preserving families will prevent and reduce mental and behavioral health problems in our community. Children ages 0-3 years are considered to be in the most critical stage of development. Prioritizing visitation between vulnerable children (0-2) and their parents will increase parental engagement, and decrease issues that are likely to develop later that will impact schools and community resources. The nature of removal requires visitation between the parents and children be supervised, which typically

occurs about once a week for 1 hour. In general, supervised visitation occurs through Children's Division (CD) or family members with an eyes-on approach to prevent an incident. Supervision by a family members may mean supervised visits, however, there is not a therapeutic or educational component for the parents. CD is limited in its resources to supervise visitation, so staff are not available to increase visitation.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The goals are: reduce out of home placement for kids ages 0-2 from 465 to 260 days (44%); increase visitation by 300%; and increase parental capacity and readiness for reunification by 50% from intake to discharge (NCFAS G+R and Nurturing Skills Competency Scale), for 39 families.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The 13th Circuit will work with 2 Child Permanency Specialists (CPS) and 1 supervisor from Family Facets to provide services to 39 families. Phase 1: 6 weeks, the CPS will establish a safety plan, facilitate 3 visits per week in the family home, perform a needs and parental capacity assessment, and develop an intervention plan. Parents will be taught about attachment, safety, and areas of concern from the assessments. Phase 2: 6 weeks, 3 home visits per week, on-call support, parental capacity building, development of child welfare written service agreement, permanency intervention plan, and linkages to auxiliary services. The CPS will observe, model, and teach parents skills to nurture and protect their children. A supervisor will visit the home and provide additional support. The family may be referred to other services and a family therapist may become involved. Phase 3: 6 weeks, includes completion of the intervention plan and complete attainment of parental capacity. The supervisor will be the primary support for the family and will visit 1-2 times per week. Efforts to utilize community resources to provide family support will be made. Extended family members, if appropriate, will be contacted to assist the family in the home. Phase 4: 90 days, focuses on maintenance and utilization of follow up services. The supervisor will visit once a week and reassess the family needs and strengths, and recommend what may be needed to be implemented before services are terminated.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The families participating in this program will be parents who live in Boone County, with a priority given to those who are indigent (200% of Federal Poverty Level), with children aged 0-2 years who are placed in alternative care. There will not be a priority based on race or ethnicity. The characteristics of people being served will be parents in the community who are identified by the court, Juvenile Office, or Children's Division as needing additional services and the ability to engage them in services, and those who do not have other means or resources for additional visitation or treatment. A Family Court Judge or Commissioner determines indigency in the courtroom, however, statistics on how many of the parents with kids aged 0-2 years in care, who are indigent, is not currently tracked. Anecdotally many of the families with kids in care ages 0-2 years are in indigency status. The court will make a determination whether the family is in need of services, and if the services should be offered through this program, or if the family has means of otherwise obtaining visitation and necessary treatment.

b. Why will these particular consumers be served? (1500 character limit)

By focusing on families with children in care ages 0-2, the court anticipates to reunify the child or children with their family more quickly. Families who do not have local support through extended family or the ability to pay for therapeutic services are those most in need of help. They need help knowing how to safely parent, have frequent supervised visits to ensure attachment to their child continues and the parents are engaged in the process of getting their children back home. It is anticipated the kids will be less likely to come back into the system and prevent siblings from being put into the system. The court is focusing on ages 0-2 because children are most vulnerable during this time period.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

One challenge in this type of scenario is typically that services are offered or available only during office hours. However, Family Facets will be working with the families on a mutually agreeable timeframe for services to be provided in the home. A remaining challenge is if the parents do not engage despite the court's efforts. This should be combatted by several things: one, only families where reunification is the permanency plan will be considered, and two, if the parents do not engage, that can be identified and brought to the court's attention.

d. Total number of unduplicated individuals to be served by the proposed program:

117

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

1877.14

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

117

City of Columbia

0

Other Counties

0

Residence Total

117

Record Lock

0

Race

White (alone)

66

Black or African American (alone)

38

Native American Indian or Alaskan Native

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

13

Some Other Race

0

Race Total

117

Ethnicity

Hispanic or Latino (of any race)

9

Not Hispanic or Latino

108

Ethnicity Total

117

Gender

Female

56

Male

61

Other

0

Gender Total

117

Income

At or below 200% of Federal Poverty Level

117

Over 200% of Federal Poverty Level

0

Income Total

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

45

Preschool (3 years – 5 years)

10

School Age (6 years – 11 years)

0

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

62

Age Total

117

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Narrative

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

Families will be referred or court ordered to this program by the Family Court Judge or Commissioner. This program is intended for families determined to be indigent with children in care ages 0-2. It is also meant for parents who do not have local family resources who can assist. The parents also needs to be willing to commit to the program. Team members from Family Facets will be available to the participants, meeting them in the family home, and do not necessarily have a set schedule during the week as they will work with the families' schedule.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

To be eligible for Child Permanency Services families must be determined indigent, have children ages 0-2 in out of home placement, have a written service agreement with the 13th Circuit, and be willing to participate. Any family involved in the Family Court with an abuse or neglect case will be eligible to participate as long as they meet the criteria. The focus will be on families who are indigent, or whose income is below 200% of the Federal Poverty Guideline, as determined by the Family Court Judge or Commissioner.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

Narrative

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

The court does not want these services to be cost prohibitive, and while a fee will not be charged, Family Facets will bill Medicaid when possible for services provided.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Narrative

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Narrative

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

The program requires all staff to pass a criminal background check, have a current valid driver's license, and no history of child abuse or neglect. The specialists hold at least a Bachelor degree in social work, psychology, criminal justice, or a human service related field. The specialist will have 1+ years of demonstrated effectiveness working with children and families. The supervisor will have at least a Master's Degree in social work, psychology, criminal justice, counseling, or a human service related field, with 3+ years of demonstrated effectiveness working with children and families.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

Narrative

If Yes - Provide a description of the accreditation process: (600 character limit)

Narrative

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Visits should start as soon as possible to preserve attachment (Child Welfare Information Gateway, 2011). For visits to be beneficial they should be frequent and long enough to enhance the parent-child relationship and to document the parent's interest and involvement (American Academy of Pediatrics, 2000). Comprehensive assessment should lead to an individualized court-approved treatment plan and ongoing monitoring by a multidisciplinary team skilled in working with this population (American Academy of Pediatrics, 2000).

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

The Federal Child and Family Services Review (CFSR) provides results for each state regarding its conformity with child safety, permanency and child wellbeing. Items associated with stronger performance in permanency outcome include: services to the family to protect children in the home and prevent removal or reentry into care, needs assessment and services to children and parents, worker visits with the family, and services in the home (Gaudiosi/Children's Bureau, 2009). The proposed program include all components that have been proven to protect, nurture, and preserve children and families.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

Narrative

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

The Child Permanency Services (CPS) utilizes evidence-based assessments of parental capacities including the NCFAS G+R and the Nurturing Skills Competency Scale. CPS utilizes means of early engagement and increased visitation, which has been shown to reduce the amount of time of children in care, facilitate attachment, and increase parental engagement (Fernandez & Lee, 2011; Gaudiosi/Children's Bureau, 2009; American Academy of Pediatrics, 2000). CPS includes on-call/crisis support for families which will aid in stable reunification. CPS utilizes a team-based approach in serving families, which has been shown to decrease out of home placement duration and increase parent engagement (Child Welfare Gateway, 2012). CPS is delivered in the home, reducing barriers to services and allowing for education, modeling, and observation of parental capacity. CPS personnel will provide evidence-based interventions, utilizing assessment and competency based intervention plans, motivational interviewing, and safety planning. Long term and gradually decreasing support and monitoring of the family is important because research shows the highest instance of re-occurrence of child abuse and neglect for reunified families occurs at 6 months. These early problems are predictors of poor well-being later in a child's life.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

Narrative

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Unique characteristics include early visitation between the parent(s)/caregiver(s), the intensity of the program, on call 24/7 for the family, longevity of the program continuing to coach and teach the family new skills to nurture and protect their children, team approach supporting the family, and in home service delivery. Child Permanency Services personnel will deliver services based on the following two evidence-based frameworks: Engaging Families: Making Visits Matter—A Field Guide (Gonzalez et al, 2014) Visitation is a Right, Not a Privilege: Pennsylvania Roundtable (Grubb, 2013) It is clear from a review of the State CFSR Final Reports that numerous factors interact and play important roles in a state's ability to reunite children in foster care with their families. Meaningful family engagement, assessment, case planning, and service delivery are key. Systemic supports related to

funding for services, support from the courts, and stable, competent staff also appear to impact, directly and indirectly, the achievement of reunification goals. A review of the relevant literature sheds additional light upon State CFSR findings regarding the factors in achieving timely, stable reunifications. (Child Welfare Information Gateway, June 2011)

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

A Quality Utilization and Improvement Protocol (QUIP) Team will consist of Family Facets Personnel (1 supervisor and 1 specialist), 1 member of the 13th circuit, and 2 additional members of Child Welfare agencies. The team will meet quarterly to assess program goals as follows:

1. Reduce the duration of out of home placement for children ages 0-2 for 39 families to 260 days.
2. Increase visitation between parents and out of home children ages 0-2 for 39 families during the first 90 days of out of home placement by 300%.
3. Increase parental capacity and readiness for reunification of 39 parents/families by 50% from intake to discharge (as evidenced by NCFAS G+R and Nurturing Skills Competency Scale).

The QUIP Team will also review quarterly reports generated by Family Facets, to include outcomes and performance measures for program participants. Programs and services may be altered based on data and feedback.

Measures of performance will be both quantitative and qualitative. The program effectiveness will be qualitatively measured through a Family Satisfaction Survey. The program effectiveness will be holistically and quantitatively measured by attainment of program goals. Families will be assessed individually at pre-established times including intake, 6 weeks, 12 weeks, 24 weeks, and at discharge. Additionally, families and the program as a whole will be assessed quantitatively by the completion of their intervention plan.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Each family unit will complete a Family Satisfaction survey assessing all areas of the program and service providers' effectiveness during their intervention. Family Facets Program Director and supervisor of the Child Permanency Program will meet with the family that received services to directly hear from them about the services provided. This information will be shared quarterly with QUIP Team.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

The 13th Circuit works with Children's Division, which contracts with other agencies to provide supervision and care of kids in the Family Court for abuse and neglect cases. In this collaboration, and through monthly Fostering Court Improvement Project (FCIP) meetings, the court identified the need for children ages 0-2 years to return home more quickly. FCIP is a collaborative partnership involving stakeholders from all professions that work with families involved in the foster or alternative care system. Various data is utilized to assess performance and outcomes, and initiate plans or make improvements through active sub-group planning committees. Family Facets was selected to improve permanency for children in Boone County. Family Facets has been providing in-home services to intact families, and to families that are reunifying, for more than 20 years. In addition, Family Facets provides training to in-home service workers, and foster care and adoption training. Family Facets knows through experience and research that the best practice models for services for reunifying include: immediate and frequent visits between children and parents, use of evidence based/competency based assessments to guide intervention decision points, treatment of families in their homes, on call support, integrative team based approach, psycho-education with compassion, and follow-up care.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500494024_40691_LetterofIntentfromFF%2C2017-05-15.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
--------------------------------------------------	--------------------------------------------------	-----	-----------------------------------------------------------------------	---------------------------------------------------------------------

P1	MQ1	FTE1	SR1 FROM	SR1 TO
Child Permanency Specialist	BA, 1 yr experience	1.00	\$69,350.00	\$69,350.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Child Permanency Specialist	BA, 1 yr experience	1.00	\$69,350.00	\$69,350.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Child Permanency Specialist	BA, 1 yr experience	1.00	\$69,350.00	\$69,350.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Supervisor	Master's Degree, 3 yrs experience	1.00	\$0.00	\$0.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Family Facets will be the subcontracted agency providing the staff to deliver the educational components and supervised visits for families. This will include 3 Child Permanency Specialists from the Family Facets, as well as one supervisor. The specialists will be the primary contact point during all four phases, and the supervisor will provide support. There is a flat fee associated with these services or \$190 per day, per specialist, or \$208,050 total for the year. There is no additional fee for the supervisor as that cost is contemplated in the flat fee. Family Facets will also provide therapy as needed with no additional FTE/cost.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%

\$0.00 0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)

These funds are for subcontracted services with Family Facets. It covers work to be done by 3 specialists and 1 supervisor, plus the costs of the Nurturing Skills Competency Scales assessment and evaluations, and related materials.

2A **2A %**
\$209,625.00 100

B. Boone County - Community Health Funding (300 character limit)

Narrative

2B **2B %**
\$0.00 0

C. Boone County- Other Funding (300 character limit)

Narrative

2C **2C %**
\$0.00 0

D. Funding from Other Counties (300 character limit)

Narrative

2D **2D %**
\$0.00 0

E. City of Columbia - Social Service Funding (300 character limit)

Narrative

2E **2E %**
\$0.00 0

F. City of Columbia - CDBG/Home Funding (300 character limit)

Narrative

2F **2F %**
\$0.00 0

G. City of Columbia - CHDO Funding (300 character limit)

Narrative

2G **2G %**
\$0.00 0

H. City of Columbia - Other Funding (300 character limit)

Narrative

2H **2H %**
\$0.00 0

I. Funding from Other Cities (300 character limit)

Narrative

2I **2I %**
\$0.00 0

J. Federal (Medicaid, Title III, etc.) (300 character limit)

Narrative

2J **2J %**
\$0.00 0

K. State (Purchase of Service, Grants, etc.) (300 character limit)

2K **2K %**
\$0.00 0

L. Other (Schools, Courts, etc.) (300 character limit)

Narrative

2L **2L %**
\$0.00 0

3. Program Service Fees (300 character limit)

Narrative

3. **3 %**
\$0.00 0

4. Investment Income (realized & unrealized) (300 character limit)

Narrative

4. **4 %**
\$0.00 0

5. Other Revenue Items (300 character limit)

Narrative

5. **5 %**
\$0.00 0

TOTAL PROGRAM REVENUE

TOTAL REVENUE
209625

PROGRAM EXPENSES

1. Personnel

1. **1. %**
\$208,050.00 95

Personnel Narrative (300 character limit)

The court is subcontracting with Family Facets at a per diem rate of \$190 per day, for 3 people, to serve 39 families. This is based on the rate provided by Family Facets, and is lower than the rate they have on a state contract through the Office of Administration.

2. Non-Personnel

2. **2. %**
\$11,575.00 5

Non-Personnel Narrative (300 character limit)

This encompasses the visitation grant the court has, and the cost of the Nurturing Skills Competency Scales assessment and evaluations, implementation guide, online reporting module and the assessment, evaluation and research book.

TOTAL
EXPENSES

TOTAL PROGRAM EXPENSES

219625

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$209,575.00

Year 2 Total Request

\$208,550.00

Total Amount Request from CSF

418125

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

The court works within resources from the state. In addition, the court budgets money from its Family Services and Justice Fund to provide parent aide services to help parents learn about child development. The court has a supervised visitation grant, but funds are limited for cases wherein a charge or arrest for domestic violence has occurred, and visitation is limited to 12 hours. The court does not have the funds to provide this level of program.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

American Academy of Pediatrics (2000). Developmental Issues for Young Children in Foster Care Committee on Early Childhood, Adoption and Dependent Care. Pediatrics, 106 (5) 1145-1150. Retrieved from: <http://pediatrics.aappublications.org/content/106/5/1145>

Cheng, T. C. (2010). Factors associated with reunification: A longitudinal analysis of long-term foster care. Children and Youth Services Review, 32(10), 1311-1316.

Child Welfare Information Gateway (2011). Family reunification: what the evidence shows. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: https://www.childwelfare.gov/pubPDFs/family_reunification.pdf

Child Welfare Information Gateway(2012). Supporting reunification and preventing reentry into out-of-home care. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubPDFs/srpr.pdf>

Fernandez, E., & Lee, J. -S. (2011). Returning children in care to their families: Factors associated with the speed of reunification. Child Indicators Research, 4(4), 547-554.

Gaudiosi, J (2009). Child Maltreatment 2009. U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from: <https://archive.acf.hhs.gov/programs/cb/pubs/cm09/cm09.pdf>

Grubb Kopriva, J. (2013). Visitation is a Right, Not a Privilege: Pennsylvania Roundtable. Report to the Pennsylvania State Roundtable. Retrieved from: <http://www.ocfcpacourts.us/assets/upload/Resources/Documents/2013%20State%20Roundtable%20Report%20on%20Visitation.pdf>

Gonzalez et al, (2014). Engaging Families: Making Visits Matter—A Field Guide. Department of Children and Families, Division of Youth and Family Services. Retrieved from: <http://muskie.usm.maine.edu/helpkids/PMNetworkDocs/CPM%20Field%20Guide.pdf>

Leathers, S.J. (2003). Parental visiting, conflicting allegiances, and emotional and behavioral problems among foster children. Family Relations: Journal of Applied Family & Child Studies, 52, 53-63.

National Family Preservation Network (NFPN) (2017). Intensive Family Reunification Services Model. Retrieved at <http://www.nfpn.org/reunification/reunification-model>

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	13th Circuit/Boone County Court
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Child Permanency Services
Amount of Request	\$209,625.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Family education (9.5) and parenting skills training (9.6) through site-based mentoring (9.8).

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Increase protective capacities by delivering integrative and evidence-based services to parents in their homes. A specialist will facilitate supervised visitation and provide mentoring to assist the parents in increasing parental capacity, working on attachment and making homes safe for children.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Throughout the 4 phase service period, a Family Facets Child Permanency Specialist (CPS) and/or supervisor will be in the family home to mentor and teach parents about attachment, safety and identified areas of concern. It is anticipated referral for services will begin within 72 hours of removal and Family Facets intake personnel will meet parents and case managers within that time frame. Goals of the intake are to develop a safety plan for visits, and schedule/begin visits. This component specifically aims to increase the protective factor of Nurturing Attachment. Program goal development and environmental safety plan will be created utilizing Signs of Safety Framework (<https://www.signsofsafety.net> utilized by Children's Division).

Supervised visits will begin as soon as possible, ideally within 72 hours of removal, which is after the first time the family will be in court, with a maximum of 96 hours post removal. Visits will initially occur at least 3 times per week to facilitate ongoing attachment and will always be supervised by the CPS. Visits will focus on parental capacity building. The goal is to provide intensive mentoring for the first 2 phases (approximately 12 weeks combined) then work towards extended family or community resources for ongoing mentoring and safety planning. Parent will receive Nurturing Parenting education facilitated by the CPS who will model and mentor the parents on appropriate parenting. This component specifically aims to increase the protective factor of Knowledge of Parenting and Child and Youth Development, and to increase protective factors of Nurturing and Attachment.

In addition, it's important to note the CPS and supervisor will be on call for the family. This component extends beyond crisis management, and should be conceptualized as Parent Coaching. Parents have access to staff to problem solve the implementation of parent strategies, use of coping skills, and access services. The focus over all 4 phases will be to develop the parents into effective parents and create a home environment that is safe for kids to return to.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One 24 hour period.

b. Unit Rate (#1)

\$570.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

This rate is lower than the state contracted rate through the Office of Administration. The \$570 is based on a rate of \$190 per Child Permanency Specialist.

d. Total Number of Units of Service to be Provided (#1)

1095

e. Total Number of Unduplicated Individuals (#1)

117

f. Average Number of Units of Service per Unduplicated Individual (#1)

9.36

g. Average Cost of Service per Individual (#1)

5334.62

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Participants will not be required to pay a fee as the court does not want these services to be cost prohibitive. In the long run these services will save taxpayers by children having less trauma in their vital growing years.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

Yes

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

Family Facets will bill Medicare where appropriate.

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

All services will be provided regardless of ability to pay. However, if Medicare is able to be billed for services, Family Facets will purpose it.

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

No payment will be required.

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

No (if no, move on to the Funding Request section.)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$0.00	0	\$0.00
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00
	1c1.	1c2.	1c3.
c. City of Columbia - Social Services Funding (#1)	\$0.00	0	\$0.00
	1d1.	1d2.	1d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	\$0.00	0	\$0.00
	1e1.	1e2.	1d4.
e. Heart of Missouri United Way Funding (#1)	\$0.00	0	\$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$208,050.00

b. Proposed Number of Units of Service (#1)

365

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any

other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

This equates to 3 Family Facets staff being available every day of the year, or 1095 days (3 x 365 days). There is a daily fee of \$190 per Family Facets specialist as they will be doing work other than the visitations, and will be available on-call. A supervisor will also be available, but there will be no additional cost for this person. The court has a \$10,000 grant for 12 hours of supervised visits for cases where there is domestic violence. This is not enough hours, does not include a mentoring component, and does not impact most cases.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Reduce average time in care for children ages 0-2.	The average time in care for children ages 0-2 in Boone County will reduce from 465 days to 260 days.	The court and Children's Division will measure this based on reports these entities are able to run for the time of kids in care in their electronic records.
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

The goal is to achieve permanency faster for children 0-2 when reunification is planned. Research shows parents will be more engaged in the process and likely to get their kids home sooner when the focus is on attachment through increased visitation. Parents will receive Nurturing Parenting education so the court may be assured there will be an increase in the Knowledge of Parenting and Child/Youth Development protective factors. Direct, family-specific services with in-home specialists and parent coaching, all increase parental engagement and are proven to return children faster.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Parents responding positively to the mentoring and services provided by Family Facets will be one major factor. Also, families with additional support such as other family members and community services will positively impact the parents' ability to continue providing safe, nurturing homes after services are terminated. Parents' success in obtaining other treatment as needed, such as substance abuse treatment, is also an important variable that will affect the timeline of when kids may safely return home.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

The goal of the reduced number of days in care is based on the courts goal of returning kids home in less than a year. It is anticipated with increased services, children may return even sooner. Because of the vulnerable age of kids who are 0-2 years old, attachment and bonding are extremely important, and limiting trauma from being in out of home placements is crucial.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The goal being returning children home sooner, counting the number of days kids are in care is the most obvious way to determine whether or not the program was successful. We will utilize data provided by the courts and Children's Division to track dates of removal to date returned home.

Service #2 - Name, Definition, and Description

Service #2 - Outputs

Service #2 - Service Fee

Service #2 - Amount Received From Other Funders

Service #2 - Other Funders Chart

Service #2 - Funding Request

Service #2 - Performance Measures

Service #2 - Performance Measures Narrative

Service #3 - Name, Definition and Description

Service #3 - Outputs

Service #3 - Service Fee

Service #3 - Amount Received From Other Funders

Service #3 - Other Funders Chart

Service #3 - Funding Request

Service #3 - Performance Measures

Service #3 - Performance Measures Narrative

Service #4 - Name, Definition, and Description

Service #4 - Outputs

Service #4 - Service Fee

Service #4 - Amount Received From Other Funders

Service #4 - Other Funders Chart

Service #4 - Funding Request

Services #4 - Performance Measures

Service #4 - Performance Measures Narrative

Service #5 - Name, Definition, and Description

Service #5 - Outputs

Service #5 - Service Fee

Service #5 - Amount Received From Other Funders

Service #5 - Other Funders Chart

Service #5 - Funding Request

Service #5 - Performance Measures

Service #5 - Performance Measures Narrative

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5
209625



Family Facets
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May 15th, 2017

To Whom it May Concern,

Family Facets is enthusiastic about the opportunity to partner with Fostering Court Improvement in and effort to improve permanency for children in Boone County. Within this letter you can find preliminary details regarding programs and services, links to evidenced based assessments and data, and questions requiring your attention.

Should you have questions regarding materials pertaining to programs and services, please contact Rachel Bailey at RachelBailey@FamilyFacets.com. Inquires related to contractual and/or financial agreements, please contact Larry McClure at FamilyFacets@FamilyFacets.com.

Programs and Services

Family Facets has been a leader in family preservation since the early 1990's. Executive Director Sheila Searfoss, is a board member of the National Family Preservation Network, and has developed multiple curricula to aid in our state's mission to preserve families when safe and possible. As such, Family Facets will require that our participation in this endeavor allow for Family Facets to retain exclusive ownership and copyright of all materials which Family Facets develops for this Foster Care Court Improvement program.

Based on the goals outlined at our most recent meeting regarding this RFP, the following is a brief and early conceptualization of the program:

Program Name: To be determined

Vision: Children in Boone county, ages 0-2, will achieve permanency within 9 months.

Mission: Increase protective factors by delivering integrative and evidence-based services to parents in their homes.

Family Facets Proposed Program Components

1. Pre-Screening: Protocol to assess Family Support Team Member readiness to begin visits between parent(s) and children. Example items: Are you in agreement with visits at this time? Are you in agreement to a safety plan that includes harm reduction vs. abstinence? Are you in agreement that visits continue if the parent submits a positive urine analysis?
2. Referral for Services: A referral for services begins within 72 hours of removal.
3. Intake: Family Facets Intake Personnel meet parent(s), and Case Manager within 72 hours of removal. Goals of the intake are to develop safety plan for visits, and schedule/begin visits. Visits will begin within 24 hours of program start (maximum 96 hours post removal).

4. Family Visits: Visits will occur at least 3 times per week to facilitate ongoing attachment. Family Facets personnel may facilitate transportation. This component specifically aims to increase protective factor of Nurturing Attachment.
5. First 5 Days: Family Facets Personnel and parent(s) will engage in a 5-day assessment period. The following will occur: baseline assessment of parental capacities using the NCFAS G+R, baseline assessment of Nurturing Skills Competency Scale, program goal development and environmental safety plan utilizing Signs of Safety Framework. Additionally, parent(s) not currently receiving mental health services will receive a diagnostic assessment by a licensed clinician to assess for mental health needs.
6. Parent Education: Parent(s) will concurrently receive Nurturing Parenting education weekly, facilitated by Family Facets Personnel. This component specifically aims to increase the protective factor of Knowledge of Parenting and Child and Youth Development.
7. Integrative Approach: Family Facets Personnel providing direct services to each family will include Group Facilitator, In-home Specialists, Supervisor, and potentially a Therapist. All family serving staff will meet weekly to coordinate services.
8. Parent Coaching: Family Facets Personnel will be on call 24 hours per day for the length of the intervention. This component extends beyond crisis management, and should be conceptualized as Parent Coaching. Parent(s) have access to Family Facets Personnel in order to problem solve implementation of parent strategies, use of coping skills, and access to services.
9. Step-Down Approach: Families will be re-assessed every 4 weeks, utilizing the NCFAS G+R and the Nurturing Skills Competency Scale. Acquisition of benchmarks (i.e.: 25% increase in skills, 50% increase in skills, etc.) will equate decrease in direct service hours.
10. Auxiliary Services: Family Facets Personnel will assist each family with connecting to additional services in the community based on assessment results. This component specifically relates to the protective factor Concrete Supports.
11. Success: Success for families will be determined individually, and based on the following outcome measures: acquisition of Nurturing Skills Competency at a minimum of 75%, increase in NCFAS G+R at a minimum of 50% from intake to termination, and either achieved permanency or a plan for permanency. Follow up assessments will occur at 3, 6, and 12-months to assess program success.

Financial Considerations and Queries

Family Facets is a for profit agency, that would serve as a subcontractor of the designated organization, under section 3.8.3 of the 2016 RFP. As such, the designated organization retains responsibility for reporting requirements, as well as equating subcontractor reimbursement to a “per diem/Specialist” rate, exclusive of Medicaid billable licensed Therapist services.

The following are conditions that Family Facets must stipulate moving forward:

1. Reimbursement for services will be made on a per diem basis
2. The final contract will include a minimum (guaranteed) number of families served annually
3. The final contract will include a paragraph noting that for the purposes of this grant, referral from this program to Family Facets Therapy (when warranted at intake) is not a conflict of interest
4. A written maximum number of families per Family Facets Personnel to serve simultaneously

The following are questions for the Fostering Court Improvement Committee, which require attention for further collaboration:

1. What outcome reporting will be required to be made by Family Facets for the purposes of the grant?
2. What amount is being allotted for the sub-contractor annually?
3. How many families do you envision serving per year?

Please reach out with any questions or insights. We look forward to hearing back from you, and to our collaboration.

Sincerely,

Rachel Bailey

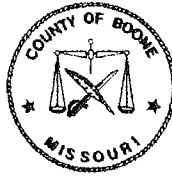
Rachel Bailey, MSW, LCSW

Assistant Clinical Director

Family Facets

573-301-8219

RachelBailey@FamilyFacets.com



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

4.3.2. Negotiations will only be conducted with potentially acceptable proposals.

4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of _____)
) ss
 State of _____)

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Affiant _____ Date _____

Printed Name _____

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

Page 14 of 14



MEMORANDUM OF COVERAGE DECLARATIONS

MEMBER NAME AND MAILING ADDRESS COUNTY OF BOONE BOONE COUNTY GOVERNMENT CENTER 613 E ASH ST RM 114 COLUMBIA MO 65201		AGENCY NAME AND MAILING ADDRESS	
ALL COVERAGES LISTED BELOW ARE SUBJECT TO ALL TERMS, CONDITIONS, EXCLUSIONS AND APPLICABLE REDUCTIONS DESCRIBED IN THE MEMORANDUM OF COVERAGE AND ARE SUBJECT TO PAYMENT OF THE CONTRIBUTION FOR THIS COVERAGE.			
Memorandum Number: 2091		Coverage Period: 12:01 a.m. 1-1-2018 to 12:01 a.m. 1-1-2019	
Policy Number: LP-2091-201801			
COVERAGE	DEDUCTIBLE	RETROACTIVE DATE	
The limit for the coverages listed below shall not exceed the maximum amount provided for by RSMo.537.610 (Sovereign Immunity Limits) or \$2,000,000 per occurrence as set forth in Section II of the Memorandum of Coverage.			
Automobile Liability (Fleet)	\$1,000		
Hired and Non-Owned Vehicles	\$1,000		
General Liability	\$0		
Employee Benefit Liability	\$1,000		
Employment Practices Liability	\$5,000 *		
Errors & Omissions Liability	\$5,000 *		
Law Enforcement Liability	\$10,000 *		
Jail Operations Liability	\$10,000 *		
Cyber & Information Breach Coverage	\$2,500 *	1-1-2017	
*Deductible applies to Loss and Loss Adjustment Expense combined if indicated on the Declarations M100 (Ed. 1-16). Loss Adjustment Expense is defined as all costs of investigating, adjusting, and defending a claim.			
ADDITIONAL COVERAGES	DEDUCTIBLE	LIMIT	
Uninsured Motorist	\$0	\$50,000	
Auto Physical Damage (Fleet)	Per Schedule	Actual Cash Value	
Auto Physical Damage (Stated Value)	Per Schedule	Stated Value	
Forms and endorsements contained in this Memorandum at inception:			
Supplemental Declarations - Cyber & Information Breach Coverage	M101 (Ed. 1-17)		
Deductible Liability Coverage	M300 (Ed. 1-00)		
Schedule of Automobiles	M400 (Ed. 1-17)		
Automobile Physical Damage Coverage	M401 (Ed. 1-18)		
Uninsured Motorist Coverage	M402 (Ed. 1-17)		
Stated Value Endorsement	M408 (Ed. 1-17)		
Automobile Fleet - Nonauditable	M407 (Ed. 1-16)		
Employee Benefit Liability Endorsement	M603 (Ed. 1-18)		
Cyber & Information Breach Coverage Endorsement	M901 (Ed. 1-17)		

Issued by Missouri Public Entity Risk Management Fund (MOPERM), P.O. Box 7110, Jefferson City, MO 65102

By:

Date: 12-1-2017

M100(Ed.1-16)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2017

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

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

PRODUCER Kasmann Insurance Agency P O Box 1111 Columbia MO 65205	CONTACT NAME: Bill J Kasmann PHONE (A/C, No, Ext): (573) 442-1105 FAX (A/C, No): E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Ins Co</td> <td></td> </tr> <tr> <td>INSURER B: Missouri Employers Mutual Ins Co</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Ins Co		INSURER B: Missouri Employers Mutual Ins Co		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															
INSURED Tri-County Counseling Services Inc dba Family Facets PO Box 1662 Columbia MO 65205															

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	PHPK1750579	12/14/2017	12/14/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPIOP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	MEM1023865	8/20/2017	8/20/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E & L EACH ACCIDENT \$ 500,000 E & L DISEASE - EA EMPLOYEE \$ 500,000 E & L DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		PHPK1750579	12/14/2017	12/14/2018	\$1,000,000 Incident \$3,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Counseling

CERTIFICATE HOLDER

CANCELLATION

County of Boone c/o Purchasing Department 913 E Ash St Columbia, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="float: right; text-align: right;"> <VP> </div>
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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract *After-School and Summer Programming*

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Boys & Girls Clubs of Columbia Area** a tax-exempt, not organized for profit BGC or governmental entity, hereinafter referred to as **BGC**.

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

WHEREAS, BGC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY BGC

BGC is expected to the greatest extent possible to maximize funding from all other sources. BGC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. BGC shall only request reimbursement for services not reimbursable by any other source. BGC shall not invoice the Children's Services Fund for units of service invoiced to another funding source. BGC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** BGC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and BGC's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over BGC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from BGC and BGC agrees to furnish the **After-School & Summer Programming** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in BGC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$273,014.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. BGC agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of BGC be renewed for an **additional one (1), one-year period**. BGC agrees and understands that the BCCSB may require supplemental information to be submitted by BGC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Out of School Programming	One hour	\$6.07	30,800	\$186,956.00
Social Emotional Screening	One screening	\$7.22	250	\$1805.00
Group Therapy – Child	One hour	\$7.22	2,086	\$15,060.92
Individual Therapy- Child	One hour	\$43.52	700	\$30,464.00
Behavior Support Services	One hour	\$7.22	5,364	\$38,728.08

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty

days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of BGC, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by BGC to monitor service delivery and program expenditures. BGC agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by BGC and, if so stipulated, are noted on this contract document. Payments may be withheld from BGC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. BGC agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

9. **Monitoring.** BGC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect BGC's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, BGC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and

personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** BGC may enter into subcontracts for components of the contracted service as BGC deems necessary within the terms of the contract. All such subcontracts require

the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, BGC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should BGC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, BGC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the BGC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

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

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

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

27. **Record Retention Clause.** BGC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

Any written notice or communication to BGC shall be mailed or delivered to:

Boys & Girls Clubs of Columbia Area
Valorie Livingston
1200 N. 7th Street
Columbia, MO 65201

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

Boys & Girls Clubs of Columbia Area

By: Jennifer Bach
Signature

By: Jennifer Bach, Board Chair
Printed Name/ Title

APPROVED AS TO FORM:

[Signature]
County Counselor

By: Boone County Commission

[Signature]
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

[Signature]
Les Wagner, Board Chair

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk

DKB

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

Jana Pitchford by jg 12/19/2017 (2161/71106/\$273,014.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 8, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Boys & Girls Clubs of the Columbia Area

Address: 1200 N 7th St
Columbia, MO 65201

Telephone: 573-874-1697 Fax: 573-874-0681

Federal Tax ID (or Social Security #): 43-1762116

Print Name: Valorie Livingston Title: Executive Director

Signature: Valorie Livingston Date: 11/8/17

E-mail: valorie@bgc-columbia.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Boys and Girls Club of Columbia
Name of Program	See #3 below

Organization Profile	
-----------------------------	--

1. The phone number is not provided for board member, Clayton Thompson.

Action Required: Provide the phone number for Clayton Thompson under the Governing Board on Apricot.

573-449-2613/573-864-4774

2. The 990 on Apricot cannot be opened due to a password protection.

A

Code to open is 2116

n

Required: Upload a new copy on Apricot without a password required.

Program Overview Form

3. The Program Name needs to be changed from "Great Futures Starts Here" to "After-School and Summer Programming". "Great Futures Starts" are services provided as part of the After-School and Summer programs rather than a program itself. The Program Name needs to reflect what the program is called to consumers and/or the public.

After School and Summer Programs

4. The Program Consumer section indicates that 250 unduplicated individuals will be served. It is important to remember that the total number of unduplicated individuals to be served should be provided for the whole program, regardless of the funding source. We would anticipate that these numbers would match up with any proposals submitted to the City.
Action Required: Provide the total number of unduplicated individuals to be served for the entire program, regardless of the funding source.

Goal is to serve 400 youth in the after school program and 250 youth in the summer program.

5. The Consumer Demographics had several errors and will need to be addressed:
- The Consumer Demographics section lists 500 individuals for each of the demographic totals but the Program Consumers shows 250 unduplicated individuals to be served. Consumer Demographics need to be provided for the entire program, regardless of the funding source. These numbers need to be reflective for one year.
 - The Consumer Demographics in the proposal shows that all individuals reside in city limits. The Residence section needs to provide those residing outside city limits.
 - Parents that are involved in Parent Partnership (proposed as Service 10) need to be included in the Consumer Demographics and total number of unduplicated individuals to be served.

Action Required: Complete all fields for the Consumer Demographics with accurate information.

Demographic Info	# of Unduplicated Individuals
Residence	
Boone County (includes City of Columbia residents)	650
City of Columbia	650
Other Counties	
Residence Total:	650
Race	
White (alone)	100
Black or African American (alone)	400
Multiple Races	150
Asian (alone)	0

Native American Indian or Alaskan Native (alone)	0
Native Hawaiian or other Pacific Islander (alone)	0
Some other Race	
Race Total:	650
Ethnicity	
Hispanic or Latino (of any race)	20
Not Hispanic or Latino	630
Ethnicity Total:	650
Gender	
Female	325
Male	325
Gender Total:	650
Income	
At or below 200% of Federal Poverty Level	500
Over 200% of Federal Poverty Level	150
Income Total:	650
Age	
Infant/Toddler (birth – 2 years)	
Preschool (3 years – 5 years)	
School Age (6 years – 11 years)	400
Middle School (12 years – 14 years)	150
High School (15 years – 19 years)	100
Parent/Guardian (19 years and younger)	
Parent/Guardian (20 years and older)	
Age Total:	650

6. The Program Access narrative mentions that there is a sliding fee scale, scholarships, and DSS state child care assistance funding available to remove financial barriers for families.

Action Required: Provide clarification on whether the child care subsidy can be used for both after-school programming and during the summer. If not, why?

We do qualify for DSS for our Summer program as a license exempt 501(3) but we do not qualify for DSS for our After school program which requires that you be licensed. Even though the state controls both of these subsidies, they are operated in different State departments with different regulations. We do collect income verification information from the families to apply our sliding fee scale. If a family needs financial assistance then they apply for a scholarship which is determined and authorized by the Director of Operations.

7. The Program Quality section provides references for the Character and Citizenship and PhotoVoice programs that are dated 1992 and 1999. These programs have been funded in the past and should have more recent data.

Action Required: Provide more recent data and/or articles that support the efficacy of these services.

Thus far, we have provided Photovoice to 60 participants during 2 sessions from Summer 2017 and Fall 2017 and we plan to run one additional session during November 2017. BGC utilizes the DCC curriculum entitled "Picturing Resilience Intervention", which can be found at: dcc.missouri.edu/pri.shtml

For additional resources on using Photovoice with youth, refer to the following:

Delgado, M. (2015). *Urban youth and photovoice: Visual ethnography in action*. Oxford University Press, USA.

Retrieved from:

<https://books.google.com/books?hl=en&lr=&id=ADYcBgAAQBAJ&oi=fnd&pg=PP1&dq=urban+youth+and+photovoice&ots=fyGwYBslgx&sig=N1v6AHkYuwXM378aRUSNERYubps#v=onepage&q=urban%20youth%20and%20photovoice&f=false>

Rose, T., Shdaimah, C., de Tablan, D., & Sharpe, T. L. (2016). Exploring wellbeing and agency among urban youth through photovoice. *Children and Youth Services Review*, 67, 114-122.

Retrieved from: <http://www.sciencedirect.com/science/article/pii/S0190740916301347>

There is a MOU with Columbia Center for Urban Agriculture provided. The MOU does not explain whether funds from the Boone County Children's Services (BCCS) Fund will be distributed to CCUA for the project being implemented through Boys and Girls Club.

Action Required: Provide information on whether funds from this proposal will be distributed to CCUA to provide "Improving Mental and Physical Health of Food Insecure Children through Hands on Nutrition Intervention".

After further clarification we understood that BCCS preferred to support collaborations and not sub-contracts so we did not write this into our budget to pay CCUA for this program. I believe that it was CCUA's intention to include this program service in their program service budget.

S

Salary range for the Parent Engagement Coordinator seems high for the minimum qualifications compared to the Licensed Clinical Social Worker, Operations Director, and Program Director.

Action Required: Provide clarification on why the salary range is higher than the other three positions.

We hired this person from another Parent Outreach non-profit at this rate due to her Masters degree in Educational Counseling and extensive work experience in this field. Please see Service Change Chart as we have decided to combine the Parent Eng. Coord. position with the Mental Health Program Director position to be more cost effective.

e

Personnel Table does not list the Executive Director as having time directed towards this program.

Action Required: Provide clarification on the FTE amount for the Executive Director and whether requested funds contribute towards their salary. Provide information on the programming responsibilities of the Executive Director.

Please see Service Change Chart as we have modified our budgets to become more cost effective by removing both the Executive Director and Operations Director salaries. This employee has been with the Club for over a year and we have confidence that she is trained to assume this additional responsibility. The Mental Health Program Director will be responsible for managing program delivery, parent engagement, data management, compliance, professional development, and reporting.

u

Amount entered that is received from Heart of Missouri United Way (HMUW) is far less than what is contracted.

Action Required: Provide clarification on the actual amount contracted from HMUW for program services. Provide information on how funds are utilized for program services. These funds would be an excess of revenues compared to the total program expenses.

11. The amount entered for Boone County – Children’s Services Funding (2A) does not match the requested amount for Year 1. The difference between the budgeted amount and the requesting amount is \$127,806 but the expenses do not show the need for this excess of

We are currently contracted with the United Way for \$32,800 to provide Triple Play Health education programs to 100 youth which includes; Urban Farm gardening in the Club’s raised gardening beds, 8 week kitchen education lessons that end with a full meal preparation for their families to join for a Club family meal. This contract is from July 2017-June 2018. We are seeking additional funding so that we can expand and enhance our culinary programs with additional Chefs and partners. We are also currently funded in Education for \$51,480 which is up for renewal in June 2018.

The expenses equal the total program revenues listed in the budget, without the additional \$127,806.

The budget line item has an error on the BCCS funding line item-instead of last years amount of \$250,000 it should have been the requested amount of \$377,806 which caused me to over estimate our fundraising contribution number listed at \$162,840 which should have been \$35,034. However, please see Service Change Chart to reflect a modified budget reducing expenses and increasing units of service to make the budget more cost effective. We are still proposing to serve the same number of unduplicated individuals and re- evaluated our first year of actual program services delivered in 2016. We have modified our units to increase our proposed total number of units of services above our 2016 application with a modest

on Required: Provide clarification on why an additional \$127,806 is being requested to BCCS and how these funds will be utilized. The number of unduplicated individuals to be served does not appear to be increasing and the program is proposing fewer total number of units compared to the current contract.

12. The Program Budget does not list any revenues from the City of Columbia. If funds are received from the City for this program, they must be included in the budget.

Action Required: Provide information on all the revenues received from the City of Columbia and any other funding sources for the After-School and Summer program.

We are contracted with the City of Columbia of which we received \$500,000 that was restricted to use \$300,000 towards the construction costs of the Capital Campaign expansion project and \$200,000 to deliver expanded programs of academic support, college readiness, career/employment skills, community scholar program, and case management for 200 youth(8th, 9th, & 10th graders) over the next two years.

o

gram Budget lists MO BGC Alliance as a revenue source but does not explain how funding is used for program services. This source was also listed under State funding.

Action Required: Provide clarification that describes how MO BGC Alliance funds are utilized for program services. Provide clarification on how this is tied to State Government or provide the correct type of funding source (direct support vs. government contracts/supports).

The SMART evidence/research based programs that we reference to are provided to us from Boys & Girls Clubs of America which establishes State wide Alliances that advocate and lobby for State funding. These are annual renewable contracts based upon the States budget .

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ng from the national Boys and Girls Club is not listed in the Program Budget.

Action Required: Provide information on whether Boys and Girls Club of Columbia Area receives program funding from their national office. If so, provide information on how funds support program services.

We receive grant funding opportunities through Boys & Girls Clubs of America. All 4,000 Boys & Girls Clubs have access to apply for grants as a competitive process. Different grant opportunities support different program initiatives. Our biggest national grant of \$20,000 is an OJP (Office of Juvenile Prevention) minority male mentoring program. Boys & Girls Clubs of America partners, secures, and manages these funds annually for local Clubs to access as funding opportunities.

Program Services Form (1-5)

15. Due to the complexity of tracking service levels and performance measures in an out of school program environment, the Boone Impact Group plan to add "Out of School Programming" as a service in the *Taxonomy of Services*, with the following definition:

Provides children in grades K – 12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before school, after

school, weekends, and/or during seasonal breaks (e.g. summer). This service must include at least two other related services from the *Taxonomy of Services*.

The unit measure for the Out of School Programming service will be “one hour”. Providers will be allowed to capture related services, as approved by the County, as part of the global Out of School Programming service unit measure. Therefore, providers can simply track the time spent in the program as the base measure. The related services must be indicated and outlined in the Out of School Programming service description and reflected in the Performance Measures.

The County and City plan to drop Tutoring from the *Taxonomy of Services* and add the following services:

- Academic Instruction – differentiated, curriculum-based instruction provided in a group or individual (tutoring) setting by a qualified professional to increase individual student achievement, as measured by grade-level benchmarks and standards from the student’s primary source of education.
- Academic Support – Supplementary assistance with educational concepts and tasks (homework).
- Academic Enrichment – Curriculum-based activities intended to engage students in learning and increase skills and knowledge in subject matter.

The County will require that at least one of the services includes a social-emotional component.

With regard to this program proposal, the following services will be allowed to be included as sub-activities of the Out of School Programming service:

- Academic Support
- Academic Enrichment
- Positive Youth Development
- Physical Activity
- Career Exploration
- Health Education
- Cultural Enrichment
- Congregate Meals

The proposal bundled services and did not adhere to the *Taxonomy of Services*. Based on the information provided in the proposal, services will need to be provided in the following order and with the correct outputs, funding request, and performance measures associated to that service.

Service #	Service Name	Notes
1	Out of School Programming	See list of sub-activities above. These activities will include the following proposed services/activities: <ul style="list-style-type: none">• All activities mentioned in proposed Service 1• All activities mentioned in proposed Service 2 (except “Million Hours of Service”)
2	Parent Partnership	Time spent encouraging families to attend events and programming activities
3	Family Education	Activities described through the Family Plus model

4	Social/Emotional Screening	Depending on clarification response
5	Behavioral Health Assessment	Depending on clarification response
6	Support Groups	Depending on clarification response
7	Individual Therapy – Child or Behavioral Support Services	Depending on clarification response
8	Case Management	
9	Positive Youth Development	Only includes time/costs of youth going to volunteer sites.

Proposed Service 4 will be excluded as a separate service since training is only provided to organizational staff.

Service 1 – Out of School Programming

16. Service 1 needs to be listed as “Out of School Programming” and include all related services listed in the *Taxonomy of Services*. Clarification #16 listed services that could be identified as s

Physical Activity and Health Education will be provided through the after school and summer programs through Triple Play which are comprehensive activities that increases physical fitness(basketball, soccer, volleyball, tennis, dance, step), teaching good nutrition through gardening, preparing healthy food, and making healthy food choices and help them manage their stress to develop healthy relationships.

Positive Youth Development will be provided through the after school and summer programs through multiple SMART program curriculum’s and activities (Smart Moves, Smart Girls, Meth Smart, and Passport to Manhood) which build strong character to make positive choices to avoid risky behaviors(alcohol, tobacco, drugs, premature sexual activity). Triple Play Character is a social recreation strategy to build self-concepts and coping skills.

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- s. This would include services listed in your proposal under Service 2.

Action Required: Complete the ‘Service Change Chart’ for Service 1. Provide information below on all related sub-activities and a clear description of how it is implemented through the Out of School Programming.

Service Change Chart updated.

outputs need to be completed for Out of School Programming. The unit measure for the Out of School Programming service will be “one hour”. Providers will be allowed to capture related services, as approved by the County, as part of the global Out of School Programming service unit measure. Therefore, providers can simply track the time spent in the program as

the base measure. The following issues were noted and need to be corrected in the updated outputs:

- Outputs need to be provided for the entire program service, regardless of funding.
- The proposed unit rate for Service 1 increased from \$4.53 to \$6.52 and Service 2 increased from \$5.13 to \$7.02. Unit rates for program services should be consistent, regardless of the funding source.
- The justification for the unit rate does not provide sufficient information.
- The number of units to be provided does not seem to have increased significantly regardless of programming being added to Saturdays.

Action Required: Complete the Outputs section on the 'Service Change Chart' for Service 1. Provide sufficient information on how the unit rate was established and whether it is the same unit rate used for all funding sources. Please provide your best and final offer.

18. The funding request amount is higher but the number of units to be provided is lower than the current contract. Review the table below for a comparison of the proposed Service 1 & Service 2:

After combining all of the out of school program related services we now have one unit of service rate at \$6.07. This unit rate is slightly increased from the original 2016 proposed budget but that is because we have updated the budget to properly reflect accurate expenses and updated the salary ranges of the highly qualified staff of which 3 have Masters degrees.

	Current Amount	Current # of Units	Proposed Amount	Proposed # of Units
Service 1	\$74,776.71 (\$4.53/Hour)	16,507	\$97,800.00 (\$6.52/Hour)	15,000
Service 2	\$84,680.91 (\$5.13/Hour)	16,507	\$105,300.00 (\$7.02/Hour)	15,000

Action Required: Complete the 'Service Change Chart' for Service 1 to reflect the total number of units from all the sub-activities and a new unit rate. We would anticipate that the response would be reflective of your current work. Please provide your best and final offer. Provide any questions or comments below.

The reallocation of the out of school program services and the updated budget raised the unit rates, we felt it appropriate to redirect some of those units to the mental health program services. We proposed in 2016 to deliver 56,174 total units and contract for 43,207 compared to this proposal to deliver 57,582 but contract for 42,500 which is only 707 less units. This is how we controlled the budget to only ask for a modest increase in funding of \$41,224. We feel that we can still deliver these services if the best and final offer is the same allocation above of \$203,100 because we only increased this request to \$205,166.

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ng Request explains that multiple funding sources are covering units of service that are not covered by BCCS.

Action Required: Provide specific information on this funding source and what they are covering with the new proposed (updated) services.

20. D

Need more clarification; do not understand which services are being referenced.

r

am Performance measures need to be updated for the new, combined Service 1. These should include the sub-activities that are listed under Out of School Programming and performance measures provided in the proposal for Service 1 and 2.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for t

Service Change Chart updated to reflect out of school program outcomes, outputs, and indicators.

ew Service 1. Provide any questions or comments in the field below.

Service 2 – Parent Partnership

21. The description for proposed Service 3 stated that Parent Partnership and Family Education was included for the proposed service activities. The revised Service 2 will only include activities described under Parent Partnership in the proposal. Activities for Service 2 will include:

“Parent Partnership will include parent involvement in programming including collecting parent attendance and participation at football games, basketball games and tournaments, dance recitals, parade participation with the BGC High Steppers, Photovoice final showcases, art exhibits, etc. We feel it is crucial to recognize and encourage parent participation at all youth events.”

Action Required: Complete the 'Service Change Chart' for Service 2 for activities described a

See service change chart

e

. Provide any comments or questions below.

22. Outputs need to be updated to only include activities for Parent Partnership. The following issues were noted and need to be corrected in the updated outputs:

- Outputs need to be provided for the entire program service, regardless of funding source.
- The proposed unit rate for Service 3 increased from \$5.13 to \$9. Unit rates should be consistent, regardless of the funding source.
- The justification for the unit rate does not provide sufficient information.

Action Required: Complete the Outputs section on the 'Service Change Chart' for Service 2 – Parent Partnership. Provide sufficient information on how the unit rate was established and

The Parent Partnership rate is the same rate of the out of school rate. This budget was created in correlation to the out of school program service budget. We were able to reduce the rate down from \$9 to \$6.07 by joining the parent engagement position and job

clarification that this rate will be utilized for the City as well. Please provide your best and final offer.

23. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the 'Service Change Chart' for Service 2 – Parent Partnership. We expect your best and final offer. Provide any comments or questions below.

24. T

See service change chart.

F

unding Request explains that multiple funding sources are covering units of service that are not covered by BCCS.

Action Required: Provide specific information on the funding sources covering the additional (updated) units of service.

25. D

At the time of grant application we do not have any other funding sources for parent engagement. Need further clarification.

r

am Performance measures need to be updated for Service 2– Parent Partnership to reflect only Parent Partnership activities.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for S

See service change chart

e

2– Parent Partnership.

Service 3 – Family Education

26. The description for proposed Service 3 stated that Parent Partnership and Family Education was included for the proposed service activities. The revised Service 3 will only include activities described under Family Education in the proposal. Activities for Service 2 will include:

"Family Education will occur through our implementation of BGC's Family PLUS (Parents Leading, United, Service) model. This model is used by other BGC's throughout the country for the purpose of increasing family support into the Club's programming efforts. Key strategies include: Kinship Care—Kinship care includes providing knowledge and resources to extended family members (grandparents, aunts, uncles, cousins, foster parents, etc.) who have assumed the role of primary caregiver; Father Involvement—Clubs provide support and promotion through programs, activities, training and services to help increase the positive involvement of fathers in the lives of their children;

Economic Opportunity – Clubs empower families by helping parents and caregivers increase their level of education, find and keep jobs, improve their earnings, build savings and establish credit; Outreach Strategies – Clubs build their capacity to effectively recruit and retain the involvement of new populations of diverse parents and caregivers who are often underserved in Clubs through a Family Advocacy Network (FAN). These strategies will all incorporate a theme of mental wellness by offering stress management programs throughout, thus supporting the chronic toxic stress factors that impact the overall well being of families.”

Action Required: Complete the ‘Service Change Chart’ for Service 3 for activities described above. Provide any comments or questions below.

This Service has been deleted

u

ts need to be updated to only include activities for Family Education. The following issues were noted and need to be corrected in the updated outputs:

- Outputs need to be provided for the entire program service, regardless of the funding source.
- The proposed unit rate for Service 3 increased from \$5.13 to \$9. Unit rates should be consistent regardless of the funding source.
- The justification for the unit rate does not provide sufficient information.

Action Required: Complete the Outputs section on the ‘Service Change Chart’ for Service 3. Provide sufficient information on how the unit rate was established and whether this unit rate is

N/a

stent across funding sources. Please provide your best and final offer.

28. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the ‘Service Change Chart’ for Service 3. Please provide your best and final offer. Provide any comments or questions below.

N/a

F

unding Request explains that multiple funding sources are covering units of service that are not covered by BCCS.

Action Required: Provide specific information on the funding sources covering the additional (updated) units of service.

N/a

ogram Performance measures need to be updated for Service 3 to reflect only Family Education activities.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for S

N/a

ce 3.

Service 4 – Social/Emotional Screening

31. The description for proposed Service 5 included Social Emotional Screenings with Group Therapy – Child. Sufficient information on the screenings administered was not provided in order to make a decision to add as a separate service.

Action Required: Provide detailed information on the type of screening being provided and the frequency.

We agree that Social/Emotional Screening and Group Therapy-Child should be listed separately.

Starting in June 2017, we began to administer a club-wide resilience survey to all members and continue to administer this survey as a pre/post measure at the beginning and end of each trimester (Spring, Summer and Fall). In addition, we will offer a Social and Emotional Screening pre and post test to each participant of the Positive Action group therapy service. More information about the Positive Action SES screening can be found under its relevant section.

32. Add Social/Emotional Screenings as a service. Depending on the response from clarification question #32. If the screening is only used as an intake for another service, it should not be included as a separate service.

Action Required: Complete the 'Service Change Chart' for Service 4. Provide the service description from #32 in 'Service Change Chart'.

We agree that this should be a separate service and will make this update.

33. Provide the outputs for Social/Emotional Screenings. The unit measure should be “one screening”. The number of units should equal the number of times the screening is administered. The unit rate should reflect the cost of the screening tools and staff time to screen and analyze results.

Action Required: Complete the Outputs section on the ‘Service Change Chart’ for Service 4. Provide information below on how the outputs were determined.

We agree that a unit should be one screening and will make this update. We would probably reach a larger number of units by measuring each screening, rather than per hour.

34. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the ‘Service Change Chart’ for Service 4. We expect your best and final offer. Provide any comments or questions below.

Please refer to Service Change Chart.

35. Program Performance measures need to be updated for Service 4 to reflect only Social/Emotional Screenings. The proposed performance measures lack a sufficient number of outcomes and indicators.

Action Required: Complete the Performance Measures section on the ‘Service Change Chart’ for Service

Outcome	Indicator	Method of Measurement
Outcome 1: Members will increase resilience skills	75% of 250 members will demonstrate an increase in resilience skills through an increase in scores on resilience survey	Pre/post resilience survey scores
Outcome 2: Members will decrease negative behaviors	75% of 250 members will demonstrate a decrease in negative behaviors through a decrease in incident reports	Number of incident reports

Service 5 – Behavioral Health Assessment

36. The description for proposed Service 6 included Behavioral Health Assessments with Individual Therapy – Child and Case Management. Each of these services needs to be listed

separately. Service 5 will be listed as Behavioral Health Assessments but needs further information on the type of assessments being administered and the frequency.
Action Required: Complete the 'Service Change Chart' for Service 5 and provide sufficient information on the type of assessments being provided. Provide any comments and/or questions below.

This is a service provided under Program Service 7: Individual Counseling-Child. It should not be listed as a separate program service. Please refer to Service Change Chart for explanation.

37. Provide the outputs for Behavioral Health Assessments. The unit measure should be "one assessment". The number of units should equal the number of times the assessment is administered. The unit rate should reflect the cost of the assessment tools and staff time to assess and analyze results.

Action Required: Complete the Outputs section on the 'Service Change Chart' for Service 5. Provide information below on how the outputs were determined.

N/a

38. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the 'Service Change Chart' for Service 5. We expect your best and final offer. Provide any comments or questions below.

N/a

39. Program Performance measures need to be updated for Service 5 to reflect only Social/Emotional Screenings. The proposed performance measures lack a sufficient number of outcomes and indicators.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for Service 5.

N/a

Program Services Form (6-10)

Service 6 – Support Groups

40. Service 5 on the proposal combined Group Therapy – Child with the Social/Emotional Screenings. After reading the proposed service description, Group Therapy – Child needs to be listed as “Support Groups”. Mindful Living and Positive Action appears to align with Support Group activities in addition to MSW students leading the activity. Boone County does not see bachelor level students qualified to lead actual Group Therapy – Child.

Action Required: Complete the ‘Service Change Chart’ to include Support Group activities. The description from the proposed service can be used to describe the service being provided. Provide any comments/questions below.

Although supportive in nature, we refer to our two therapy groups, Positive Action and Mindful Living as psychoeducational groups because in these group sessions, we provide instruction for different coping, resilience and social and emotional learning skills.

Positive Action website describes its program as “a systematic educational program that promotes an intrinsic interest in learning and encourages cooperation among students.”

(Retrieved from: <https://www.positiveaction.net/>)

Mindful Living, a mindfulness-based Cognitive Behavioral Therapy(CBT) program, developed by the Behavior Health Team(BHT) at BGC, gives club members concrete skills for better understanding the intricate relationship between their thoughts feelings and actions and coping skills to manage strong emotions and impulsive behavior.

We have consulted with the faculty liaisons for the MU School of Social Work to confirm that both MSW and BSW interns were able to assist and co-facilitate in psychoeducational groups.

An LMSW or LCSW is always present during these groups to facilitate and manage challenging behaviors and /or strong emotions if they arise within group members.

41. Provide the outputs for Support Groups. The unit measure should be 15 minutes or one hour.

Action Required: Complete the Outputs section on the ‘Service Change Chart’ for Service 6. Provide information below on how the outputs were determined.

We will update the unit measure to be one hour.

42. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the ‘Service Change Chart’ for Service 6. Please provide your best and final offer. Provide any comments or questions below.

Please refer to Service Change Chart.

43. Program Performance measures need to be updated for Service 6 to reflect only Support Groups. The proposed performance measures lack a sufficient number of outcomes and indicators.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for Service 6.

Outcome	Indicator	Method of Measurement
Outcome 1: ML group members will increase knowledge of mindfulness skills.	75% of ML group members will demonstrate an increase in mindfulness skills	ML Pre/post Assessment
Outcome 2: ML group members' satisfaction of group experience.	75% of ML group members will indicate a positive group experience.	ML post-group program evaluation
Outcome 3: PA group members will increase SEL skills.	75% of PA group members will demonstrate an increase in SEL skills.	PA Pre/Post Assessment

Service 7 – Individual Therapy - Child

44. Service 6 combined Individual Therapy – Child with Behavioral Health Assessment and Case Management but needs to be separated out. After reviewing the proposed service description, it appears that adequate supervision is provided to the MSW students by the Licensed Clinical Social Worker. Individual Therapy – Child appears to be the appropriate service name for the activity level being provided. Depending on the clarification response, the service name may need to be negotiated to Behavioral Support Services.

Action Required: Complete the 'Service Change Chart' for Service 7 as Individual Therapy – Child. Provide further information on how supervision is provided to MSW students. Provide more specific information on the "intense on-site counseling" that is provided. Provide information on any evidence-based practices utilized during counseling sessions.

The Behavioral Health Team (BHT) provides brief, goal-oriented counseling to BGC members referred for individual counseling. The BHT utilizes techniques from Cognitive-Behavioral Therapy, Solution-Focused Therapy, and Motivational Interviewing in sessions with clients.

LCSW is on-call during all BGC club hours. Additionally, the LCSW provides an hour-long weekly face-to-face supervision meeting for each LMSW and either the LCSW or LMSW provide the same supervision to all MSW and BSW interns. During weekly supervision, individual and group therapy sessions are reviewed and grant compliance and data tracking services are discussed. Additionally, the LCSW reviews and signs off on all written documentation of Behavioral Health Services.

concern on the use of practicum students providing therapeutic services. Most practicum students complete their hours within one semester. How do students respond to the turn-over of practicum students for therapeutic services?

Action Required: Provide clarification on how student turn-over is handled for Individual Therapy – Child and the effect this has on a students’ progress in managing negative behaviors.

The Behavioral Health Team (BHT) provides short-term, goal-oriented counseling (6-8 weeks on average) to clients. The BHT continuously prepares clients for termination, starting at the first session. Additionally, multiple BHT staff interacts with and establish relationships with members, including two full-time LMSWs to help provide a continuous, supportive presence. Clients with more extensive needs are taken on by LMSWs or referred to local resources.

46. Provide the outputs for Individual Therapy - Child. The unit measure should be 15 minutes or one hour.

Action Required: Complete the Outputs section on the ‘Service Change Chart’ for Service 7. Provide information below on how the outputs were determined.

We will update the unit measure to be one hour. We are including a scanned copy of the Missouri Medicaid standardized reimbursement rates. We suggest using these rates to calculate units of service for this program.

F

unding Request amount needs to be updated to reflect output changes.

Action Required: Complete the ‘Service Change Chart’ for Service 7. We expect your best and final offer. Provide any comments or questions below.

Please refer to Service Change Chart.

48. The proposal listed Parent Pre-Post CADBI as a method of measurement for Service 6. The proposal does not provide information on the CADBI

Action Required: Provide information on the CADBI and the type of outcomes and indicators that can be gathered with this tool. Provide information on the frequency this method of measurement is utilized.

The Child and Adolescent Disruptive Behavior Inventory for parents (CADBI_Parent) is a 25-question assessment that measures children’s behavior toward adults and peers and activity level in the home and community. The assessment has three subscales: opposition to peers, opposition to adults, and hyperactivity/impulsivity. This assessment helps determine if behavioral changes have occurred after the individual counseling intervention is implemented. A parent or guardian of every client takes the CADBI_Parent as a pre/post test during the intake and termination processes.

Adapted from: Linbenberg, L., Ungar, M., LeBlanc, J.C. (2013). The CYRM-12: A brief measure of resilience. *Canadian Journal of Public Health*; 104(2) 131-135.

49. Program Performance measures need to be updated for Service 7 to reflect only Individual Therapy - Child. The proposed performance measures lack a sufficient number of outcomes and indicators.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for Service 7.

Outcome	Indicator	Method of Measurement
Outcome 1: Members will decrease disruptive behavior	75% of 25 members will demonstrate a decrease in disruptive behavior	Pre/post CADBI scores Incident reports, with and without suspensions
Outcome 2: Members will demonstrate satisfaction with services	75% of 25 members will demonstrate satisfaction with services	Individual Counseling Program Evaluation

Service 8 – Case Management

50. Service 6 on the proposal listed Case Management with Behavioral Health Assessment and Individual Therapy – Child but needs to be listed separately. Activities will include the development of the treatment plan, providing referrals for further treatment, and/or time spent coordinating services for children identified as needing additional support to address negative behaviors. The proposed service description lacked specific information on case management activities.

Action Required: Provide specific information on Case Management in the 'Service Change Chart' for Service 8. Provide any comments and/or questions below.

This is a service provided under Program Service 7: Individual Counseling-Child. It should not be listed as a separate program service. Please refer to Service Change Chart for explanation.

v

ide the outputs for Case Management. The unit measure should be 15 minutes or one hour.

Action Required: Complete the Outputs section on the 'Service Change Chart' for Service 8.

N/a

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de information below on how the outputs were determined.

52. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the 'Service Change Chart' for Service 8. We expect your best and final offer. Provide any comments or questions below.

N/a

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am Performance measures need to be updated for Service 8 to reflect only Case Management. The proposed performance measures lack a sufficient number of outcomes and indicators.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for S

N/a

ce 8.

Service 9 – Positive Youth Development

54. The proposal mentioned the "Million Hours of Service" in Service 2. This activity needs to be listed separately as "Positive Youth Development" since different groups are sent out in the community to volunteer. Not all youth in the program volunteer at the same time. The service description lacked sufficient information for the type of activity being provided. This is the only activity that will be included in this service. Other Positive Youth Development activities have already been listed in Service 1 through Out of School Programming.

Action Required: *Action Required:* Provide specific information on Positive Youth Development in the 'Service Change Chart' for Service 8. Provide any comments and/or questions below.

Please see service change chart. Service Hours include; picking up trash, volunteering at the Optimist Christmas tree lot, delivering cards to the nursing homes, participating in making stewardship gifts, etc..

V

ide the outputs for Positive Youth Development. The unit measure should be 15 minutes or one hour.

Action Required: Complete the Outputs section on the 'Service Change Chart' for Service 9. Provide information below on how the outputs were determined.

56 T

See updated Service change chart.

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nding Request amount needs to be updated to reflect output changes.

Action Required: Complete the 'Service Change Chart' for Service 9. We expect your best and f

See service Change Chart.

offer. Provide any comments or questions below.

57. Program Performance measures need to be updated for Service 9 to reflect only Case Management. The proposed performance measures lack a sufficient number of outcomes and indicators.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for S

See service change chart.

ce 9.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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58. An attachment is provided to submit your the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #1 – Taxonomy of Service Name: Out of School Programming (including:)			
Service #1 – Taxonomy Definition of Service: Provides children in grades K – 12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before school, after school, weekends, and/or during seasonal breaks (e.g. summer). This service must include at least two other related services from the <i>Taxonomy of Services</i> .			
Provide a detailed description of the proposed service: Physical Activity and Health Education will be provided through the after school and summer programs through Triple Play which are comprehensive activities that increases physical fitness(basketball, soccer, volleyball, tennis, dance, step), teaching good nutrition through gardening, preparing healthy food, and making healthy food choices and help them manage their stress to develop healthy relationships. Positive Youth Development will be provided through the after school and summer programs through multiple SMART program curriculum's and activities (Smart Moves, Smart Girls, Meth Smart, and Passport to Manhood) which build strong character to make positive choices to avoid risky behaviors(alcohol, tobacco, drugs, premature sexual activity). Triple Play Character is a social recreation strategy to build self-concepts and coping skills.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	6.07	47,550	250
Funding Request			
Amount Requested to Boone County: \$185,439		Proposed Number of Units of Service: 30,550	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Members will show increased knowledge of making healthy lifestyle choices	75% of 250 members will increase their knowledge of healthy life style choices in 12 months	Triple Play Assessments, Healthy Lifestyle Pre Post tests	
Members will spend increased time participating in physical activity	75% of 250 members will increase their physical activity in 12 months	The number of hours spent in physical activities are tracked through attendance records that document activities per youth per hour per day	

Members will increase knowledge of resilience and ability to avoid risky behaviors	75% of 250 members will demonstrate their knowledge of avoiding negative life choices and an increase in resilience in 12 months	Pass/Fail assessments, Pre Post tests

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #2 – Taxonomy of Service Name: Parent Partnership			
Service #2 – Taxonomy Definition of Service: Actively coordinates parents and organizational staff to work together to support and improve the learning, development, and health of the child(ren).			
Provide a detailed description of the proposed service: Parent Partnership will include parent involvement in programming including collecting parent attendance and participation at football games, basketball games and tournaments, award assemblies, dance recitals, parade participation with the BGC High Steppers, Photovoice final showcases, art exhibits, etc. We feel it is crucial to recognize and encourage parent participation at all youth events			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	6.07	4,050	150
Funding Request			
Amount Requested to Boone County: 18,210		Proposed Number of Units of Service: 3000	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Strengthening families through parent involvement at their child's programs.	75 % of 150 parents will attend their child's programs.		Participation attendance records of family engagement at youth programs.

Service Change Chart		
Organization Name: Boys and Girls Club of Columbia		
Program Name: After-School and Summer Programming		
Service #3 – Taxonomy of Service Name: Family Education- Will not be offering this program		
Service #3 – Taxonomy Definition of Service: Develops communication and coping skills with the goal of strengthening family relationships.		
<p>Provide a detailed description of the proposed service: Family Education will occur through our implementation of BGC's Family PLUS (Parents Leading, United, Service) model. This model is used by other BGC's throughout the country for the purpose of increasing family support into the Club's programming efforts. Key strategies include: Kinship Care—Kinship care includes providing knowledge and resources to extended family members (grandparents, aunts, uncles, cousins, foster parents, etc.) who have assumed the role of primary caregiver; Father Involvement—Clubs provide support and promotion through programs, activities, training and services to help increase the positive involvement of fathers in the lives of their children; Economic Opportunity – Clubs empower families by helping parents and caregivers increase their level of education, find and keep jobs, improve their earnings, build savings and establish credit; Outreach Strategies – Clubs build their capacity to effectively recruit and retain the involvement of new populations of diverse parents and caregivers who are often underserved in Clubs through a Family Advocacy Network (FAN). These strategies will all incorporate a theme of mental wellness by offering stress management programs throughout, thus supporting the chronic toxic stress factors that impact the overall well being of families.</p>		
Outputs		
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:
Funding Request		
Amount Requested to Boone County:		Proposed Number of Units of Service:
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Dropping this program		

Service Change Chart		
Organization Name: Boys and Girls Club of Columbia		
Program Name: After-School and Summer Programming		
Service #4 – Taxonomy of Service Name: Social/Emotional Screening		
Service #4 – Taxonomy Definition of Service: Identifies if a child is at risk for social emotional delays, problem behaviors, and potential mental health concerns.		
<p>Provide a detailed description of the proposed service: The Resilience Survey is an adapted version of the Connor-Davidson Resilience Scale that measures children's resilience. This assessment contains 12 items with questions such as, "I know that I can bounce back when I face problems or illness" and "My family will stand by me during difficult times". Scores range from 0-24 with higher scores indicating higher levels of resilience and lower scores indicating lower levels of resilience. The Resilience Survey is administered with every club member at the beginning and end of each semester (Spring, Summer, and Fall). Data is collected and will be analyzed by our partners at the Disaster and Community Crisis Center.</p>		
Adapted from: Linbenberg, L., Ungar, M., LeBlanc, J.C. (2013). The CYRM-12: A brief measure of resilience. <i>Canadian Journal of Public Health</i> ; 104(2) 131-135.		
Outputs		
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:
One Screening	7.22	250
Funding Request		
Amount Requested to Boone County: 1,805		Proposed Number of Units of Service: 250
Performance Measures		
Outcome:	Indicator:	Method of Measurement:

Members will increase resilience skills	75% of 250 members will demonstrate an increase in resilience skills through an increase in scores on resilience survey	Pre/post resilience survey scores
Members will decrease negative behaviors	75% of 250 members will demonstrate a decrease in negative behaviors	Number of incident reports

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #5 – Taxonomy of Service Name: Behavioral Health Assessment—Will not be offering this program			
Service #5 – Taxonomy Definition of Service: Assessment by a qualified mental health professional of an individual's history, mental health and functioning with the purpose of establishing a treatment plan and/or diagnosis.			
Provide a detailed description of the proposed service: The Behavioral Health Team conducts biopsychosocial assessments with all clients during the intake process, as well as the Child and Adolescent Disruptive Behavior Inventory during the intake and termination processes; however, this service is provided under program area 7: Individual Therapy-Child. Because we only administer these assessments with clients in the Individual Counseling program, we do not believe that this should be listed as a separate program area and would like to drop this program service.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Dropping this program			

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #6 – Taxonomy of Service Name: Group Therapy-Child			
Service #6 – Taxonomy Definition of Service: Provides therapeutic treatment for children with a related problem arranged in a group format with a qualified mental health professional. Group Therapy places focus on all group members.			
Provide a detailed description of the proposed service: Positive Action website describes its program as “a systematic educational program that promotes an intrinsic interest in learning and encourages cooperation among students.” (Retrieved from: https://www.positiveaction.net/) Mindful Living, a mindfulness-based CBT program, developed by the BHP team at BGC, gives club members concrete skills for better understanding the intricate relationship between their thoughts feelings and actions and coping skills to manage strong emotions and impulsive behavior.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Hour	7.22	2,483	70
Funding Request			
Amount Requested to Boone County: 15,060		Proposed Number of Units of Service: 2,086	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
ML group members will increase knowledge of mindfulness skills	75% of ML group members will demonstrate an increase in mindfulness skills		ML Pre/post Assessment

ML group members' satisfaction of group experience	75% of ML group members will indicate a positive group experience	ML post-group program evaluation
PA group members will increase SEL skills	75% of PA group members will demonstrate an increase in SEL skills	PA Pre/Post Assessment

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #7 – Taxonomy of Service Name: Individual Therapy - Child			
Service #7 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
<p>Provide a detailed description of the proposed service: The Behavioral Health Team (BHT) staff meet with clients individually on a weekly basis for 30 minutes to an hour in the Counseling Room or other designated spaces. The BHT staff conduct a biopsychosocial assessment with every client to help formulate a treatment plan. Clients spend, on average, 6-8 sessions working toward meeting the goals of their treatment plans.</p> <p>This program is overseen by a Licensed Clinical Social Worker, who supervises a Licensed Master Social Worker, and Master of Social Work Practicum Students. Additionally, Bachelor of Social Work Practicum Students may assist in case management services. The BHT uses a variety of theories and techniques to inform practice, including Cognitive Behavioral Theory, Solution-Focused Theory, Mindfulness-Based Stress Reduction, and Motivational Interviewing. The LCSW ensures all intervention approaches are effective and based on empirical evidence.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Hour	43.52	903	25
Funding Request			
Amount Requested to Boone County: 30,464		Proposed Number of Units of Service: 700	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Members will decrease disruptive behavior	75% of 25 members will demonstrate a decrease in disruptive behavior	CADBI Pre/Post Assessment
Members will demonstrate satisfaction with individual counseling services	75% of 25 clients will indicate a positive individual counseling experience	Individual Counseling Post-Program Evaluation

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #8 – Taxonomy of Service Name: Case Management—We will not be offering this program			
Service #8 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service: The Behavioral Health Team provides case management services on an as-needed basis. This service is provided under program area 7: Individual Therapy-Child. Because we mostly provide this service to clients in the individual counseling program, we do not believe that this should be listed as a separate program area and would like to drop this program service.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

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Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #8 – Taxonomy of Service Name: Behavior Support Services			
Service #8 – Taxonomy Definition of Service: Support to individuals/groups to maintain pro-social behavior.			
Provide a detailed description of the proposed service: The Behavioral Health Team provides on-site assistance to Site Directors and direct staff through behavior management and support during program delivery at the various BGC sites. The Behavioral Health Team interacts with club members and provides feedback to staff on behavioral techniques on the spot, at weekly staff meetings, and during monthly professional development. Site Directors and direct staff may consult with the Behavioral Health Team regarding club members who need extra support or possibly a referral for individual counseling.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Hour	7.22	6,388	250
Funding Request			
Amount Requested to Boone County: 38,729		Proposed Number of Units of Service: 5,364	
Performance Measures			

Outcome:	Indicator:	Method of Measurement:
Members will decrease negative behavior	75% of 250 members will demonstrate a decrease in negative behaviors	Number of incident reports

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #9 – Taxonomy of Service Name: Positive Youth Development			
Service #9 – Taxonomy Definition of Service: Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.			
Provide a detailed description of the proposed service: Million Hours of Service GOAL: To encourage good character and an appreciation for citizenship, and to provide every Club member with opportunities to serve in year-round volunteer activities.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	6.07	250	250
Funding Request			
Amount Requested to Boone County: \$1,517		Proposed Number of Units of Service: 250	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Members increase in civic engagement	75% of 250 members will attain 1 hour of community service in 12 months	The number of hours spent participating in community service activities are tracked through attendance records that document each activity per youth per hour
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Organization Name: Boys & Girls Clubs of the Columbia Area

Program Outputs and Funding Request Tables – Best and Final Offer

Program Name: After School and Summer Programs				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Out of School Programing	One hour	6.07	47,550	250
Parent Partnership	One hour	6.07	4,050	150
Social Emotional Screening	One screen	7.22	250	250
Group Therapy	One hour	7.22	2,483	70
Individual Therapy-Child	One hour	43.52	903	25
Behavior Support Services	One hour	7.22	6,388	250
Positive Youth Development	One hour	6.07	250	250

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Out of School Programing	185,439	30,550
Parent Partnership	18,210	3,000
Social Emotional Screening	1,805	250
Group Therapy	15,060	2,086
Individual Therapy-Child	30,464	700
Behavior Support Services	38,729	5,364
Positive Youth	1,517	250
Total Amount Requested to Boone County:	291,224	42,200

PROCEDURE CODES FOR LCSW AND LPC

The procedure codes listed below are the only behavioral health codes billable by an LCSW, LMSW, LPC, or PLPC. The appropriate AJ or UD must be used for **all** codes.

Procedure Code	Modifier	Maximum Allowed	Maximum Quantity	Description
90791		\$24.00	6	Psychiatric diagnostic eval
90791	U8	\$29.00	6	Psychiatric diagnostic eval - home
90832		\$24.00	1	Individual therapy – 30 mins.
90832	U8	\$29.00	1	Individual therapy – home – 30 mins.
90834		\$48.00	1	Individual therapy – 45 mins.
90834	U8	\$58.00	1	Individual therapy – home – 45 mins..
90846		\$24.00	2	Family therapy without patient present
90846	U8	\$29.00	2	Family therapy without patient present - home
90847		\$24.00	2	Family therapy with patient present
90847	U8	\$29.00	2	Family therapy with patient present - home
90853		\$10.00	3	Group therapy (other than multi-family)
90839		\$48.00	6	Psychotherapy for Crisis – 60 mins.
90839	U8	\$53.00	6	Psychotherapy for Crisis – home – 60 mins.
99406**		\$6.00	1	Smoking behavior change 3-10 mins.
99407**		\$9.00	1	Smoking behavior change over 10 mins.

After School and Summer Programs
(Used to be "Great Futures Start Here")

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 3, 2017

Boys & Girls Club of Columbia Area
Attn: Valorie Livingston, Executive Director
1200 N. 7th Street
Columbia, MO 65201
valorie@bgc-columbia.org

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Livingston:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 8, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melinda Bobbitt', with a stylized flourish at the end.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts*

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Boys and Girls Club of Columbia
Name of Program	See #3 below

Organization Profile	
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1. The phone number is not provided for board member, Clayton Thompson.
Action Required: Provide the phone number for Clayton Thompson under the Governing Board on Apricot.

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2. The 990 on Apricot cannot be opened due to a password protection.
Action Required: Upload a new copy on Apricot without a password required.

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Program Overview Form	
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3. The Program Name needs to be changed from "Great Futures Starts Here" to "After-School and Summer Programming". "Great Futures Starts" are services provided as part of the After-School and Summer programs rather than a program itself. The Program Name needs to reflect what the program is called to consumers and/or the public.

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4. The Program Consumer section indicates that 250 unduplicated individuals will be served. It is important to remember that the total number of unduplicated individuals to be served should be provided for the whole program, regardless of the funding source. We would anticipate that these numbers would match up with any proposals submitted to the City.

Action Required: Provide the total number of unduplicated individuals to be served for the entire program, regardless of the funding source.

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5. The Consumer Demographics had several errors and will need to be addressed:
 - a. The Consumer Demographics section lists 500 individuals for each of the demographic totals but the Program Consumers shows 250 unduplicated individuals to be served. Consumer Demographics need to be provided for the entire program, regardless of the funding source. These numbers need to be reflective for one year.
 - b. The Consumer Demographics in the proposal shows that all individuals reside in city limits. The Residence section needs to provide those residing outside city limits.
 - c. Parents that are involved in Parent Partnership (proposed as Service 10) need to be included in the Consumer Demographics and total number of unduplicated individuals to be served.

Action Required: Complete all fields for the Consumer Demographics with accurate information.

Demographic Info	# of Unduplicated Individuals
Residence	
Boone County (includes City of Columbia residents)	
City of Columbia	
Other Counties	
Residence Total:	
Race	
White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native (alone)	
Native Hawaiian or other Pacific Islander (alone)	
Some other Race	
Race Total:	
Ethnicity	
Hispanic or Latino (of any race)	
Not Hispanic or Latino	
Ethnicity Total:	
Gender	
Female	
Male	
Gender Total:	
Income	
At or below 200% of Federal Poverty Level	
Over 200% of Federal Poverty Level	
Income Total:	
Age	

Infant/Toddler (birth – 2 years)	
Preschool (3 years – 5 years)	
School Age (6 years – 11 years)	
Middle School (12 years – 14 years)	
High School (15 years – 19 years)	
Parent/Guardian (19 years and younger)	
Parent/Guardian (20 years and older)	
Age Total:	

6. The Program Access narrative mentions that there is a sliding fee scale, scholarships, and DSS state child care assistance funding available to remove financial barriers for families.

Action Required: Provide clarification on whether the child care subsidy can be used for both after-school programming and during the summer. If not, why?

7. The Program Quality section provides references for the Character and Citizenship and PhotoVoice programs that are dated 1992 and 1999. These programs have been funded in the past and should have more recent data.

Action Required: Provide more recent data and/or articles that support the efficacy of these services.

8. There is a MOU with Columbia Center for Urban Agriculture provided. The MOU does not explain whether funds from the Boone County Children's Services (BCCS) Fund will be distributed to CCUA for the project being implemented through Boys and Girls Club.

Action Required: Provide information on whether funds from this proposal will be distributed to CCUA to provide "Improving Mental and Physical Health of Food Insecure Children through Hands on Nutrition Intervention".

9. The salary range for the Parent Engagement Coordinator seems high for the minimum qualifications compared to the Licensed Clinical Social Worker, Operations Director, and Program Director.

Action Required: Provide clarification on why the salary range is higher than the other three positions.

10. The Personnel Table does not list the Executive Director as having time directed towards this program.

Action Required: Provide clarification on the FTE amount for the Executive Director and whether requested funds contribute towards their salary. Provide information on the programming responsibilities of the Executive Director.

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11. The amount entered that is received from Heart of Missouri United Way (HMUW) is far less than what is contracted.

Action Required: Provide clarification on the actual amount contracted from HMUW for program services. Provide information on how funds are utilized for program services. These funds would be an excess of revenues compared to the total program expenses.

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12. The amount entered for Boone County – Children’s Services Funding (2A) does not match the requested amount for Year 1. The difference between the budgeted amount and the requesting amount is \$127,806 but the expenses do not show the need for this excess of funding. The expenses equal the total program revenues listed in the budget, without the additional \$127,806.

Action Required: Provide clarification on why an additional \$127,806 is being requested to BCCS and how these funds will be utilized. The number of unduplicated individuals to be served does not appear to be increasing and the program is proposing fewer total number of units compared to the current contract.

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13. The Program Budget does not list any revenues from the City of Columbia. If funds are received from the City for this program, they must be included in the budget.

Action Required: Provide information on all the revenues received from the City of Columbia and any other funding sources for the After-School and Summer program.

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14. The Program Budget lists MO BGC Alliance as a revenue source but does not explain how funding is used for program services. This source was also listed under State funding.

Action Required: Provide clarification that describes how MO BGC Alliance funds are utilized for program services. Provide clarification on how this is tied to State Government or provide the correct type of funding source (direct support vs. government contracts/supports).

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15. Funding from the national Boys and Girls Club is not listed in the Program Budget.

Action Required: Provide information on whether Boys and Girls Club of Columbia Area receives program funding from their national office. If so, provide information on how funds support program services.

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Program Services Form (1-5)	
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16. Due to the complexity of tracking service levels and performance measures in an out of school program environment, the Boone Impact Group plan to add "Out of School Programming" as a service in the *Taxonomy of Services*, with the following definition:

Provides children in grades K – 12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before school, after school, weekends, and/or during seasonal breaks (e.g. summer). This service must include at least two other related services from the *Taxonomy of Services*.

The unit measure for the Out of School Programming service will be "one hour". Providers will be allowed to capture related services, as approved by the County, as part of the global Out of School Programming service unit measure. Therefore, providers can simply track the time spent in the program as the base measure. The related services must be indicated and outlined in the Out of School Programming service description and reflected in the Performance Measures.

The County and City plan to drop Tutoring from the *Taxonomy of Services* and add the following services:

- Academic Instruction – differentiated, curriculum-based instruction provided in a group or individual (tutoring) setting by a qualified professional to increase individual student achievement, as measured by grade-level benchmarks and standards from the student's primary source of education.
- Academic Support – Supplementary assistance with educational concepts and tasks (homework).
- Academic Enrichment – Curriculum-based activities intended to engage students in learning and increase skills and knowledge in subject matter.

The County will require that at least one of the services includes a social-emotional component.

With regard to this program proposal, the following services will be allowed to be included as sub-activities of the Out of School Programming service:

- Academic Support
- Academic Enrichment
- Positive Youth Development
- Physical Activity
- Career Exploration
- Health Education
- Cultural Enrichment
- Congregate Meals

The proposal bundled services and did not adhere to the *Taxonomy of Services*. Based on the information provided in the proposal, services will need to be provided in the following order and with the correct outputs, funding request, and performance measures associated to that service.

Service #	Service Name	Notes
1	Out of School Programming	See list of sub-activities above. These activities will include the following proposed services/activities: <ul style="list-style-type: none"> • All activities mentioned in proposed Service 1 • All activities mentioned in proposed Service 2 (except "Million Hours of Service")
2	Parent Partnership	Time spent encouraging families to attend events and programming activities
3	Family Education	Activities described through the Family Plus model
4	Social/Emotional Screening	Depending on clarification response
5	Behavioral Health Assessment	Depending on clarification response
6	Support Groups	Depending on clarification response
7	Individual Therapy – Child or Behavioral Support Services	Depending on clarification response
8	Case Management	
9	Positive Youth Development	Only includes time/costs of youth going to volunteer sites.

Proposed Service 4 will be excluded as a separate service since training is only provided to organizational staff.

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Service 1 – Out of School Programming

17. Service 1 needs to be listed as “Out of School Programming” and include all related services listed in the *Taxonomy of Services*. Clarification #16 listed services that could be identified as sub-activities. This would include services listed in your proposal under Service 2.

Action Required: Complete the ‘Service Change Chart’ for Service 1. Provide information below on all related sub-activities and a clear description of how it is implemented through the Out of School Programming.

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18. The outputs need to be completed for Out of School Programming. The unit measure for the Out of School Programming service will be “one hour”. Providers will be allowed to capture related services, as approved by the County, as part of the global Out of School Programming service unit measure. Therefore, providers can simply track the time spent in the program as the base measure. The following issues were noted and need to be corrected in the updated outputs:

- Outputs need to be provided for the entire program service, regardless of funding.
- The proposed unit rate for Service 1 increased from \$4.53 to \$6.52 and Service 2 increased from \$5.13 to \$7.02. Unit rates for program services should be consistent, regardless of the funding source.
- The justification for the unit rate does not provide sufficient information.
- The number of units to be provided does not seem to have increased significantly regardless of programming being added to Saturdays.

Action Required: Complete the Outputs section on the ‘Service Change Chart’ for Service 1. Provide sufficient information on how the unit rate was established and whether it is the same unit rate used for all funding sources. Please provide your best and final offer.

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19. The funding request amount is higher but the number of units to be provided is lower than the current contract. Review the table below for a comparison of the proposed Service 1 & Service 2:

	Current Amount	Current # of Units	Proposed Amount	Proposed # of Units
Service 1	\$74,776.71 (\$4.53/Hour)	16,507	\$97,800.00 (\$6.52/Hour)	15,000
Service 2	\$84,680.91 (\$5.13/Hour)	16,507	\$105,300.00 (\$7.02/Hour)	15,000

Action Required: Complete the 'Service Change Chart' for Service 1 to reflect the total number of units from all the sub-activities and a new unit rate. We would anticipate that the response would be reflective of your current work. Please provide your best and final offer. Provide any questions or comments below.

20. The Funding Request explains that multiple funding sources are covering units of service that are not covered by BCCS.

Action Required: Provide specific information on this funding source and what they are covering with the new proposed (updated) services.

21. Program Performance measures need to be updated for the new, combined Service 1. These should include the sub-activities that are listed under Out of School Programming and performance measures provided in the proposal for Service 1 and 2.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for the new Service 1. Provide any questions or comments in the field below.

Service 2 – Parent Partnership

22. The description for proposed Service 3 stated that Parent Partnership and Family Education was included for the proposed service activities. The revised Service 2 will only include activities described under Parent Partnership in the proposal. Activities for Service 2 will include:

“Parent Partnership will include parent involvement in programming including collecting parent attendance and participation at football games, basketball games and tournaments, dance recitals, parade participation with the BGC High Steppers, Photovoice final showcases, art exhibits, etc. We feel it is crucial to recognize and encourage parent participation at all youth events.”

Action Required: Complete the 'Service Change Chart' for Service 2 for activities described

above. Provide any comments or questions below.

23. Outputs need to be updated to only include activities for Parent Partnership. The following issues were noted and need to be corrected in the updated outputs:

- Outputs need to be provided for the entire program service, regardless of funding source.
- The proposed unit rate for Service 3 increased from \$5.13 to \$9. Unit rates should be consistent, regardless of the funding source.
- The justification for the unit rate does not provide sufficient information.

Action Required: Complete the Outputs section on the 'Service Change Chart' for Service 2 – Parent Partnership. Provide sufficient information on how the unit rate was established and clarification that this rate will be utilized for the City as well. Please provide your best and final offer.

24. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the 'Service Change Chart' for Service 2 – Parent Partnership. We expect your best and final offer. Provide any comments or questions below.

25. The Funding Request explains that multiple funding sources are covering units of service that are not covered by BCCS.

Action Required: Provide specific information on the funding sources covering the additional (updated) units of service.

26. Program Performance measures need to be updated for Service 2– Parent Partnership to reflect only Parent Partnership activities.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for Service 2– Parent Partnership.

Service 3 – Family Education

27. The description for proposed Service 3 stated that Parent Partnership and Family Education was included for the proposed service activities. The revised Service 3 will only include activities described under Family Education in the proposal. Activities for Service 2 will include:

“Family Education will occur through our implementation of BGC’s Family PLUS (Parents Leading, United, Service) model. This model is used by other BGC’s throughout the country for the purpose of increasing family support into the Club’s programming efforts. Key strategies include: Kinship Care—Kinship care includes providing knowledge and resources to extended family members (grandparents, aunts, uncles, cousins, foster parents, etc.) who have assumed the role of primary caregiver; Father Involvement—Clubs provide support and promotion through programs, activities, training and services to help increase the positive involvement of fathers in the lives of their children; Economic Opportunity – Clubs empower families by helping parents and caregivers increase their level of education, find and keep jobs, improve their earnings, build savings and establish credit; Outreach Strategies – Clubs build their capacity to effectively recruit and retain the involvement of new populations of diverse parents and caregivers who are often underserved in Clubs through a Family Advocacy Network (FAN). These strategies will all incorporate a theme of mental wellness by offering stress management programs throughout, thus supporting the chronic toxic stress factors that impact the overall well being of families.”

Action Required: Complete the ‘Service Change Chart’ for Service 3 for activities described above. Provide any comments or questions below.

--

28. Outputs need to be updated to only include activities for Family Education. The following issues were noted and need to be corrected in the updated outputs:

- Outputs need to be provided for the entire program service, regardless of the funding source.
- The proposed unit rate for Service 3 increased from \$5.13 to \$9. Unit rates should be consistent regardless of the funding source.
- The justification for the unit rate does not provide sufficient information.

Action Required: Complete the Outputs section on the ‘Service Change Chart’ for Service 3. Provide sufficient information on how the unit rate was established and whether this unit rate is consistent across funding sources. Please provide your best and final offer.

--

29. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the ‘Service Change Chart’ for Service 3. Please provide your best and final offer. Provide any comments or questions below.

--

30. The Funding Request explains that multiple funding sources are covering units of service that are not covered by BCCS.

Action Required: Provide specific information on the funding sources covering the additional (updated) units of service.

--

31. Program Performance measures need to be updated for Service 3 to reflect only Family Education activities.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for Service 3.

--

Service 4 – Social/Emotional Screening

32. The description for proposed Service 5 included Social Emotional Screenings with Group Therapy – Child. Sufficient information on the screenings administered was not provided in order to make a decision to add as a separate service.

Action Required: Provide detailed information on the type of screening being provided and the frequency.

--

33. Add Social/Emotional Screenings as a service. Depending on the response from clarification question #32. If the screening is only used as an intake for another service, it should not be included as a separate service.

Action Required: Complete the 'Service Change Chart' for Service 4. Provide the service description from #32 in 'Service Change Chart'.

--

34. Provide the outputs for Social/Emotional Screenings. The unit measure should be "one screening". The number of units should equal the number of times the screening is administered. The unit rate should reflect the cost of the screening tools and staff time to screen and analyze results.

Action Required: Complete the Outputs section on the 'Service Change Chart' for Service 4. Provide information below on how the outputs were determined.

--

35. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the 'Service Change Chart' for Service 4. We expect your best and final offer. Provide any comments or questions below.

--

36. Program Performance measures need to be updated for Service 4 to reflect only Social/Emotional Screenings. The proposed performance measures lack a sufficient number of outcomes and indicators.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for Service 4.

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Service 5 – Behavioral Health Assessment

37. The description for proposed Service 6 included Behavioral Health Assessments with Individual Therapy – Child and Case Management. Each of these services need to be listed separately. Service 5 will be listed as Behavioral Health Assessments but needs further information on the type of assessments being administered and the frequency.

Action Required: Complete the 'Service Change Chart' for Service 5 and provide sufficient information on the type of assessments being provided. Provide any comments and/or questions below.

--

38. Provide the outputs for Behavioral Health Assessments. The unit measure should be "one assessment". The number of units should equal the number of times the assessment is administered. The unit rate should reflect the cost of the assessment tools and staff time to assess and analyze results.

Action Required: Complete the Outputs section on the 'Service Change Chart' for Service 5. Provide information below on how the outputs were determined.

--

39. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the 'Service Change Chart' for Service 5. We expect your best and final offer. Provide any comments or questions below.

--

40. Program Performance measures need to be updated for Service 5 to reflect only Social/Emotional Screenings. The proposed performance measures lack a sufficient number of outcomes and indicators.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for Service 5.

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Program Services Form (6-10)	
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Service 6 – Support Groups

41. Service 5 on the proposal combined Group Therapy – Child with the Social/Emotional Screenings. After reading the proposed service description, Group Therapy – Child needs to be listed as "Support Groups". Mindful Living and Positive Action appears to align with Support Group activities in addition to MSW students leading the activity. Boone County does not see bachelor level students qualified to lead actual Group Therapy – Child.

Action Required: Complete the 'Service Change Chart' to include Support Group activities. The description from the proposed service can be used to describe the service being provided. Provide any comments/questions below.

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42. Provide the outputs for Support Groups. The unit measure should be 15 minutes or one hour.
Action Required: Complete the Outputs section on the 'Service Change Chart' for Service 6. Provide information below on how the outputs were determined.

--

43. The Funding Request amount needs to be updated to reflect output changes.
Action Required: Complete the 'Service Change Chart' for Service 6. Please provide your best and final offer. Provide any comments or questions below.

--

44. Program Performance measures need to be updated for Service 6 to reflect only Support Groups. The proposed performance measures lack a sufficient number of outcomes and indicators.
Action Required: Complete the Performance Measures section on the 'Service Change Chart' for Service 6.

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Service 7 – Individual Therapy - Child

45. Service 6 combined Individual Therapy – Child with Behavioral Health Assessment and Case Management but needs to be separated out. After reviewing the proposed service description, it appears that adequate supervision is provided to the MSW students by the Licensed Clinical Social Worker. Individual Therapy – Child appears to be the appropriate service name for the activity level being provided. Depending on the clarification response, the service name may need to be negotiated to Behavioral Support Services.
Action Required: Complete the 'Service Change Chart' for Service 7 as Individual Therapy – Child. Provide further information on how supervision is provided to MSW students. Provide more specific information on the "intense on-site counseling" that is provided. Provide information on any evidence-based practices utilized during counseling sessions.

--

46. There is concern on the use of practicum students providing therapeutic services. Most practicum students complete their hours within one semester. How do students respond to the turn-over of practicum students for therapeutic services?

Action Required: Provide clarification on how student turn-over is handled for Individual Therapy – Child and the effect this has on a students’ progress in managing negative behaviors.

47. Provide the outputs for Individual Therapy - Child. The unit measure should be 15 minutes or one hour.

Action Required: Complete the Outputs section on the ‘Service Change Chart’ for Service 7. Provide information below on how the outputs were determined.

48. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the ‘Service Change Chart’ for Service 7. We expect your best and final offer. Provide any comments or questions below.

49. The proposal listed Parent Pre-Post CADBI as a method of measurement for Service 6. The proposal does not provide information on the CADBI

Action Required: Provide information on the CADBI and the type of outcomes and indicators that can be gathered with this tool. Provide information on the frequency this method of measurement is utilized.

50. Program Performance measures need to be updated for Service 7 to reflect only Individual Therapy - Child. The proposed performance measures lack a sufficient number of outcomes and indicators.

Action Required: Complete the Performance Measures section on the ‘Service Change Chart’ for Service 7.

Service 8 – Case Management

51. Service 6 on the proposal listed Case Management with Behavioral Health Assessment and Individual Therapy – Child but needs to be listed separately. Activities will include the development of the treatment plan, providing referrals for further treatment, and/or time spent coordinating services for children identified as needing additional support to address negative

behaviors. The proposed service description lacked specific information on case management activities.

Action Required: Provide specific information on Case Management in the 'Service Change Chart' for Service 8. Provide any comments and/or questions below.

52. Provide the outputs for Case Management. The unit measure should be 15 minutes or one hour. *Action Required:* Complete the Outputs section on the 'Service Change Chart' for Service 8. Provide information below on how the outputs were determined.

53. The Funding Request amount needs to be updated to reflect output changes. *Action Required:* Complete the 'Service Change Chart' for Service 8. We expect your best and final offer. Provide any comments or questions below.

54. Program Performance measures need to be updated for Service 8 to reflect only Case Management. The proposed performance measures lack a sufficient number of outcomes and indicators.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for Service 8.

Service 9 – Positive Youth Development

55. The proposal mentioned the "Million Hours of Service" in Service 2. This activity needs to be listed separately as "Positive Youth Development" since different groups are sent out in the community to volunteer. Not all youth in the program volunteer at the same time. The service description lacked sufficient information for the type of activity being provided. This is the only activity that will be included in this service. Other Positive Youth Development activities have already been listed in Service 1 through Out of School Programming.

Action Required: Provide specific information on Positive Youth Development in the 'Service Change Chart' for Service 8. Provide any comments and/or questions below.

56. Provide the outputs for Positive Youth Development. The unit measure should be 15 minutes or one hour.

Action Required: Complete the Outputs section on the 'Service Change Chart' for Service 9. Provide information below on how the outputs were determined.

57. The Funding Request amount needs to be updated to reflect output changes.

Action Required: Complete the 'Service Change Chart' for Service 9. We expect your best and final offer. Provide any comments or questions below.

58. Program Performance measures need to be updated for Service 9 to reflect only Case Management. The proposed performance measures lack a sufficient number of outcomes and indicators.

Action Required: Complete the Performance Measures section on the 'Service Change Chart' for Service 9.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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59. An attachment is provided to submit your the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #1 – Taxonomy of Service Name: Out of School Programming (including:)			
Service #1 – Taxonomy Definition of Service: Provides children in grades K – 12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before school, after school, weekends, and/or during seasonal breaks (e.g. summer). This service must include at least two other related services from the <i>Taxonomy of Services</i> .			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #2 – Taxonomy of Service Name: Parent Partnership			
Service #2 – Taxonomy Definition of Service: Actively coordinates parents and organizational staff to work together to support and improve the learning, development, and health of the child(ren).			
Provide a detailed description of the proposed service: Parent Partnership will include parent involvement in programming including collecting parent attendance and participation at football games, basketball games and tournaments, dance recitals, parade participation with the BGC High Steppers, Photovoice final showcases, art exhibits, etc. We feel it is crucial to recognize and encourage parent participation at all youth events			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #3 – Taxonomy of Service Name: Family Education			
Service #3 – Taxonomy Definition of Service: Develops communication and coping skills with the goal of strengthening family relationships.			
<p>Provide a detailed description of the proposed service: Family Education will occur through our implementation of BGC's Family PLUS (Parents Leading, United, Service) model. This model is used by other BGC's throughout the country for the purpose of increasing family support into the Club's programming efforts. Key strategies include: Kinship Care—Kinship care includes providing knowledge and resources to extended family members (grandparents, aunts, uncles, cousins, foster parents, etc.) who have assumed the role of primary caregiver; Father Involvement—Clubs provide support and promotion through programs, activities, training and services to help increase the positive involvement of fathers in the lives of their children; Economic Opportunity – Clubs empower families by helping parents and caregivers increase their level of education, find and keep jobs, improve their earnings, build savings and establish credit; Outreach Strategies – Clubs build their capacity to effectively recruit and retain the involvement of new populations of diverse parents and caregivers who are often underserved in Clubs through a Family Advocacy Network (FAN). These strategies will all incorporate a theme of mental wellness by offering stress management programs throughout, thus supporting the chronic toxic stress factors that impact the overall well being of families.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #4 – Taxonomy of Service Name: Social/Emotional Screening			
Service #4 – Taxonomy Definition of Service: Identifies if a child is at risk for social emotional delays, problem behaviors, and potential mental health concerns.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #5 – Taxonomy of Service Name: Behavioral Health Assessment			
Service #5 – Taxonomy Definition of Service: Assessment by a qualified mental health professional of an individual's history, mental health and functioning with the purpose of establishing a treatment plan and/or diagnosis.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #6 – Taxonomy of Service Name: Support Groups			
Service #6 – Taxonomy Definition of Service: Group meetings for individuals who share a common problem to share and provide experiences, support, information, and resources.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #8 – Taxonomy of Service Name: Case Management			
Service #8 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Boys and Girls Club of Columbia			
Program Name: After-School and Summer Programming			
Service #9 – Taxonomy of Service Name: Positive Youth Development			
Service #9 – Taxonomy Definition of Service: Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

[illegible]

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Total Amount Requested to Boone County:		

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Boys & Girls Clubs of Columbia Area

DBA:**Federal EIN Number:**

43-1762116

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1200 N. 7th Street

City

Columbia

State

Missouri

County

Boone

Zip

65201-4514

Organization Phone Number:

573-874-1697

Website:

<http://www.bgc-Columbia.org>

Head of Organization

Valorie Livingston

Head of Organization Phone:

573-874-1697

Address

1200 N. 7th Street

City

Columbia

State

Missouri

County

Boone

Zip

65201-4514

Organization Fax Number:

573-874-0681

Email:

valorie@bgc-Columbia.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

valorie@bgc-Columbia.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:**Local Organization Fax:**

Address
City
State
County
Zip

Local Contact Name:

Local Contact Email:

Address
City
State
County
Zip

Local Contact Title:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose): **Provide your organization's mission statement. (600 character limit)**
The mission of the Boys & Girls Clubs of Columbia is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens of our community.
We are part of a nationwide Movement of community-based, autonomous organizations of Boys & Girls Clubs of America (BGCA) which offers proven and nationally recognized after-school and summer programs that provide the knowledge, skills, and attributes young people need to become self-sufficient adults and pursue their dreams.

Organization History: **Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**
The Boys & Girls Clubs of Columbia was chartered in 1997 in a core city location. It has grown from serving 150 youth in the club's initial cramped space to serving 600 youth in 2014, 788 in 2015, and 879 in 2016. Capacity growth is due to a 9,000 sq. ft. expansion in 2012, the opening of a Club at Alpha Hart Lewis Elementary School, in Spring 2014 our third location was opened as a Ridgeway Teen Center, and a second school Club opened at Battle Elementary School in Fall 2015. Our capital campaign to expand the main site by 10,000 sq. ft. will be complete in fall of 2017 to serve more youth.

Brief Statement of Organization's Major Goals: **Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**
The Boys & Girls Clubs Movement has adopted the Formula for Impact, a research-based theory of change that describes how individual Clubs and the Movement can increase our impact on the young people of America. Its long term goals are:
Academic Success: Graduate from high school ready for college, trade school, military or employment
Good Character and Citizenship: Be an engaged citizen involved in the community, register to vote, and model strong character
Healthy Life Styles: Adopt a healthy diet, practice healthy lifestyle choices, and make a lifelong commitment to fitness

Articles of Incorporation: **Articles of Incorporation (MUST BE IN PDF FORMAT)**
/document/download/filename/1442929253_30405_ArticlesofIncorporation.pdf/

Provide a copy of the organization's Articles of Incorporation.

Bylaws: **Bylaws (MUST BE IN PDF FORMAT)**
/document/download/filename/1468532334_34051_BGCByLaws.pdf/
Provide a copy of the organization's Bylaws.

Organizational Chart (must be for the entire organization): **Organizational Chart (MUST BE IN PDF FORMAT)**
/document/download/filename/1487344784_30406_OrganizationChart.docx/

Strategic Plan: **Strategic Plan (MUST BE IN PDF FORMAT)**
/document/download/filename/1500491686_42846_BGCColumbiastrategicplan7814.docx/

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
The Club serves members from various neighborhoods due to bus and van pick-up at 13 schools.
The Club's main site and Ridgeway Teen Center are in the 1st Ward. It is the city's most mixed ward in ethnicity, income, and education due to its proximity to the University and the downtown area in contrast to its adjacent low income neighborhoods. 1st

Ward data shows a high minority presence: with 27% African American, 7% Hispanic; low income levels: 56% are at or below \$25,000 a year vs. 32% for the city; and education: 6% lack a HS diploma and 37% have only a HS diploma vs. 16% for the city.

Population Served:

Briefly describe the population(s) served by your organization. (600 character limit)

The Clubs seek to serve the children who need us most. The general profile is that they are African American or biracial, from families headed by single parents, with the majority being mothers. While many of the parents work, it is generally in low wage jobs and/or part-time work. The resulting stress and lack of resources experienced in the families is often reflected in the child's inability to learn at the expected levels, beginning in Kindergarten and carrying through unless appropriate interventions occur. This can lead to behavior challenges for the child, the families, and the school.

Conflict of Interest Policy:

Does your organization have a written Conflict of Interest policy?

yes

Whistleblower Policy:

Does your organization have a written Whistleblower policy?

yes

Business Continuity Plan:

Does your organization have a written Business Continuity plan?

yes

Records Retention Policy:

Does your organization have a written Records Retention policy?

yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

2 consecutive 3 year terms, longer if on Exec

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Drew Smith	Secretary	09/13/2016	09/10/2019	901 E Broadway, Columbia, MO 65201		Added on 09/16/2016
Beth Stubbs	Vice President	01/01/2016	01/01/2018	700 N Providence, Columbia, MO 65202		Added on 01/11/2017
Dennis Palmer	Board Member	01/01/2015	12/31/2017	3660 S Scott Blvd. Columbia, MO. 65203		Added on 07/05/2017
Kevin Czaiki	Program Chair	01/01/2017	12/31/2019	625 Cherry St., Columbia, MO 65201		Added on 05/18/2015
Jake Jolley	RD Committee	01/01/2017	12/31/2019	1800 Westfall Dr., Columbia, MO 65202		Added on 05/18/2015
Jennifer Bach	President	01/01/2016	12/31/2018	1 Ray Young Dr., Columbia, MO 65201		Added on 05/18/2015
Jay Alexander	President Elect	01/01/2016	12/31/2018	P.O. Box 1867, Columbia, MO 65205		Added on 05/18/2015
Laura Erdel	Resource Development	01/01/2016	12/31/2018	2605 Vistaview Dr. Columbia, MO 65203		Added on 01/11/2017

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Brian Richenberger	Board Member	01/01/2015	12/31/2017	4705 Newcastle Dr, Columbia, MO. 65201	✓	Added on 01/11/2017
Chuck Bowman	Board Member	01/01/2016	12/31/2018	111 E Bdwy Ste 100, Columbia MO 65203	✓	Added on 01/11/2017
Joe Miller	Advisory Board Chair	01/01/2015	12/31/2017	901 E. Broadway, Columbia MO 65201	✓	Added on 05/18/2015
Matt Moore	Past President	01/01/2016	12/31/2018	1817 W. Broadway, Columbia 65218	✓	Added on 05/18/2015
Jewell Simms	Board Member	08/09/2016	08/13/2019	1400 Veterans United Dr., Columbia, MO 65203	✓	Added on 09/16/2016
Wally Pfeiffer	Marketing Chair	01/01/2015	12/31/2017	910 N. College, Suite 5, Columbia, MO 65201	✓	Added on 05/18/2015
Stacey Smith	HR Committee	01/01/2016	12/31/2018	1817 W Broadway, Columbia, MO. 65218	✓	Added on 01/06/2016
Clayton Thompson	RD Committee	01/01/2016	12/31/2018	3210 Bluff Creek Dr., Columbia, MO. 65201	✓	Added on 01/06/2016
Rebecca Knipp	Exec Comm Treasurer	01/01/2016	12/31/2018	2005 W. Broadway, Ste. 100, Columbia, MO 65203	✓	Added on 05/18/2015

Total Active Links:17, Total Deactivated Links:12, Current Active Links:17, Current Deactivated Links:12

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Notes

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

01/01/2017- 12/31/2017

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1431943849_29953_BGC_501_C_3_Form-2.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1499271959_29954_2016Audit.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1500491431_29955_2016BGCClub990Form.pdf/

Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Financial Oversight: The Board's financial oversight is provided by the Financial Committee, in cooperation with the Treasurer. Their function is to assure that financial records are maintained according to generally accepted accounting methods, that reports are submitted to them monthly, which they review and then submit to the board at its monthly meeting. They oversee the choice of the firm that undertakes an annual audit and preparation of the 990 and they review the audit when submitted. They advise the Executive Director on financial matters.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation					Link Info	
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Total Active Links:0, Total Deactivated Links:3, Current Active Links:0, Current Deactivated Links:3						

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Text

Accreditation 2:

Text

Accreditation 3:

Text

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other

applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1472665725_32839_Org.BudgetTemplate_For_Apricot_Upload_16-17_ReviewTeam.xlsx/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1476740355_32678_2016InsuranceCertificate.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473804387_32841_B%26GC.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473804387_32847_B%26GC.pdf/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Boys & Girls Clubs of Columbia Area	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 07/05/2017
2017 Health RFP (Review ends 03/24/2017 5:00 PM CDT)	Boys & Girls Clubs of Columbia Area	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018		Added on 01/28/2017
Children's Services Fund - POS RFP #25-15JUN15 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	Boys & Girls Clubs of Columbia Area	Children's Services Fund - POS	Boone County	RFP #25-15JUN15		Added on 05/18/2015

Total Active Links:3, Total Deactivated Links:0, Current Active Links:3, Current Deactivated Links:0

System Fields

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Boys & Girls Clubs of Columbia Area

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Great Futures Start Here

Amount of Request

\$377,806.00

County-Children's Services - Service Type (check all that apply)

Prevention programs which promote healthy lifestyles among children and youth and strengthen families
Individual, group, or family professional counseling and therapy services

Program Information

Program Website (will default to Organization website)

<http://www.bgc-columbia.org>

Address

1200 N. 7th Street

City

Columbia

State

Missouri

County

Boone

Zip

65201-4514

Program Administrator Name

Valorie Livingston

Phone Number

573-874-1697

Address

1200 N. 7th Street

City

Columbia

State

Missouri

County

Boone

Zip

65201-4514

Program Administrator Title

Executive Director

Email

valorie@bgc-columbia.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1499693802_30421_2017OrgAssurAttachA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1499693802_30420_2017CertificationAttachB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500402535_30419_2017WorkAuthAttachC.pdf/

Signed Addendums

/document/download/filename/1500402290_30418_MHGrantAddendums.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Boys & Girls Clubs of Columbia Area	1200 N. 7th Street	Valorie Livingston	<input checked="" type="checkbox"/>	Added on 07/05/2017
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0				

Federal EIN Number (will auto-populate)

43-1762116

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Valorie Livingston
Printed Name - Organization Executive Director/President/CEO

7-5-17
Date

Valorie Livingston
Signature - Organization Executive Director/President/CEO

7-5-17
Date

Jennifer Bach
Printed Name - Organization Board Chair

Date

Jennifer Bach
Signature - Organization Board Chair

7-5-17
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Valorie Livingston, Executive Director
Name and Title of Authorized Representative

Valorie Livingston 7-5-17
Signature Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

My name is Valorie Livingston I am an authorized agent of Boys & Girls Clubs of the Columbia Area (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

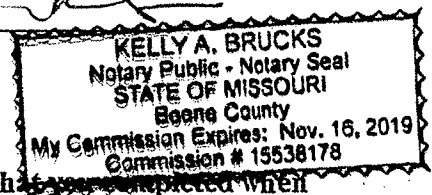
Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Valorie Livingston 7/5/17
Affiant Date

Valorie Livingston
Printed Name

Subscribed and sworn to before me this 5th day of July, 2017.

Kelly A. Brucks
Notary Public



Attach to this form the E-Verify Memorandum of Understanding that was completed when enrolling.

E-Verify Employment Eligibility Verification

Case Administration[Initial Verification](#)[View Cases](#)**User Administration**[Change Password](#)[Pwd Challenge Q&A](#)[Change Profile](#)**Site Administration**[Add User](#)[View Users](#)[Maintain Company](#)[Terminate Company](#)[Participation](#)**Reports**[View Reports](#)**Company Information****Company Name:**Boys & Girls Clubs of the
Columbia Area[View / Edit](#)**Company ID Number:****Physical Location:****Address 1:**

1002 Fay Street

Address 2:**City:**

Columbia

State:

MO

Zip Code:

65201

County:

BOONE

Mailing Address:**Address 1:****Address 2:****City:****State:****Zip Code:****Organization Designation:****Employer Category:**None of these categories
apply**NAICS Code:**

624 - SOCIAL ASSISTANCE

[View / Edit](#)**Total Hiring Sites:**

1

[View / Edit](#)**Total Points of Contact:**

2

[View / Edit](#)



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Company ID Number: 255552

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and ~~Boys & Girls Clubs of the Columbia Area~~ (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).



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4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative



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nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-454-4213.

If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.



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6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo-screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.B.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking

E-Verify



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adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(i)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of any participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as

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authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and, as necessary, to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)); and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the



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~~contract within 90 calendar days after date of contract award or within 30 days after assignment~~
to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any ~~assigned employee who has~~ previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.



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Company ID Number: 255552

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible

E-Verify



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



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To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4242.

Employer Boys & Girls Clubs of the Columbia Area

Livingston A Valorie

Name (Please Type or Print)

Title

Electronically Signed

09/22/2009

Signature

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

09/22/2009

Signature

Date



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Boys & Girls Clubs of the Columbia Area

Company Facility Address: 1002 Fay Street

Columbia, MO 65201

Company Alternate
Address:

County or Parish: BOONE

Employer Identification

Number: 1762116

North American Industry
Classification Systems

Code: 624

Parent Company:

Number of Employees: 5 to 9

Number of Sites Verified

for 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MISSOURI

1 site(s)



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 255552

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: Livingston A. Valorie

Telephone Number: (573) 874 - 1697

E-mail Address: valorie@bgc-columbia.org

Fax Number: (573) 874 - 0681

Name: Deronne Wilson

Telephone Number: (573) 874 - 1697

E-mail Address: deronne@bgc-columbia.org

Fax Number: (573) 874 - 0681

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name:

Boys & Girls Clubs of the Columbia Area

Address:

1200 N 7th St Columbia MO

Phone Number:

573-874-1697

Fax Number:

573-874-0681

E-mail:

valorie@bgc-columbia.org

Authorized Representative Signature:

Valorie Livingston

Date: 7-5-17

Authorized Representative Printed Name:

Valorie Livingston

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Boys & Girls Clubs of the Columbia Area

Address: 1300 N 7th St Columbia MO 65201

Phone Number: 573-874-1697 Fax Number: 573-874-0681

E-mail: valorie@bgc-columbia.org

Authorized Representative Signature: Valorie Livingston Date: 7-10-17

Authorized Representative Printed Name: Valorie Livingston



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: Boys + Girls Clubs of the Columbia Area

Address: 1200 N 7th St Columbia MO 65201

Phone Number: 573-874-1697 Fax Number: 573-874-0681

E-mail: valorie@bgc-columbia.org

Authorized Representative Signature: Valerie Livingston Date: 7-10-17

Authorized Representative Printed Name: Valerie Livingston

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Boys & Girls Clubs of Columbia Area
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Great Futures Start Here
Amount of Request	\$377,806.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The overall issue is to address mental wellness through prevention programs that promote healthy lifestyles among youth, strengthen families, and address recurring mental health behaviors that are detrimental to youth and their families. In addition, to promote wellness for staff and provide enhanced professional development to identify mental health youth behaviors, respond accordingly with programs, and prevent youth from being temporarily or permanently suspended from school or after school, summer, or weekend educational enrichment programs that support healthy youth development. Risk factors that impact youth in our community include: poverty, risky behaviors, lack of education to obtain living wage jobs, single family households, and the need for more social equity. Children living in neighborhoods with poverty rates higher than 30% (adjusted) have risen from 2006-2010 of 10.4% compared to 2011-2015 of 22.8%. K-12 School discipline incidents also rose 10% in 2016. Children cannot obtain a living wage job without appropriate education. 81.3% of black students compared to 92.6% of white students are on track to graduate Columbia high school in 4 years. MAP scores also reveal ethnicity academic variances in English Language Arts of 15.7% of black students scoring proficient or advanced compared to 66.9% of white students and Math scores of 9.7% of black students compared to 52.0% of white students. (BID). 1 in 3 families in Boone County are single family households. (HMUW).

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

There are 14,178 youth ages 5-17 living in poverty in the City of Columbia. Many of these youth do not have access to youth development opportunities or academic success due to lack of income, lack of family structure, and they are often exposed to risky behaviors that lead them to make negative decisions. According to the Missouri Economic Research and Information Center, Columbia has the highest cost of living in Missouri which means working parents struggle everyday to take care of their families and make ends meet. A Harvard Report published in the New York Times (2015) states that Boone County is among the worst ranked counties in the U.S. in helping poor children climb up the income ladder. More than 43% of Columbia Public School district youth qualify for Free/Reduced Price Lunch. According to MO Kids Count 2016 data; 3 outcome measures have worsened for

Missouri: Children under 18 living in poverty, Child abuse/neglect and family assessments, and children entering/re-entering state custody. In 2015 Boone County had 72.7% compared to the State average of 66.8% of Juvenile Law referrals. In 2015 Boone County reported 167 youth were emotionally, medically, physically, and subjected to neglect/abuse.(BID). BGC provides programs to directly address these issues and provide opportunities for youth to develop life skills and a healthy lifestyle in a safe environment from caring adults.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

To overcome risk factors by providing mental wellness through quality prevention programs in an affordable, safe, and positive place after school, during the summer, and on weekends led by highly trained staff in healthy lifestyles, good character, parent engagement, and on site counseling.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

We will provide youth development services to benefit youth and their families through 7 program services:

1. Healthy Lifestyle services will help Club members learn how to eat smart, keep fit, and form positive relationships.
2. Character and Citizenship services will increase resilience among youth, provide a voice of their concerns, encourage positive behaviors, and a way to give back to the community.
3. Parent Engagement services will provide effective strategies and best practices for reaching, supporting, and empowering families. Parent Engagement services will provide effective strategies and best practices for reaching, supporting and empowering parents to promote wellness and more fully support families overall.
4. Staff Development will provide knowledge about mental health symptoms, positive behavior management, leadership, stress management, and wellness strategies
5. Behavior Intervention Team will consist of an onsite Licensed Clinical Social Worker(LCSW), Master of Social Work(MSW) Practicum students, Bachelor of Social Work(BSW), and Policy Planning and Administration(PPA) students that will provide group behavioral health classes to address mental health concerns and behavior management.
6. Severe Behavior Intervention will be implemented by only the LCSW supervisor and MSW students to provide one to one counseling and family counseling services.
7. Data evaluation will be facilitated by the MU Disaster&Crisis Center and Program Dir for all program services

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Consumers will be youth Club members 6-18 yrs old, their parents, and the Boys & Girls Club staff. Club demographics by ethnicity are: 59% African American, 15% Caucasian, 20% Bi-Racial, and 6% other. Youth are required to fill out a membership application to collect data. Most of the youth are referred by other club members but some are referred by the Columbia Public School district, Juvenile Office, or the Columbia Police Department. Because of the wide age range we give priority re-enrollment to encourage youth to attend the program services for multiple years. Most of the youth vary in temperament, academic, and social skills. A number of them have behavior issues, at the club, at school, and at home, reflecting stress and unstable emotions.

The parents are primarily low income, single parent households, and are below the 200% poverty level. While a majority of the parents have completed high school, few have completed any post education or training. Parents need a safe and affordable place that provides youth enrichment opportunities after school, during the summer, and on weekends.

BGC staff are racially, culturally, and economically diverse. They include college graduates, college students, and high school students. A number have extensive history with the Club, as former members, or long term years of employment. Through personal experience and or professional dev. training, many BGC staff understand the risks and challenges that BGC youth often experience.

b. Why will these particular consumers be served? (1500 character limit)

Our mission is to serve all youth but especially those youth who need us most (at risk). At risk youth are identified by factors such as: poverty, lack of family structure, academic challenges, and behaviors. There is a direct correlation between poverty, education, crime and mental health. The programs developed by Boys & Girls Club embody the services required for mental health promotion outlined in the "Are the Children Well (2014)" report: "It is important to identify and address the needs of children at risk, while also improving the mental wellness supports and services available to all children". In the Collaborative for Academic, Social, and Emotional Learning(SEL) has been documented to be a very promising approach to reducing problem behaviors and promoting positive adjustments. The widely used framework for systematic Social and Emotional Learning (SEL) identifies five core competencies; self awareness, self management, responsible decision making, relationship skills, and social awareness. These youth need to learn resiliency skills that teach critical social-emotional control to enable them to calm themselves when angry, initiate friendships and resolve conflicts, make ethical and safe decisions, and contribute constructively to their community. SEL is also an integral part of youth achieving academic success. CASEL 2008

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

The challenge to serve fragile families who are living at or near the poverty level and lack family structure presents a lot of barriers that we have to overcome to provide services. Those barriers include communication, transportation, level of case management, disparity of racial and socioeconomic groups, and medication administration. The ability to serve more youth is also limited by our available resources.

d. Total number of unduplicated individuals to be served by the proposed program:

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

1978.56

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

500

City of Columbia

500

Other Counties

0

Residence Total

500

Record Lock

0

Race

White (alone)

75

Black or African American (alone)

295

Native American Indian or Alaskan Native

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

100

Some Other Race

30

Race Total

500

Ethnicity

Hispanic or Latino (of any race)

10

Not Hispanic or Latino

490

Ethnicity Total

500

Gender

Female

275

Male

225

Other

0

Gender Total

500

Income**At or below 200% of Federal Poverty Level**

375

Over 200% of Federal Poverty Level

125

Income Total

500

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

300

Middle School (12 years – 14 years)

100

High School (15 years – 19 years)

100

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

500

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)**Program Access****a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

Boys & Girls Club sites:

Main Site: 1200 N 7th Street; after school (Monday-Friday 3-9pm), summer(Monday-Friday 8am-5pm), and scheduled Saturdays(8am-5pm)

Ridgeway Site: 7 E Sexton Rd; after school (Monday-Friday 3-7pm), summer(Monday-Friday 8am-5pm)

Alpha Hart Lewis Site: 5801 Arbor Pointe Pkwy; after school (Monday-Friday 3-7pm)

Battle Elem Site: 2600 Battle Ave.; after school (Monday-Friday 3-7pm)

Derby Ridge Site: 4000 Derby Ridge Dr.; after school (Monday-Friday 3-7pm)

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

The Boys & Girls Clubs of Columbia are open to all youth 6-18 years of age. There is a sliding fee schedule that is used to determine the cost of membership based upon a family's income and ability to pay. Scholarships are offered to families that need assistance with payment and we also take

DSS state child care assistance funding. We would never turn away a child because they could not pay their membership fee. We are targeting to make sure the kids that need us most which are typically low income and need help overcoming barriers to participate in programs.

c. Will program consumers be charged a fee for the proposed program service(s)?

Yes

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

The program fee is based upon the actual cost to provide the programs, other similar community program service costs, the program costs of Boys & Girls Clubs across the State of Missouri.

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Yes

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

The sliding fee schedule was created to charge youth the appropriate program fee based upon the families income situation so that lower income families would pay less than upper income families. The schedule was determined from evaluating what the State of MO Division of Social Services traditional Child Care Eligibility Income Guidelines utilize and what other Boys & Girls Clubs across the State of Missouri utilize.

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

/document/download/filename/1499694068_40756_SLIDINGFEESCALETwoTiers.docx/

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

External requirements include that all staff and volunteers have an E-Verify and annual background check through the Family Care Safety Registry. All staff are required to complete online safety training through Praesidium Child Abuse and Neglect prevention and our National BGCA Leadership University program training. We also list education/certification requirements in our job descriptions for the different positions.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Best practices are provided and evaluated by Boys & Girls Club of America. Staff attend annual BGCA National trainings on all aspects of the organization. We meet twice a year with all of the Boys & Girls Clubs located in Missouri to share best practices and resources. Fiscally we hire a third party to conduct annual audits. We strategically recruit a diverse Board of Directors that can lead and support the organizational needs and direction of the Club.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

All programs utilize participation data and a method of measurement to evaluate program effectiveness and outcomes. We have a monthly Program Committee meeting that is chaired by a Board of Director along with community volunteers that evaluate, monitor, and review program information. BGCA also has a set of standards that all Clubs must meet to be a Chartered Club that is reported and reviewed annually.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

Several evidence based programs will be utilized and are cited:

Healthy Lifestyles programs: Gambone,Michelle,et al.(2009) Promoting Healthy Lifestyles: The Impact of Triple Play on Healthy eating, Exercise, and Development Outcomes.

Character & Citizenship programs: St. Pierre,Tena L., D. Lynne Kaltreider, Melvin M. Mark, and Kathryn J Aikin(1992) Smart Leaders; Drug Prevention in a Community Setting.

What Works Clearinghouse (U.S. Dept.of Educ. 2015) Positive Action: Improving academics, behavior, and character.

Wang and Burris (1999) Photovoice Picturing Resilience

Mannes,M. Lewis, S., & Streit, K. (2005) Deepening Impact Through Quality Youth Development Strategies & Practices (MN Search Institute)

McLean, K.,et al(2010) Constructing Self in Early, Middle, and Late Adolescent Boys

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

This program will collaborate and sub-contract with experts in the identified program services to provide services, training, and support which will enhance the quality of the program and increase the impact of the outcomes. Those partnerships include the MU Disaster & Crisis Center(DCC), Columbia Center for Urban Agriculture(CCUA), several professional development companies (ClearVision, New Chapter Coaching, and Boys & Girls Clubs of America(BGCA).

This program is unique because it is offering a variety of mental health strategies all at one location. Providing all services at the Club overcomes the barrier of access, transportation, and is considered a safe environment without the stigma that can be associated with mental health counseling because they are already here and have established relationships with the Club staff so there is already a level of trust. This program is also unique in that the youth will attend the Club for up to 12 years (K-12th grade) so there is a long term access to services.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Monthly meetings with all key Club staff members will be held to discuss and evaluate program services. The Board of Directors Program Committee meets monthly to review all program information. Weekly meetings will be held with the LCSW, LMSW, MSW, and BSW students and key Club staff members to discuss Behavior Intervention needs and strategies for improvement. All programs will include methods of measurements to determine program effectiveness and satisfaction surveys to collect feedback. Quarterly meetings will be held with program partners to evaluate program information and make necessary changes. The Program Director, LCSW, and the Operations Director will review and discuss all program information to decide what changes are necessary to provide continuous improvement.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Pre and Post tests for all BGC Club members will be given at the beginning and end of each program season and for each program intervention. Additionally, satisfaction surveys will be provided to parents, youth, and staff to collect feedback at the conclusion of each program service. This data will be evaluated by our DCC partner and the LCSW to document outcomes and information. These results will be reviewed monthly by the Program Director, LCSW, and Operations Director to determine what changes should be made to provide continuous program outcome improvements.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Partnership and sub contract with the University of Missouri Disaster & Crisis Center(DCC) to provide mental health training, Photovoice program, and data management and analysis is critical to this program because our staff are unqualified to provide those services.

Partnership and sub contract with the University of Missouri Social Work Department to provide the MSW, BSW, and PPA students to implement the mental health program services that our staff are unqualified to provide.

Partnership and sub contract with professional development organizations (DCC, Clear Vision, New Chapter Coaching, BGCA) to provide the professional development expertise training necessary to improve the quality of programs which will improve the program outcomes.

Collaboration with CCUA to provide the program services that our staff are unqualified to provide which allows us to enhance and expand the program services to improve the program outcomes.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500403730_40691_UniversityDisaster%26CommCrisisCenterMOU.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1500403730_40764_CCUAMOOU.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

/document/download/filename/1500403872_40765_UnivofMODeptofSocialWork.pdf/

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Licensed Clinical Social Worker	MQ1 B.A./B.S., Master, Licensed	FTE1 1.00	SR1 FROM \$40,000.00	SR1 TO \$70,000.00
P2 Parent Engagement Cord.	MQ2 B.A./B.S.	FTE2 0.50	SR2 FROM \$60,000.00	SR2 TO \$100,000.00
P3 Operations Director	MQ3 B.A./B.S.	FTE3 0.10	SR3 FROM \$45,000.00	SR3 TO \$65,000.00
P4 Program Director	MQ4 B.A./B.S.	FTE4 1.00	SR4 FROM \$40,000.00	SR4 TO \$60,000.00
P5 Healthy Lifestyle Cord.	MQ5 B.A./B.S.	FTE5 1.00	SR5 FROM \$25,000.00	SR5 TO \$40,000.00
P6 Character Citizenship Cord.	MQ6 B.A./B.S.	FTE6 1.00	SR6 FROM \$25,000.00	SR6 TO \$40,000.00
P7 Site Directors	MQ7 B.A./B.S.	FTE7 5.00	SR7 FROM \$30,000.00	SR7 TO \$50,000.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The LCSW and LMSW will be utilized for their extensive knowledge, training, and license to provide Mental Health supervision of the whole program, supervision of all the MSW, BSW, and PPA students, and provide mental health counseling to the youth and families.

The Parent Engagement Coordinator must hold a BA/BS degree and will need prior non-profit community experience working with families. This position requires planning

The Operations Director must hold a BA/BS degree and 5 years of youth development experience in order to provide the necessary leadership and skills to provide daily direction and decisions to manage all logistical aspects of the program implementation and management.

The Program Director must hold a BA/BS degree and 3 years of youth development experience to provide the necessary leadership, communication, program development, and organizational skills to manage all aspects of the program.

The Site Directors, Healthy Lifestyle and Character Coordinators must hold a BA/BS degree to demonstrate the skills necessary to be in a management leadership position and/or a minimum of 2 years experience in youth development. This position requires organizational, leadership, communication, and program implementation skills.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
-----------------	----------	---------------------

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)

Healthy lifestyles nutrition programs	1A \$32,800.00	1A% 7
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B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Fundraising events, Annual Campaign, and general donations	\$162,840.00	33

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Mental Health grant	\$250,000.00	51
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
DSS Child Care Assistance for membership fees	\$10,000.00	2
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
MO BGC Alliance for funded programs	\$34,000.00	7
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Membership fees to join BGC	\$5,000.00	1
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0

TOTAL PROGRAM REVENUE	TOTAL REVENUE
494640	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$397,840.00	80
Personnel Narrative (300 character limit)		
Staffing, benefits		
2. Non-Personnel	2.	2. %
	\$96,800.00	20

Non-Personnel Narrative (300 character limit)

Supplies, Subcontracts, Operations

TOTAL PROGRAM EXPENSES**TOTAL EXPENSES**

494640

Yearly Amount Request from Children's Services Fund**Year 1 Total Request**

\$377,806.00

Year 2 Total Request

\$377,806.00

Total Amount Request from CSF

755612

Program Budget Narrative**Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)**

The Club will seek additional funding from various funding sources to support the program which include; grants, local funding from City, State, Federal, and United Way, Corporate funding, and general donations from the community.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Gambone,Michelle,et al.(2009) Promoting Healthy Lifestyles: The Impact of Triple Play on Healthy eating, Exercise, and Development Outcomes. St. Pierre,Tena L., D. Lynne Kaltreider, Melvin M. Mark, and Kathryn J Aikin(1992) Smart Leaders; Drug Prevention in a Community Setting. What Works Clearinghouse (U.S. Dept.of Educ. 2015) Positive Action: Improving academics, behavior, and character. Wang and Burris (1999) Photovoice Picturing Resilience Mannes,M. Lewis, S., & Streit, K. (2005) Deepening Impact Through Quality Youth Development Strategies & Practices (MN Search Institute) McLean, K.,et al(2010) Constructing Self in Early, Middle, and Late Adolescent Boys Boone Indicators Report (2016), www.indicators.org Payton, John, Weissberg, P. Roger, Durlak, a. Joseph, Dymnicki, B. Allison, Taylor, D. Rebecca, Schellinger, B. Kriston, Pachan, Molly (2008) CASEL Collaborative for Academic, Social, and Emotional Learning: Findings from Three Scientific Reviews. Diekstra, et. Al (2008) CASEL CASEL (2017) Social and Emotional Learning(SEL) Competencies. www.casel.org/wp-content/uploads/2017/01/competencies.pdf Boone Indicators Dashboard; www.Booneindicators.org (2016) Heart of Missouri United Way; www.uwheart.org (2016)

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE CURATORS OF THE UNIVERSITY OF MISSOURI AND THE DISASTER AND
COMMUNITY CRISIS CENTER AT THE UNIVERSITY OF MISSOURI
AND
BOYS & GIRLS CLUBS OF COLUMBIA

This MEMORANDUM OF UNDERSTANDING (MOU) is hereby made and entered into by and between the BOYS & GIRLS CLUBS OF COLUMBIA hereinafter referred to as COLLABORATOR and The Curators of the University of Missouri, hereinafter referred to as UNIVERSITY.

A. PURPOSE:

The purpose of this MOU is to continue to develop and expand a framework of cooperation between COLLABORATOR and the UNIVERSITY to develop mutually beneficial programs, projects and activities.

B. UNIVERSITY SHALL:

Partner with the COLLABORATOR to implement and evaluate youth resilience, coping, and mental health interventions/activities such as Photovoice and the Resilience and Coping Intervention (RCI) with youth participating in Boys & Girls Clubs programs, AND provide and evaluate staff training on youth mental health, trauma, coping, youth mental health interventions and service referrals, and strategies for working with at-risk youth.

The UNIVERSITY will provide intervention/activity leaders, trainers, staff support, and evaluators to facilitate these efforts.

C. COLLABORATOR SHALL:

Partner with the UNIVERSITY to implement youth interventions/activities such as Photovoice and the Resilience and Coping Intervention (RCI), AND to conduct staff trainings as described in Section B.

As part of these efforts, COLLABORATOR will oversee youth/parental permission process related to, provide staff support for, help collect data related to, and host the implementation of youth resilience, coping, and mental health interventions/activities such as Photovoice and the Resilience and Coping Intervention (RCI) with youth participating in Boys & Girls Clubs programs, AND will schedule, host, and help facilitate staff trainings on youth mental health issues and interventions.

D. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

1. MODIFICATION. Modifications to this agreement shall be made by mutual consent of the parties, by the issuance of a written modification, signed and dated by authorized officials, prior to any changes being performed.

2. PARTICIPATION IN SIMILAR ACTIVITIES. This agreement in no way restricts the UNIVERSITY or COLLABORATOR from participating in similar activities with other public or private agencies, organizations, and individuals.
3. TERMINATION. Either party, upon thirty (30) days written notice, may terminate the agreement in whole, or in part, at any time before the date of expiration.
4. PRINCIPAL CONTACTS. The principal contacts for this instrument are:

COLLABORATOR:

Technical:

Valorie Livingston
Executive Director
Boys & Girls Clubs of Columbia
1200 N. 7th Street
Columbia, MO 65201
(573) 874-1697
Valorie@bgc-columbia.org

Authorized Official:

Valorie Livingston
Executive Director
Boys & Girls Clubs of Columbia
1200 N. 7th Street
Columbia, MO 65201
(573) 874-1697
Valorie@bgc-columbia.org

UNIVERSITY

Technical:

J. Brian Houston, PhD
Assistant Professor, Communication
Switzler Hall
Columbia, MO 65211
573-882-3327
houstonjb@missouri.edu

Authorized Official:

Karen M. Geren
Authorized Signer, Grants & Contracts
Office of Sponsored Programs Administration
University of Missouri
310 Jesse Hall
Columbia, MO 65211-1230
(573) 882-7560
grantdc@missouri.edu

5. NON-FUND OBLIGATING DOCUMENT. This agreement is neither a fiscal nor a funds obligation document. Any endeavor or transfer of anything of value involving reimbursement or contribution of funds between the parties to this agreement will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority. This agreement does not provide such authority. Each party shall be fiscally responsible for their own portion work performed under the MOU.
6. CONFLICT OF INTEREST. The UNIVERSITY may cancel this agreement if any person significantly involved in negotiating, drafting, securing or obtaining this agreement for or on behalf of the UNIVERSITY becomes an employee or a consultant to any other party with reference to the subject matter of this agreement while this agreement or any extension thereof is in effect.
7. COMPLIANCE. The parties agree to be bound by applicable state and federal rules governing Equal Employment Opportunity, Non-Discrimination and Immigration.

8. COMMENCEMENT/EXPIRATION DATE. This agreement is executed as of the date of last signature and is effective through December 31, 2017 at which time it will expire unless extended.
9. LIABILITIES. It is understood that neither party to this Memorandum of Understanding is the agent of the other and neither is liable for the wrongful acts or negligence of the other. Each party shall be responsible for its negligent acts or omissions and those of its officers, employees, agents or students (if applicable), howsoever caused, to the extent allowed by their respective state laws.
10. THE PARTIES ACKNOWLEDGE THAT THE WORK SET FORTH IN ARTICLES B AND C IS EXPERIMENTAL IN NATURE AND NEITHER PARTY MAKES A WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.
11. PATENTS AND COPYRIGHTS. It is expressly agreed that neither COLLABORATOR nor the UNIVERSITY transfers by operation under this Agreement to the other party any patent rights, copyrights, or other proprietary rights either party owns as of the commencement date of this Agreement, except as specifically set forth herein. Each party retains all ownership to any patents, copyrights, processes, inventions and other proprietary intellectual property of any nature developed as a result of the research or investigation conducted under this Agreement by the employees, representatives, agents or contractors of that party. Any patents, copyrights, processes, inventions or other proprietary intellectual property of any nature developed jointly by the parties shall be owned jointly.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the last written date below.

FOR COLLABORATOR:

Date: 6/2/15

Valorie Livingston
Valorie Livingston, Executive Director

FOR THE CURATORS OF THE UNIVERSITY OF MISSOURI:

Date: 6/4/2015

Karen M. Geren
Digitally signed by Karen M. Geren
DN: postalCode=65211, o=University of
Missouri, st=MO, cn=Karen
M. Geren, email=gerenk@missouri.edu
Date: 2015.06.04 12:24:53 -0500

Karen M. Geren, Authorized Signer, OSPA

MEMORANDUM OF AGREEMENT
between
Columbia Center for Urban Agriculture
(hereinafter referred to as "Applicant Organization")
and
Boys and Girls Club
(herein referred to as "Collaborative Partner")

Project Title:

Improving Mental and Physical Health of Food Insecure Children through Hands on Nutrition Intervention

Preamble:

This proposal links nutrition and outdoor activity to physical and mental health outcomes. The Applicant Organization is addressing community-level issues of: low fruit and vegetable consumption, obesity, food insecurity, and an academic achievement gap that exists for students who receive Free or Reduced Lunch. This comprehensive approach will target students who live in the City of Columbia's three targeted neighborhoods, and include nutrition interventions at school, at afterschool and summer programs across the community, and at the homes of low-income families.

Programming between the Applicant Organization and Collaborative Partner will include. Six eight-week sessions of gardening and cooking activities at the Boys and Girls Club and at CCUA's Urban Farm.

Duration of Agreement:

The project will begin January 1, 2018 and conclude December 31, 2019.

Applicant Organization Agrees to:

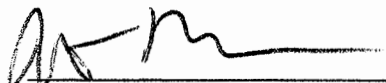
1. Work alongside Collaborative Partner to coordinate gardening and cooking activities at the Boys and Girls Club and at CCUA's Urban Farm.
2. Be solely responsible for delivering educational programming by providing all necessary staff and lesson plans for the six eight-week sessions of program implementation.
3. Make space available at CCUA's Urban Farm for field trips.

Collaborative Partner Agrees to:

1. Work with applicant organization to schedule and recruit students for the six eight-week sessions of gardening and cooking programs.
2. Work with the Applicant Organization to make necessary data available for program assessment.
3. Make space available in the Boys and Girls Club's Kitchen and Outdoor Garden for the six eight-week sessions of gardening and cooking programs.
4. Allow Applicant Organization to use the Boys and Girls Club Kitchen for other programming outside of the six eight-week sessions. These will be on mutually agreed upon dates and times.


5. Comply with the funding policy of the Boone County Children's Services Board Funding Policy.

This agreement is contingent on successful funding proposals from Boone County Children's Service Fund and other funding agencies.



Billy Polansky, Executive Director
Columbia Center for Urban Agriculture

7-18-17
Date



Valorie Livingston, Executive Director
Boys and Girls Club

7-18-17
Date

Field Practicum Placement Agreement
Between
The Curators of the University of Missouri
And
Boys & Girls Clubs of Columbia

This agreement is made on the 11th day of June 2015, between The Curators of the University of Missouri, for the School of Social Work, College of Human Environmental Sciences, University of Missouri-Columbia (hereinafter referred to as "the University") and Boys & Girls Clubs of Columbia (hereinafter referred to as "the Agency").

It is mutually agreed by the University and the Agency that the practicum experience for students, in the field of social work, will be provided at the Agency.

The number of students assigned at a given time shall be determined by the Agency. Representatives of the Agency and the University shall cooperate in developing methods of instruction, objectives and other details of the field experience.

The faculty of the University will assume responsibility for the selection and assignment of students to the learning experience. The students shall be responsible for following the Agency's rules, regulations and procedures. If problems arise, the Director of Field Education for the University shall be notified and representatives from the University and Agency will mutually handle such problems.

Students will receive a thorough orientation to the Agency setting. University faculty members and Agency staff supervisors will evaluate the students' performances by mutual consultation.

The Agency will retain full responsibility for the clients of the Agency and will maintain administrative and professional supervision of students insofar as their presence affects the operation of the Agency and/or the direct or indirect provision of services for clients of the Agency.

The Agency shall be responsible for arranging immediate care in case of accident or illness of students, but nothing contained in this Field Practicum Placement Agreement is intended as a commitment by or a contractual obligation of the Agency to be responsible for the costs involved, follow-up care or hospitalization.

It is understood that assigned students are not University employees and therefore are not covered by Social Security, Unemployment Compensation or Worker's Compensation through the University.

The University and the Agency do not and will not discriminate against any applicant for the field practicum experience or against any student placed with the Agency for a field practicum



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BOYS & GIRLS CLUBS OF COL

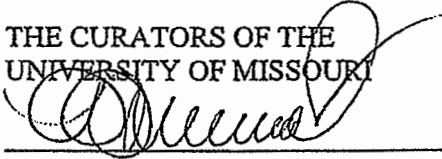
SOCIAL WORK CLIN EXP

experience because of the applicant's or student's race, color, religion, sex, sexual orientation, national origin, age, disability or status as a Vietnam era veteran.

This agreement shall begin on the date set forth above in the initial paragraph of the Agreement and shall terminate on the 31st day of August, 2016, and the Agreement shall automatically be renewed for successive one-year terms running from September 1 to August 31; provided, however, that the University or the Agency shall have the right to terminate the Agreement, without liability or cause, at the end of the initial term or at the end of any subsequent annual term by giving the other party prior written notice no later than August 1st immediately preceding the beginning of the next successive annual term on September 1st.

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be duly executed by their properly authorized representatives.

THE CURATORS OF THE
UNIVERSITY OF MISSOURI


Lisa J. Wimmerbauer
Assoc. Director, Business Svcs

AP
6/13/15

Boys & Girls of Columbia
Agency

Valorie Livingston

Name

Valorie Livingston

Signature

Executive Director

Title

6-11-15

Date

Agency's Mailing Address & Phone Number

1200 N. 7th St.

Columbia, MO

65202

(573) 874-1697

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Provide healthy lifestyle programs to promote; Physical Activity, Community Gardens, Positive Youth Development

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Physical Activity: provides opportunities and/or instruction for physical activities.

Community Gardens: provision of garden space, materials, and/or information for community members (Club) to grow food.

Positive Youth Development: develops internal development assets in youth.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other

activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Healthy Lifestyle programs will include three Taxonomy components of physical activity, nutrition which will include community gardens, and positive youth development. We will offer these programs and activities during our after school program (3pm-7pm, Monday-Friday) which operates consecutively with the school year of September through May each year, during our summer program (8am-5pm, Monday-Friday) which operates June through August, and due to our expansion we will begin scheduling Saturdays also. We also plan due to the expansion to extend our after school program hours for Teens to be open later in the evenings.

Triple Play is a comprehensive Mind, Body, and Soul health and wellness program that strives to improve the overall health of members by increasing their daily physical activity, teaching them good nutrition and helping them manage their stress to develop healthy relationships. MIND: The Healthy Habits program is designed to incorporate healthy living and active learning in every part of the Club experience, from the gym to the learning center to the arts and crafts room. The central themes of good nutrition, regular physical activity and improving overall well-being are emphasized. BODY: This component boosts Clubs' physical activities to a higher level by providing sports and fitness programs, activities and sports competitions for all boys and girls, whether they are athletically inclined or not. Club youth of every age have the chance to have fun playing longer and harder at a variety of games. SOUL: By participating in a comprehensive social recreation program, Club youth are able to develop and sustain positive relationships with others, acquire a healthy self-concept and a strong belief in their self-worth and cope well with positive and adverse situations. Physical fitness activities are scheduled everyday with a rotation of activities to include basketball, volleyball, soccer, tennis, dance, step, and fitness games. Healthy Habits is the name of the Mind component which will build awareness of nutritional foods, maintain health, make healthy food choices, how to plant, grow, and harvest healthy food, how to prepare healthy meals, and learn culinary skills. We will collaborate with the Columbia Center for Urban Agriculture to provide some of these programs. The nutritional program objectives are to increase their understanding of the relationship between behaviors and health, nutrition knowledge, make better food choices, the principles of food groups, portion sizes, be aware of environmental cues that prompt eating, and how to eat healthy away from home. The gardening program will take place at the Club with two raised gardening beds which will be scheduled accordingly to plant, grow, and harvest during Spring, Summer, and Fall. The meal preparation program will be scheduled for once a week for 8 sessions per youth group building up to the final session of preparing a dinner meal to serve their families at the Club.

Record Lock

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Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One hour

b. Unit Rate (#1)

\$6.52

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

The unit rate is based upon the actual cost to provide the program service to the number of youth participating by highly trained staff in a safe environment.

d. Total Number of Units of Service to be Provided (#1)

20000

e. Total Number of Unduplicated Individuals (#1)

250

f. Average Number of Units of Service per Unduplicated Individual (#1)

80

g. Average Cost of Service per Individual (#1)

521.6

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Youth pay to become a member of the Boys & Girls Club which provides them access to all programs and activity opportunities. We are allocating a percentage of this membership fee towards the funding to support this mental health program for all program services.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

As a 501(C)3 non profit we are not aware of any third party subsidies that will pay for these program services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

NA

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$4.53	16508	\$74,781.00
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00
	1c1.	1c2.	1c3.
c. City of Columbia - Social Services Funding (#1)	\$0.00	0	\$0.00
	1d1.	1d2.	1d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	\$0.00	0	\$0.00
	1e1.	1e2.	1d4.
e. Heart of Missouri United Way Funding (#1)	\$27.33	1200	\$32,800.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$97,800.00

b. Proposed Number of Units of Service (#1)

15000

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

We requested this level of funding to provide services to the youth that are currently enrolled and projecting to build capacity as our expansion project at the main site is completed in fall of 2017 and open up more elementary school sites. We are using multiple funding sources to fill the gaps of the program expenses. We also received a funding reduction this year from United Way in Health.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Members will show increased knowledge of making healthy life style choices	75% of 250 members will increase their knowledge of healthy life style choices in 12 months	Triple Play Assessments, Healthy Lifestyle Pre Post tests
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Members will spend increased time participating in physical activity	75% of 250 members will increase their physical activity in 12 months	The number of hours spent in physical activities are tracked through attendance records that document activities per youth per hour per day
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Youth that participate in healthy life programs are overcoming their risk factors which will contribute to their overall mental wellness by making positive life choices to avoid risky behaviors, nutritional health to be physically healthy, and social skills to have positive relationships.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Factors affecting healthy life choices include the fact that a majority of members' families are led by single parents which presents barriers of access due to lack of transportation, lack of income which creates chronic stress, lack of a male role model, and the access to drugs and alcohol. Society is also driven by electronics and television which also promotes unhealthy food choices and lower physical activity.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Based on previous healthy lifestyle historical program data and membership we have projected the number of units, outputs, and outcomes.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The use of participation, assessments and pre/post testing will document changes in decisions, knowledge, and attitudes is widely used by Boys & Girls Clubs of America and many other funding sources.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Character & Citizenship programs to promote: Positive Youth Development, and Behavioral Support Services

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Positive Youth Development: develops internal development asset in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.

Behavioral Support Services: support to individuals/groups to maintain pro-social behavior.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Character & Citizenship programs will include two Taxonomy components of positive youth development and behavioral support services. We will offer these programs and activities during our after school program (3pm-7pm, Monday-Friday) which operates consecutively with the school year of September through May each year, during our summer program (8am-5pm, Monday-Friday) which operates June through August, and due to our expansion we will begin scheduling Saturdays also. We also plan due to the expansion to extend our after school program hours for Teens to be open later in the evenings.

We will use multiple SMART evidenced based programs that improve the overall health of members by increasing their knowledge of avoiding risky behaviors to make positive character decisions. The SMART (Skills Mastery and Resistance Training) program is a nationally acclaimed prevention program originally developed in the 1980s with help from prevention specialists and Clubs around the country. Participants will be exposed to various activities designed to hone their decision-making and critical-thinking skills, as well as learn how to avoid and/or resist alcohol, tobacco, other drugs and premature sexual activity. These programs are Smart Moves, Smart Girls, Meth Smart, and Passport to Manhood.

Photovoice will be used to allow youth to "voice" their opinions and perspectives about their life and community. Picturing Resilience is a way take photos and interpret Paulo Grier's notion of "critical consciousness" as a deeper understanding of the way the world works and have a voice to connect to it which builds resilience and coping skills. This program will be taught through a sub-contract with the University of Missouri Department of Crisis Center partner.

Triple Play Character: By participating in a comprehensive social recreation program. Club youth are able to develop and sustain positive relationships with others, acquire a healthy self-concept and a strong belief in their self-worth and cope well with positive and adverse situations. The Smart Guide to Social Recreation: Effective Gamesroom Management and Leadership provides strategies and tools for running a top-notch gamesroom and social

recreation programs.

Million Hours of Service encourages good character and appreciation for citizenship and provides every Club member with opportunities to serve in year-round Club and community based volunteer service experiences. Community service introduces youth to the world of possibility that surrounds them when they're empowered to make a positive difference in their lives and communities. What's more, studies show that young people who engage in service do better in school, maintain positive relationships with adults and peers, and avoid risky behaviors. All of these programs are coordinated in monthly schedules by Club site to run the number of sessions necessary to complete program curricula or until the end of the program time frame.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

One hour

b. Unit Rate (#2)

\$7.02

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

The unit rate is based upon the actual cost to provide the program service to the number of youth participating by highly trained staff in a safe environment.

d. Total Number of Units of Service to be Provided (#2)

20000

e. Total Number of Unduplicated Individuals (#2)

250

f. Average Number of Units of Service per Unduplicated Individual (#2)

80

g. Average Cost of Service per Individual (#2)

561.6

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Youth pay to become a member of the Boys & Girls Club which provides them access to all programs and activity opportunities. We are allocating a percentage of this membership fee towards the funding to support this mental health program for all program services.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

As a 501(C)3 non profit we are not aware of any third party subsidies that will pay for these program services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

NA

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$5.13	16507	\$84,680.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$4.74	900	\$4,266.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$105,300.00

b. Proposed Number of Units of Service (#2)

15000

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

We requested this level of funding to provide services to the youth that are currently enrolled and projecting to build capacity as our expansion project at the main site is completed in fall of 2017 and open up more elementary school sites. We are using multiple funding sources to fill the gaps of the program expenses. We also received a funding reduction this year from United Way.

Service #2 - Performance Measures

Outcome (2-1)

Members increase knowledge of resilience and ability to avoid risky behaviors

Indicator (2-1)

75% of 250 members will demonstrate their knowledge of avoiding negative life choices and an increase in resilience in 12 months

Method of Measurement (2-1)

Pass/Fail assessments, Pre Post tests

Additional Outcome (2-2)

Members increase in civic engagement

Additional Indicator (2-2)

75% of 250 members will attain 1 hour of community service in 12 months

Additional Method (2-2)

The number of hours spent participating in community service activities are tracked through attendance records that document each activity per youth per hour

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

Youth that participate in character & citizenship programs are overcoming their risk factors which will contribute to their overall mental wellness by making positive life choices to avoid risky behaviors, learn resilience, value themselves and their community, and social skills to have positive relationships.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Factors affecting healthy life choices include the fact that a majority of members' families are led by single parents which presents barriers of access due to lack of transportation, lack of income which creates chronic stress, lack of a male role model, and the access to drugs and alcohol.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

Based on previous character & citizenship historical program data and membership we have projected the number of units, outputs, and outcomes.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The use of participation, assessments and pre/post testing will document changes in decisions, knowledge, and attitudes is widely used by Boys & Girls Clubs of America and many other funding sources.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Parent engagement will promote the well-being of youth and strengthen families by utilizing the Parent Partnership and Family Education

Service #3 - Taxonomy Definition of Service (300 character limit)

Parent Partnership: Actively coordinates parents and organizational staff to work together to support and improve the learning, development, and health of the child(ren).

Family Education: Develops communication and coping skills with the goal of strengthening family relationships.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Parent engagement programs and activities will include two of the Taxonomy components: Parent Partnership and Family Education. We will offer these programs and activities during our after school program (3pm-7pm, Monday-Friday) which operates consecutively with the school year of September through May each year, during our summer program (8am-5pm, Monday-Friday) which operate June through August, and due to our expansion, some Saturday programming dates to be determined. We also plan to extend our after school program hours for Teens to be open later in the evenings. Parent Partnership will include parent involvement in programming including collecting parent attendance and participation at football games, basketball games and tournaments, dance recitals, parade participation with the BGC High Steppers, Photovoice final showcases, art exhibits, etc. We feel it is crucial to recognize and encourage parent participation at all youth events. Family Education will occur through our implementation of BGC's Family PLUS (Parents Leading, United, Service) model. This model is used by other BGC's throughout the country for the purpose of increasing family support into the Club's programming efforts. Key strategies include: Kinship Care—Kinship care includes providing knowledge and resources to extended family members (grandparents, aunts, uncles, cousins, foster parents, etc.) who have assumed the role of primary caregiver; Father Involvement—Clubs provide support and promotion through programs, activities, training and services to help increase the positive involvement of fathers in the lives of their children; Economic Opportunity – Clubs empower families by helping parents and caregivers increase their level of education, find and keep jobs, improve their earnings, build savings and establish credit; Outreach Strategies – Clubs build their capacity to effectively recruit and retain the involvement of new populations of diverse parents and caregivers who are often underserved in Clubs through a Family Advocacy Network (FAN). These strategies will all incorporate a theme of mental wellness by offering stress management programs throughout, thus supporting the chronic toxic stress factors that impact the overall well being of families. All of the programs are coordinated in monthly schedules by Club sites to run the number of sessions necessary to complete program curricula or until the end of the program time frame.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

One hour

b. Unit Rate (#3)

\$9.75

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

The unit rate is based upon the actual cost to provide the program service to the families by highly trained staff in a safe environment.

d. Total Number of Units of Service to be Provided (#3)

4052

e. Total Number of Unduplicated Individuals (#3)

50

f. Average Number of Units of Service per Unduplicated Individual (#3)

81.04

g. Average Cost of Service per Individual (#3)

790.14

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

Youth pay to become a member of the Boys & Girls Club which provides them access to all programs and activity opportunities. We are allocating a percentage of this membership fee towards the funding to support this mental health program for all program services.

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

As a 501(C)3 non profit we are not aware of any third party subsidies that will pay for these program services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

NA

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Yes (complete the Other Funder's Chart below)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
a Boone County - Children's Services Funding (#3)	3a1. \$5.92	3a2. 2674	3a3. \$15,830.00
b. Boone County - Community Health Funding (#3)	3b1. \$0.00	3b2. 0	3b3. \$0.00
c. City of Columbia - Social Services Funding (#3)	3c1. \$0.00	3c2. 0	3c3. \$0.00
	3d1.	3d2.	3d3.

d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
e. Heart of Missouri United Way Funding (#3)	3e1. \$0.00	3e2. 0	3e3. \$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$29,250.00

b. Proposed Number of Units of Service (#3)

3000

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

We requested this level of funding to provide services to the families that are currently enrolled and projecting to build capacity as our expansion project at the main site is completed in fall of 2017 and open up more elementary school sites. We are using multiple funding sources to fill the gaps of the program expenses.

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Parents will increase family participation with youth and knowledge of protective factors	75% of 50 parents will report increased family participation with youth and knowledge of protective factors in 12 months.	Post assessment and satisfaction survey Participation attendance records of family engagement at youth programs
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

Parents that participate in family engagement programs are overcoming their risk factors which will contribute to strengthening the family and their children's well-being.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

External factors include the busy lives that most Club parents lead especially for a single parent household and finding the time and energy to participate. Other factors could include transportation, lack of resources, and the lack of desire to participate based upon their own family history.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

Based on previous parent engagement historical program data and membership we have projected the number of units, outputs, and outcomes.

d. Provide a rationale for each method of measurement (#3). (600 character limit)

The use of participation, assessments, and satisfaction surveys will document changes in decisions, knowledge, and attitudes is widely used by Boys & Girls Clubs of America and many other funding sources.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. [Click here to view document.](#) (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

Best Practices Training
Professional Coaching

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Best Practices Training: Provides training to build on or explore best practice techniques
Professional Coaching: Provides individualized support for professional development

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Staff development will improve the quality and impact of programs and manage the risk factors of the youth and families we serve. Staff development will include: mental health knowledge and skills in identifying mental health symptoms among Club members and identifying appropriate interventions for negative behavior, wellness strategies to learn and practice wellness techniques to manage stress, leadership skills, and best practices to grow professionally. Professional coaching will be provided at the Club one day per month during the after school program for three hour sessions of professional development for all staff and we will also provide four Lunch N Learn sessions for just full time staff to provide a higher level of training. These training's will be sub-contracted partnerships to local professionals to provide services. Those partnerships will include the MU Crisis Center, New Chapter Coaching, Diversified Awareness Partner, and On Q Management. Best practices training will be provided by Boys & Girls Clubs of America(BGCA) which has been providing youth development for over 150 years. There are over 4,000 Boys & Girls Clubs across America. As a charter of a National organization we have the opportunity attend State, Regional, and National training conferences. These conferences are hosted by BGCA once a year at different times throughout the year. We will utilize these conferences by sending key staff to participate and bring back innovative ideas and best practices that will be shared in our monthly training's with all staff to provide what we call the "Optimal Club Experience".

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

One hour

b. Unit Rate (#4)

\$57.32

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

The unit rate is based upon the actual cost to provide the training services.

d. Total Number of Units of Service to be Provided (#4)

1000

e. Total Number of Unduplicated Individuals (#4)

25

f. Average Number of Units of Service per Unduplicated Individual (#4)

40

g. Average Cost of Service per Individual (#4)

2292.8

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

We are providing this service to our staff to improve the quality and outcomes of this program.

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

As a 501(c)3 non profit we are not aware of any third party subsidies that will pay for these services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic

coverage, high deductible, etc.)? (600 character limit)

NA

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Yes (complete the Other Funder's Chart below)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
	4a1.	4a2.	4a3.
a. Boone County - Children's Services Funding (#4)	\$51.21	396	\$20,279.00
	4b1.	4b2.	4b3.
b. Boone County - Community Health Funding (#4)	\$0.00	0	\$0.00
	4c1.	4c2.	4c3.
c. City of Columbia - Social Services Funding (#4)	\$0.00	0	\$0.00
	4d1.	4d2.	4d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	\$0.00	0	\$0.00
	4e1.	4e2.	4d4.
e. Heart of Missouri United Way Funding (#4)	\$0.00	0	\$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$45,856.00

b. Proposed Number of Units of Service (#4)

800

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

We need to continue to build this program service into all funder requests to ensure that the funding is available to provide more professional development. This is a difficult program service to find funding to support but critical to the quality and outcomes of all programs.

Services #4 - Performance Measures

Outcome (4-1)

Staff will increase their knowledge of mental health symptoms in youth and behavior intervention skills

Indicator (4-1)

75% of 25 staff will demonstrate increased knowledge in identifying mental health issues and increased behavior management skills

Method of Measurement (4-1)

Pre Post assessments

Additional Outcome (4-2)

Staff will increase their knowledge of personal wellness & leadership

Additional Indicator (4-2)

75% of 25 staff will demonstrate increased knowledge of personal wellness and leadership skills

Additional Method (4-2)

Pre Post assessments

Additional Outcome (4-3)

Staff will increase their knowledge of youth development best practices

Additional Indicator (4-3)

75% of 10 staff will demonstrate increased knowledge of youth development best practices

Additional Method (4-3)

Post assessment

Additional Outcome (4-4)

Additional Indicator (4-4)

**Additional
Method (4-4)**

Additional Outcome (4-5)

Additional Indicator (4-5)

**Additional
Method (4-5)**

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

Staff that participate in professional development are increasing their knowledge which will improve the quality of programs and behavior management which will contribute to strengthening the family and their children's well-being.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Turnover of staff makes it difficult to provide the same level of training to all staff. The age of the part-time staff we hire can be a challenge and the lack of experience and dedication to the mission.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

Based on previous professional development historical data and number of staff employed we have projected the number of units, outputs, and outcomes.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

The use of participation, assessments, and satisfaction surveys will document changes in decisions, knowledge, and attitudes is widely used by Boys & Girls Clubs of America and many other funding sources.

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

Social/Emotional Screening
Group Therapy-Child

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Social/EmotionalScreening:identifies if a child is at risk for social emotional delays, problem behaviors, and potential mental health cocerns
GroupTherapy-Child:provides therapeutic treatment for children with a related problem arranged in a group format with a qualified mental health professional

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The Boys & Girls Club holds an intrinsic belief that it is imperative to serve all youth but especially those youth that need us most. Often these youth exhibit negative behaviors that inevitably are attributed to youth in poverty or crisis. Staff then find themselves ill equipped to manage or provide appropriate interventions to address those behaviors and are forced to suspend the youth from participating. Members who display these behaviors also have a tendency to take up an inordinate amount of staff time which decreases the impact of the program for the rest of the youth. The Club recognized that to improve the quality of the programs, provide greater impact, and have positive outcomes we needed to provide another level of professionally trained leaders to identify and manage mental health behaviors for the youth we are serving. We also believe that providing this program service at the Club would be more time efficient, more effective due to the Club environment, and less stigmatizing for families due to amount of trust and already existing relationships we have with the family. This program service will consist of a Behavior Intervention Team(BIT) that includes a full time Licensed Clinical Social Worker (LCSW) and Master Social Work, Bachelor Social Work, and Policy Planning & Administration students that are referred from our collaboration partner the University of Missouri Department of Social Work. The LCSW will supervise as the field instructor for the students as well as provide services. The Behavior Intervention Team will provide on site social/emotional screenings, group behavior health classes, one to one youth counseling, and family counseling. The BIT will provide support to program staff at all sites, provide staff coaching and modeling how to use mental health techniques to de-escalate behaviors, and provide the screening, counseling, and case management necessary to address those behaviors. The program services will take place during our after school program (3pm-7pm, Monday-Friday) which operates consecutively with the school year of September through May each year, during our summer program (8am-5pm, Monday-Friday) which operates June through August, and due to our expansion we will begin scheduling Saturdays also. We also plan due to the expansion to extend our after school program hours for Teens to be open later in the evenings.

Mindful Living is a behavior support program will be lead by the behavior support team (LCSW, MSW, BSW, PPA). We will be referred MSW, BSW, and PPA students from our collaboration with the University of Missouri Social Work Department. Mindful Living is a psycho-educational group teaching yoga and mindfulness skills to lessen the effects of stress and help youth recognize the relationship between thoughts, feelings and behavior. Mindful Living is appropriate for all ages and developmental levels and involves a series of discussions, guided activities and regimented physical movement to help group members connect with each other and self-regulate their emotions and behavior.

Positive Action is a systematic social and emotional program that promotes an intrinsic interest in learning and encouraging kindness and cooperation among youth. These life skills teach and reinforce positive actions in the physical, intellectual, social and emotional area in a fun and easy way to improve Academics, Behavior, College & Career Readiness, Mental/Physical health, and Social/Emotional learning. All of these programs are coordinated in monthly schedules by Club site to run the number of sessions necessary to complete program curricula or until the end of the program time frame.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

One hour

b. Unit Rate (#5)

\$7.51

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

The unit rate is based upon the actual cost to provide the program service to the number of youth participating by highly trained staff in a safe environment. We have researched what private pay rates and what the State of Missouri Medicaid program reimbursement rates are to ensure that we are delivering a cost effective program service.

d. Total Number of Units of Service to be Provided (#5)

8821

e. Total Number of Unduplicated Individuals (#5)

250

f. Average Number of Units of Service per Unduplicated Individual (#5)

35.28

g. Average Cost of Service per Individual (#5)

264.98

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

Youth pay to become a member of the Boys & Girls Club which provides them access to all programs and activity opportunities. We are allocating a percentage of this membership fee towards the funding to support this mental health program for all program services.

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

As a 501(c)3 non profit we are not aware of any third party subsidies that will pay for these program services at the Club.

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

NA

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Yes (complete the Other Funder's Chart below)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$6.17	5a2. 8821	5a3. \$54,425.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$56,325.00

b. Proposed Number of Units of Service (#5)

7500

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

We requested this level of funding to provide services to the families that are currently enrolled and projecting to build capacity as our expansion project at the main site is completed in fall of 2017 and open up more elementary school sites. We are using multiple funding sources to fill the gaps of the program expenses.

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Members will increase resilience skills and decrease negative behaviors	75% of 250 members will demonstrate an increase in resilience skills by demonstrating a decrease in negative behaviors	Resilience post assessment, number of incident reports, and number of suspensions
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

Youth that participate in mental health programs are building resilience skills to address their risk factors which will contribute to their overall mental wellness by making positive life choices to avoid risky behaviors, improve social skills to have positive relationships, and strengthen the family.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

Children's response to cyclical poverty, lack of resources, single parent households, and no positive male role model sets the stage for chronic stress and trauma. The Club provides protective factors and meaningful relationships but these often cannot compensate for the other deprivations they face while away from the Club.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

Based on previous historical program data and number of youth enrolled we have projected the number of units, outputs, and outcomes. A 75% reduction in negative behavior is the anticipated level based upon the extra level of support the BHI team will provide to the program which will equip the

staff to deal more knowledgeably with negative behaviors and will reduce the number of disruptive incidents.

d. Provide a rationale for each method of measurement (#5) (500 character limit)

The use of participation, assessments, and satisfaction surveys will document changes in decisions, knowledge, and attitudes is widely used by Boys & Girls Clubs of America and many other funding sources.

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

334531



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.
- 4.3. Competitive Negotiation of Proposals:**
- The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:
- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14



BOYS&GI-01

MSPENCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2017

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

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

PRODUCER TIG Advisors-Col 200 East Southampton Drive Columbia, MO 65203	CONTACT NAME: Marissa Spencer	
	PHONE (A/C, No, Ext): (573) 875-4800	FAX (A/C, No): (573) 875-4514
	E-MAIL ADDRESS: mspencer@theinsurancegrp.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: West Bend Mutual Insurance Company	15350
	INSURER B: Missouri Employers Mutual Insurance Company	10191
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED

The Boys & Girls Clubs Of The Columbia Area
1200 N. 7th Street
Columbia, MO 65201

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	A028177	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			A028177	05/29/2017	05/29/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0			A028177	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	MEM2023639-00	11/21/2016	11/21/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Health or Exercise Clubs or Commercially Operated Health or Exercise Facilities Professional Liability is included within Commercial General Liability Each Occurrence Limit but only to the extent provided by policy form NS0020A 11/05.

County of Boone, Missouri is an additional insured on the Commercial General Liability Policy but only to the extent provided by policy form CG2026 07/04.

Earlier Notice of Cancellation an or Nonrenewal applies on the Commercial General Liability Policy in favor of County of Boone, Missouri with a 30 day notice
County of Boone, Missouri but only to the extent provided by policy form WB213 12/10.
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

County of Boone, Missouri
C/O Purchasing Department
613 E. Ash Street
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



AGENCY CUSTOMER ID: BOYS&GI-01

MSPENCER

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY TIG Advisors-Col		NAMED INSURED The Boys & Girls Clubs Of The Columbia Area 1200 N. 7th Street Columbia, MO 65201	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

A Waiver of Subrogation applies on the Commercial General Liability Policy in favor of County of Boone, Missouri but only to the extent provided by policy form CG2404 05/09.



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract

Family Health Program

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Burrell, Inc.** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **BBH**.

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

WHEREAS, BBH has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY BBH

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

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** BBH will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and BBH's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over BBH's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from BBH and BBH agrees to furnish the **Family Health Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in BBH's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$273,439.56** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. BBH agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of BBH be renewed for an **additional one (1), one-year period**. BBH agrees and understands that the BCCSB may require supplemental information to be submitted by BBH prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Behavioral Health Assessment	One assessment	\$480.00	30	\$14,400.00
Case Management	15 minutes	\$24.44	10,599	\$259,039.56

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

event the billing dispute is resolved in favor of BBH, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by BBH to monitor service delivery and program expenditures. BBH agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by BBH and, if so stipulated, are noted on this contract document. Payments may be withheld from BBH if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. BBH agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

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

activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** BBH may enter into subcontracts for components of the contracted service as BBH deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services

under the resulting contract agreement, BBH shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

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

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

Upon receipt of notice of termination, BBH shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the BBH for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

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

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

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

27. **Record Retention Clause.** BBH shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

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

Burrell, Inc.
C.J. Davis, Acting President and CEO
1300 East Bradford Parkway
Springfield, MO 65804

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

Burrell, Inc.

By: [Signature]
Signature

By: CJ Davis President/CEO
Printed Name/ Title

APPROVED AS TO FORM:

[Signature]
County Counselor

Boone County, Missouri

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

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

ATTEST:

[Signature]
Taylor W. Burks, County Clerk
DKB

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

[Signature] by 12/19/2017 (2161/71106/\$273,439.56)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 3, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: 30-20JUL17 - Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Burrell Behavioral Health

Address: 3401 Berrywood Dr
Columbia, MO 65201

Telephone: 573-777-8450 Fax: 573-777-8487

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

Print Name: CS Davis Title: President / CEO

Signature: [Signature] Date: 11.3.17

E-mail: _____

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 23, 2017

Burrell Behavioral Health
Attn: Megan Steen, Vice President of Central Region
3401 Berrywood Drive, Suite 203
Columbia, MO 65201
Megan.steen@burrellcenter.com

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Steen:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink that reads "Melinda Bobbitt". The signature is fluid and cursive, with the first name "Melinda" and last name "Bobbitt" clearly distinguishable.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Rachel Jones – rachel.jones@burrellcenter.com

Sonia Vasdez – Sonia.Vasdez@burrellcenter.com

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts*

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Burrell, Inc.
Name of Program	Family Health Program

Program Overview Form	
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1. Program Access – A sliding scale schedule was mentioned.

Action Required: Provide information when this will get approved and go into effect.

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2. Program Budget – The Total Revenues are \$354,079.60 which is \$11,731.30 over the Total Expenses, \$342,348.30. The Total Revenue should not exceed the Total Expenses. The proposal state that these funds will be utilized for the Job Readiness Training service. The expenses for all program services should be included in Total Expenses.

Action Required: Provide revised program Total Revenue and Total Expenses amounts in the field below.

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Program Services Form (1-5)	
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3. The current proposal has many services listed together. Each service must be unbundled, renamed, and defined based on the correlating item in the *Boone Impact Group Taxonomy of Services* document. Each service would have their own outputs and program performance measures.

Action Required: Review the notes below on each one of the services and then complete the attached “*Services Change Chart*”. The services should be listed in the following order:

Service #	Service Name
1	Behavioral Health Assessment or Behavioral Health Evaluation (depends on narrative information below)
2	Family Therapy
3	Group Therapy – Child
4	Individual Therapy – Child
5	Psychiatric Treatment
6	Job Readiness Training
7	Case Management

a. Service #1

- i. Name/Definition: Is currently listed as Mental Health Care – Assessment/Evaluation/Screening. Review the definitions for Behavioral Health Assessment or Behavioral Health Evaluation in the *Boone Impact Group Taxonomy of Services* document. Pick the taxonomy name and definition that best fits the proposed service. This will be taxonomy information that is used when completing *Services Change Chart* below.
- ii. Outputs – The Unit Measure in the proposal is as one hour with the Unit Rate at \$480. The previous contract had \$480 per assessment. Based on the choice of taxonomy service name, the unit measure needs to be “one assessment” or “one evaluation”. Please provide in the *Services Change Chart* the correct Unit Measure.
- iii. Review the number of units requested. Burrell, Inc. is requesting 80 units, as of August 2017, there were only 11 assessments completed. Please propose an amount that is more reflective of current utilization.

b. Service #2

- i. The name currently listed in the proposal is Mental Health Care – Treatment/Care which is three different types of therapies grouped together. These should all be listed separately each with their own outputs and program performance measures.
- ii. Service #2 will now be *Family Therapy*, Service #3 will now be *Group Therapy-Child*, and Service #4 will now be *Individual Therapy-Child*.
- iii. We would anticipate a separate unit rate for each of the three services.
- iv. Update the attached *Service Change Chart* with the correct services and corresponding information.

c. Service #5 (formerly Service #3)

- i. The name and the definition of *Psychiatric Treatment* is correct.
- ii. The number of units requested is high compared to the current utilization of this service. Please review current utilization rates and enter a new figure into the *Services Change Chart*.
- iii. Review the number of units requested. Burrell, Inc. is requesting 80 units, as of August 2017, there were only 4 units utilized. Please propose an amount that is more reflective of current utilization.
- iv. The Program Performance Measures look good for this service, they just need to be entered in the *Services Change Chart*.

- d. Service #6 (formerly Service #4)
 - i. This information for this service includes multiple services. It is recommended to change this service name to *Job Readiness Training*. This will encompass all the work listed in the description.
 - ii. Include all the outputs and program performance measures information in the chart below.
- e. Service #7 (formerly Service #5)
 - i. This information for this service includes multiple services. It is recommended to change this service name to *Case Management*. This will encompass all the work listed in the description. Please provide documentation of the Missouri Department of Mental Health definition of unit rate, unit measure, and qualifications to provide this service. Provide a response in the field below.

- ii. Please provide a new Unit Rate for this service in the *Services Change Chart*.
- iii. The Program Performance Measures look good for this service, they just need to be entered in the *Service Change Chart*.

4. Funding Request - The funding request for each service will need to be updated to reflect the changes in service. This should be your best and final offer.

Action Required: Complete the *Program Outputs and Funding Request Tables*.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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5. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #1 – Taxonomy of Service Name: Behavioral Health Assessment or Behavioral Health Evaluation (choose one based on the taxonomy)			
Service #1 – Taxonomy Definition of Service: Assessment by a qualified mental health professional of an individual's history, mental health, and functioning with the purpose of establishing a treatment plan and/or diagnosis.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #2 – Taxonomy of Service Name: Family Therapy			
Service #2 – Taxonomy Definition of Service = Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #3 – Taxonomy of Service Name: Group Therapy - Child			
Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment for children with a related problem arranged in a group format with a qualified mental health professional. Group therapy places focus on all group members.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #4 – Taxonomy of Service Name: Individual Therapy-Child			
Service #4 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #5 – Taxonomy of Service Name: Psychiatric Treatment			
Service #5 – Taxonomy Definition of Service: Implementation of a mental health treatment plan that may exclude psychotherapy and medication adjustments and performed by licensed psychiatrist.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #6 – Taxonomy of Service Name: Job Readiness Training			
Service #6 – Taxonomy Definition of Service: Prepares an individual to obtain and retain a job.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #7 – Taxonomy of Service Name: Case Management			
Service #7 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options for services required to meet an individual’s health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		



Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIUDALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Burrell, Inc.
Name of Program	Family Health Program

Program Overview Form

1. Program Access – A sliding scale schedule was mentioned.
information when this will get approved and go into effect.

Action Required: Provide

SSF went into effect 10/1/17. SSF is attached. NOTE: BBH is no longer requesting therapy or psychiatry services since SSF is required for all non-insurance holders.

2. Program Budget – The Total Revenues are \$354,079.60 which is \$11,731.30 over the Total Expenses, \$342,348.30. The Total Revenue should not exceed the Total Expenses. The proposal state that

these funds will be utilized for the Job Readiness Training service. The expenses for all program services should be included in Total Expenses.

Action Required: Provide revised program Total Revenue and Total Expenses amounts in the field below.

**Pro
gra**

Revised Program Revenue = \$297,439.56

Revised Program Expenses = \$266,949.16

m Services Form (1-5)

3. The current proposal has many services listed together. Each service must be unbundled, renamed, and defined based on the correlating item in the *Boone Impact Group Taxonomy of Services* document. Each service would have their own outputs and program performance measures.

Action Required: Review the

notes below on each one of the services and then complete the attached “*Services Change Chart*”. The services should be listed in the following order:

Service #	Service Name
1	Behavioral Health Assessment or Behavioral Health Evaluation (depends on narrative information below)
2	Family Therapy
3	Group Therapy – Child
4	Individual Therapy – Child
5	Psychiatric Treatment
6	Job Readiness Training
7	Case Management

a. Service #1

- Name/Definition: Is currently listed as Mental Health Care – Assessment/Evaluation/Screening. Review the definitions for Behavioral Health Assessment or Behavioral Health Evaluation in the *Boone Impact Group Taxonomy of Services* document. Pick the taxonomy name and definition that best fits the proposed service. This will be taxonomy information that is used when completing *Services Change Chart* below.
- Outputs – The Unit Measure in the proposal is as one hour with the Unit Rate at \$480. The previous contract had \$480 per assessment. Based on the choice of taxonomy service name, the unit measure needs to be “one assessment” or “one evaluation”. Please provide in the *Services Change Chart* the correct Unit Measure.
- Review the number of units requested. Burrell, Inc. is requesting 80 units, as of August 2017, there were only 11 assessments completed. Please propose an amount that is more reflective of current utilization.

b. Service #2

- The name currently listed in the proposal is Mental Health Care – Treatment/Care which is three different types of therapies grouped together. These should all be listed separately each with their own outputs and program performance measures.
- Service #2 will now be *Family Therapy*, Service #3 will now be *Group Therapy-Child*, and Service #4 will now be *Individual Therapy-Child*. We will not provide group therapy.

- iii. We would anticipate a separate unit rate for each of the three services.
 - iv. Update the attached *Service Change Chart* with the correct services and corresponding information.
- c. Service #5 (formerly Service #3)
 - i. The name and the definition of *Psychiatric Treatment* is correct.
 - ii. The number of units requested is high compared to the current utilization of this service. Please review current utilization rates and enter a new figure into the *Services Change Chart*.
 - iii. Review the number of units requested. Burrell, Inc. is requesting 80 units, as of August 2017, there were only 4 units utilized. Please propose an amount that is more reflective of current utilization.
 - iv. The Program Performance Measures look good for this service, they just need to be entered in the *Services Change Chart*.
- d. Service #6 (formerly Service #4)
 - i. This information for this service includes multiple services. It is recommended to change this service name to *Job Readiness Training*. This will encompass all the work listed in the description.
 - ii. Include all the outputs and program performance measures information in the chart below.
- e. Service #7 (formerly Service #5)
 - i. This information for this service includes multiple services. It is recommended to change this service name to *Case Management*. This will encompass all the work listed in the description. Please provide documentation of the Missouri Department of Mental Health definition of unit rate, unit measure, and qualifications to provide this service. Provide a response in the field below.

DMH definition of unit rate, measure and qualifications of this service are: \$24.44 per 15 minute unit of Face-to-face, non-face-to-face interaction with client, legal guardian or other representatives such as School Personnel, Juvenile Officer, Children's Division Casemanager, Foster Parent, Temporary Legal Guardian, Inpatient Hospital Staff on day of admission or discharge from facility. Also includes travel to and from client appointments with and without client or legal guardian.

- ii. Please provide a new Unit Rate for this service in the *Services Change Chart*.
 - iii. The Program Performance Measures look good for this service, they just need to be entered in the *Service Change Chart*.

4. Funding Request - The funding request for each service will need to be updated to reflect the changes in service. This should be your best and final offer. *Action Required: Complete the Program Outputs and Funding Request Tables.*

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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5. An attachment is provided to submit your best and final offer for program outputs and funding request amounts. *Action Required: Complete the 'Program Outputs and Funding Request Tables'.*

Service Change Chart			
Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #1 – Taxonomy of Service Name: Behavioral Health Assessment			
Service #1 – Taxonomy Definition of Service: Assessment by a qualified mental health professional of an individual's history, mental health, and functioning with the purpose of establishing a treatment plan and/or diagnosis.			
<p>Provide a detailed description of the proposed service: Assessment by a qualified mental health professional of an individual's history, mental health and functioning with the purpose of establishing treatment plan and/or diagnosis. Each client enrolled in program is required to receive assessment for admission to psychiatric case management services. Each client enrolled over 365 days required to receive an annual assessment to determine whether they qualify for ongoing psychiatric case management services.</p> <p>NOTE: All clients enrolled in FHP received an assessment for current funding period and assessments have to be invoiced to the county because case management services are not covered by private insurance or Medicaid with an ineligible CPR diagnosis. Information about the discrepancy between number of Assessments completed and number invoiced to the county was explained in the POS Interim Report and submitted to the Apricot system and will be amended in future invoices.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Assessment	\$480.00	80	80
Funding Request			
Amount Requested to Boone County: \$38,400		Proposed Number of Units of Service: 80	

Performance Measures		
Outcome:	Indicator:	Method of Measurement:
All newly enrolled clients will receive an initial assessment.	100% of newly enrolled clients will receive initial assessment.	The initial assessment will be completed in the Electronic Medical Record (EMR) at time of intake.

Service Change Chart			
Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #2 – Taxonomy of Service Name: Family Therapy			
Service #2 – Taxonomy Definition of Service = Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.			
Provide a detailed description of the proposed service: BBH is no longer requesting this service. CCBHC changes require our agency to implement sliding scale fee which creates additional funding mechanism for the cost of outpatient therapy services. Services will be reimbursed through Medicaid, Private Insurance or Self-Pay. There is no longer a need for BCCSF to cover the cost of therapy services.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Service Change Chart			

Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #3 – Taxonomy of Service Name: Group Therapy - Child			
Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment for children with a related problem arranged in a group format with a qualified mental health professional. Group therapy places focus on all group members.			
Provide a detailed description of the proposed service: BBH is no longer requesting this service. CCBHC changes require our agency to implement sliding scale fee which creates additional funding mechanism for the cost of outpatient therapy services. Services will be reimbursed through Medicaid, Private Insurance or Self-Pay. There is no longer a need for BCCSF to cover the cost of therapy services.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart	
Organization Name: Burrell, Inc.	
Program Name: Family Health Program	
Service #4 – Taxonomy of Service Name: Individual Therapy-Child	
Service #4 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.	

Provide a detailed description of the proposed service: BBH is no longer requesting this service. CCBHC changes require our agency to implement sliding scale fee which creates additional funding mechanism for the cost of outpatient therapy services. Services will be reimbursed through Medicaid, Private Insurance or Self-Pay. There is no longer a need for BCCSF to cover the cost of therapy services.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #5 – Taxonomy of Service Name: Psychiatric Treatment			
Service #5 – Taxonomy Definition of Service: Implementation of a mental health treatment plan that may exclude psychotherapy and medication adjustments and performed by licensed psychiatrist.			
Provide a detailed description of the proposed service: BBH is no longer requesting this service. CCBHC changes require our agency to implement sliding scale fee which creates additional funding mechanism for the cost of outpatient psychiatry services. Services will be reimbursed through Medicaid, Private Insurance or Self-Pay. There is no longer a need for BCCSF to cover the cost of psychiatry services.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			

Amount Requested to Boone County:		Proposed Number of Units of Service:
Performance Measures		
Outcome:	Indicator:	Method of Measurement:

Service Change Chart			
Organization Name: Burrell, Inc.			
Program Name: Family Health Program			
Service #6 – Taxonomy of Service Name: Job Readiness Training			
Service #6 – Taxonomy Definition of Service: Prepares an individual to obtain and retain a job.			
<p>Provide a detailed description of the proposed service: Supported Education and Employment (SEE) Services are specific case management interventions designed to meet the needs of youth enrolled in middle and high school. Services will include career exploration and planning, goal-setting and teaching school and employment skills including resume writing, job application and interviewing, school and work attendance, time management, budgeting and saving, conflict resolution, interpersonal relationship skill building and symptom management at school and work. SEE staff will also build connections and working relationships with volunteer and employment organizations within the community to create opportunities for adolescent youth. Anticipated amount that will not be requested from the County to provide this service is \$11,731.20. This is included in expenses for the program and listed on budget document.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$24.44	480	30
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 480	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Improved school attendance for 6-8 th graders attending partner schools.	60% of clients attending partner schools will see improved attendance rates.	Quarterly class attendance records.
Improved academic performance for 6-8 th graders attending partner schools.	60% of clients attending partner schools will see improved academic performance.	Quarterly class grade reports.
Client will be able to identify possible career interests and goals.	60% of clients attending partner schools will complete a career and education plan.	Completion of career plan.
Freshman will be on-track for graduation.	80% of clients in the 9 th grade, attending partner schools, will have 6+ credit hours complete toward graduation at the end of their 9 th grade.	School reports on completed credit hours at end of 9 th grade.
Clients will increase employment or volunteer involvement.	60% of students 16+ will obtain volunteer or employment work within 90 days of beginning SEE (Supported Education and Employment) Services	Attainment of employment or volunteer work within 90 days of SEE services.

Service Change Chart
Organization Name: Burrell, Inc.
Program Name: Family Health Program
Service #7 – Taxonomy of Service Name: Case Management
Service #7 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options for services required to meet an individual's health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.
Provide a detailed description of the proposed service: Psychiatric case management is a research-based delivery model. Community support interventions and activities include screenings for services, evaluations, needs assessments, treatment planning and quarterly reviews of treatment goals, program evaluations, crisis prevention, response and postvention, coordination with medication management, physical healthcare providers, psychosocial rehabilitation, therapy services and agencies that impact child and family functioning. Also includes individual and family-based skill building for the purpose of education and monitoring of mental health symptoms, preventing and decreasing critical situations and improving overall functioning and natural supports. Treatment is guided by, coordinated with and monitored by qualified mental

health professional.

Case management services are not covered by private insurance or Medicaid clients with an ineligible CPR diagnosis. The funding mechanism that would at times cover the cost of this service for diagnosis eligible private insurance clients has been significantly reduced. BCCSF will be used to cover the cost of this level of care for any client that does not meet two criteria – Diagnostic Eligibility + Medicaid insurance but demonstrates significant impairment that warrants this level of care. The following clients may be covered by FHP case management services:

Diagnostic Ineligible + Private Insurance

Diagnostic Eligible + Private Insurance

Diagnostic Ineligible + Medicaid Insurance

Diagnostic Ineligible + No Insurance

Diagnostic Eligible + No Insurance *only after first attempting to use our Eligibility Specialist to help family obtain Medicaid Insurance and only if child/family does not qualify for Medicaid.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$24.44	10,599	80

Funding Request

Amount Requested to Boone County: \$259,039.60	Proposed Number of Units of Service: 10,599
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Performance Measures

Outcome:	Indicator:	Method of Measurement:
Improved symptoms of depression.	50% of clients will see improved symptoms related to depression.	Comparing scores on PHQ-9 from time of intake to most recent assessment over time.
Improved symptoms of anxiety.	50% of clients will see improved symptoms related to anxiety.	Comparing scores on GAD-7 from time of intake to most recent assessment over time.
Improved functioning related to treatment needs/goals.	50% of clients will see improved functional skills in at least one area of treatment-related measurement.	Comparing the overall DLA scores - as well as scores on Items 1 (Health Practices), 3 (Communication), 8 (Problem Solving) and 16 (Coping Skills) – from intake to the most recent assessment over time.
Improved family functioning.	50% of clients will see improved family functioning.	Comparing the scores of DLA Item 9 (Family Relationships) from intake to most current assessment over time.

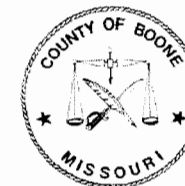
Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that

Organization Name: Burrell Center Inc.				
Program Name: Family Health Program				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Behavioral Health Assessment	One Assessment	\$480.00	80	80
Job Readiness Training	15 minutes	\$24.44	480	30
Case Management	15 minutes	\$24.44	10,599	80

were requested.

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Behavioral Health Assessment	\$38,400.00	80
Job Readiness Training	\$0.00	480
Case Management	\$259,039.56	10,599
Development/Start Up Service Funding		
Total Amount Requested to Boone County:	\$297,439.56	



Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIDUALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test

Burrell FEES AND SLIDING FEE PROGRAM

POLICY:

Fees

In accordance with federal regulations, Burrell has developed and continues to maintain on a current basis a schedule of fees for services. These fees are reflective of the area's usual customary and reasonable fees and encompass all costs of the program. It also has the corresponding schedule of discounts based on the ability to pay criteria. Both of these schedules are available in the Burrell administrative offices and all Clinic sites.

Sliding Fee Discount

It is the policy of Burrell, based on the requirements set forth in Section 330(k)(3)(G) of the Public Health Service Act and 42 C.F.R. § 51c.303(f), to establish discounts to its established schedule of fees. This policy is designed to reduce barriers to accessing health services (including pharmacy) for such patients. The sliding fee scale and nominal fee will apply to patients who receive outpatient services (except those who are eligible for Department of Mental Health funding) without health insurance who do not qualify for Medicaid, to patients with health insurance when their insurance does not cover a particular service, and to cost-sharing amounts for insured patients who qualify for a discount. However, the sliding fee scale will not apply to pharmacy services in the event that a patient qualifies for free drugs under any pharmaceutical-sponsored Patient Assistance Program.

Further, it is the policy of Burrell that no patient will be denied health services due to an individual's inability to pay for such services nor will the operating procedures for assessing patient eligibility and collecting payment create barriers to care. The Sliding Fee Discount is based on the Federal Poverty Guidelines published by the U.S. Department of Health & Human Services. These guidelines are updated in January of each calendar year and are available at: <http://aspe.hhs.gov/poverty/index.shtml>.

Burrell's Sliding Fee Scale Program is reviewed and updated annually with approval from the Board of Directors. Updates are consistent with the requirements established by the Board of Directors, Burrell's senior management, federal/state laws and regulations, and applicable accrediting organizations. It is the intent of Burrell to evaluate the overall effectiveness of the program by examining the following:

- Fee Schedule taking into consideration reasonable costs and locally prevailing charges;
- Sliding Fee Discount Schedule (SFDS) and structure;
- The Sliding Fee Discount Program Policy and Procedures including those policies that are associated with the program;
- Overall Operating Procedures; and
- Program compliance.

All aspects of the program will be applied uniformly to all patients and supported by the operating procedures. This includes: eligibility process; definitions of income and family size (what is included or excluded); frequency of re-evaluation of patient eligibility; documentation and verification requirements for determining eligibility; alternative mechanisms for determining patient eligibility; structure of the SFDS; use of multiple SFDS; establishing and collecting nominal charges; provisions for waiving fees and nominal charges for specific patient circumstances; billing and collections including payment plans, refusal to pay guidelines, billing patients, and billing third party payors; other discounts relative to supplies, equipment, or specific services; monitoring of the program through internal audits; and staff training.

PROCEDURE:

A. Establishing Discounts

1. General Description

Burrell has established: (a) a sliding fee schedule for uninsured and under-insured patients whose annual individual or family incomes do not exceed 200% of the most current Federal Poverty Guidelines (FPG) published by the Department of Health and Human Services (DHHS); and (b) a nominal fee for uninsured and under-insured patients with annual individual or family incomes at or below 100% of the most current FPG published by DHHS. The nominal fee consists of a minimal amount to support the cost of care, taking into account cost of living and other factors specific to the demographics and location of the health center. The sliding fee scale and nominal fees are approved by the Board of Directors. Further, they are reviewed and updated by the Board of Directors annually to ensure that charges to patients do not become a barrier to care. Payment plans are available to patients as needed.

2. Sliding Scale Eligibility Levels

Patients who qualify for the sliding fee program for medical and behavioral health services will be placed into one of four categories depending on their family size and gross household income:

- a. Slide A-100% or less of Federal Poverty Guidelines;
- b. Slide B-101 % to 135% of Federal Poverty Guidelines;
- c. Slide C-136% to 165% of Federal Poverty Guidelines;
- d. Slide D-166% to 200% of Federal Poverty Guidelines; and
- e. Patients over 200% of FPG are Full Fee.

3. Patient Responsibility

- a. Please reference Board approved sliding fee scales for patient responsibility for each service type (medical, dental, and behavioral health) for each slide level noted above. Per HRSA PIN 2014-02, the health center charges a fixed, nominal fee for services provided to consumers at or below 100% of Federal Poverty Guidelines (Slide A). Some procedures may be subject to a slide scale based on percent of charges.

4. Use of Multiple Scales

As noted above, Burrell has established a separate SFDS for medical/behavioral health and dental services. In developing the SFDS's, the locally prevailing charges along with the overall cost of care including supplies and equipment for each service type was taken into consideration. Patient access and uniform implementation were

also a factor in making this decision. The health center has a plan for routinely evaluating each SFDS to ensure that it does not create a barrier to care.

5. Other Services Considerations

As a means of reducing barriers to care, maximizing access, and improving health outcomes for the patient population, Burrell has established a structure of charges for specific circumstances such as flu shots and certain labs. (See Fee Schedule for more information)

B. Publicizing Discounts

Burrell shall inform all patients of the availability of discounts through multiple means such as signage in public places at the health center, notifications on intake forms, a sliding fee scale program informational pamphlet, and on the health center's website. In addition, the Sliding Fee Discount program is also explained to patients during the registration and intake process. All informational materials about the program are available in English and Spanish.

C. Application of Discounts

Patients who have completed an eligibility application form, submitted income verification documentation, and who have been determined eligible for a discount will be charged in accordance with the sliding fee scale or nominal fee as applicable.

D. Eligibility Determination Process and Documentation

The appointed registration and reception staff will assist patients in completing an eligibility application form and will collect any relevant income verification documentation from patients. Whenever possible, completion of the eligibility form and collection of income verification documentation will occur prior to the health center's rendering health care services to the patient. or as soon thereafter as is reasonable, but always prior to the application of the discount. Nonetheless, under **no circumstances** will health care services be withheld or denied on account of delay of the eligibility documentation process. **Patients who do not bring in the required documentation will be given the option to reschedule their appointment or to pay full fee. Once eligibility documentation is presented, the sliding fee scale will be applied from that visit forward and will not be retroactive (except in the case of incorrect Medicaid eligibility verification on the part of the agency).** At any time, while receiving assistance through the slide program, the patient is required to report any changes in household occupancy or financial status for re-evaluation. If this occurs, new eligibility forms and collections of income verification documentation will be required of patients. Failure to report any changes may make the sliding fee agreement invalid.

Patients who refuse to provide proof of income and family size are viewed as having declined to be assessed for slide eligibility and are considered ineligible for discounts. Copies of all eligibility forms and income verification documentation will be retained by the health center according to the established document retention schedule.

The qualifying procedure breakdown and payment schedule for patients enrolled in the sliding fee program are as follows:

- 1. Members of Household/Family Size** Family size is determined by the number of individuals depending upon or contributing to the income of the client/patient. It is essentially the number of persons for whom the head of household is financially responsible for. Household Members to include are persons living in that home who are:

- a. Head of household;
- b. Spouse;
- c. Children under the age 18;
- d. Dependent children age 18 or older (must provide proof of dependency);
- e. Children of divorced/separated parents who share custody and are claimed as dependents (must provide proof of dependency);
- f. Grandchildren and any other children/individuals when legal guardianship has been granted (must provide proof); and/or
- g. Any other relatives or non-related individuals who are claimed as dependents (must provide proof of dependency)

2. Sources of Income

- a. Gross Wages/Salaries/Tips
- b. Unemployment Compensation
- c. Worker's Compensation
- d. Earnings from need-based employment programs
- e. Welfare Benefits -TANF, General Relief (Does not include non-cash benefits such as food stamps, subsidized housing, and WIC)
- f. Social Security Disability and Retirement
- g. Supplemental Security Income
- h. Survivor's Benefits
- i. Pensions and retirement
- j. Veteran's Benefits
- k. Alimony
- l. Income from estates, royalties, trusts, investment interest, dividends, and rent
- m. Regular Contributions from persons not living in household (only if there is a set amount received, the frequency is established and consistent, and proof is provided)

3. Proof of Income

- a. Last two (2) consecutive pay stubs
- b. Total Income from the prior year's tax return if it is reflective of current income (Exception: Form 1 040EZ use adjusted gross income as it is the same as total income or W-2's from most recent year if tax preparation is in process)
- c. Statement of Benefits (Social Security, Unemployment, Pensions, etc)
- d. Employer earnings statement/letter
- e. Federal or State Award Letter

4. Alternative Eligibility Determination Methods Patients who state that they have no income or it is unfeasible for them to provide documentation will be required to sign a Responsibility Statement self declaring their income.

The statement attests that the information they have provided is true and accurate. It further explains that if a discrepancy is found the patient may be 100% liable for charges and may be deemed ineligible for the sliding fee program. Patients who refuse to sign this statement will be ineligible for the sliding fee scale program.

- 5. Exceptions** Patient eligibility circumstances not described in this policy and any exceptions to the documentation requirement for eligibility will be reviewed and determined by management that oversees the sliding fee program. These decisions will be made on a case by case basis.

E. Frequency of Re-evaluation Period The effective date of enrollment in the Sliding Fee Program is the date of application and eligibility determination. The sliding fee remains in effect for **one year**. At that time or upon the patient's next visit to the health center the patient must **reapply** for the sliding fee program. This process is the same as the initial eligibility determination procedures requiring the completion of the application forms and gathering of supporting documentation.

F. Billing and Collections Burrell shall make a reasonable effort to collect all charges for health care services rendered, regardless of whether discounted charges or standard charges are applied. Attempts will be made to maximize revenue from public and private third party payors. Education will be provided to patients on options available to them based on their eligibility for insurance and/or related third party coverage.

1. Third Party Payors (Medicare, Insurance and Medicaid Patients)

- a. Burrell will make every reasonable effort to obtain reimbursement from Medicare, Medicaid, CHIP, or other public assistance programs and private third party payors in accordance with requirements specified in statute, regulations, policies and/or contract terms/conditions.
- b. Initial billings take place within 30 days from the date of service. All denied claims are reviewed and scrutinized by the assigned billing personnel. Any claim that can be corrected will be fixed and re-billed appropriately.

2. Billing Patients

- a. Burrell will make reasonable efforts to secure payment from patients for services rendered taking into consideration the limits of the patient's ability to pay. It is not the intention of the agency to place barriers to service, but to encourage easy access while keeping in mind that fiscal responsibility is also important to continue serving our community. A reasonable effort may include, but is not limited to, issuance of a bill to the patient or responsible party within 30 days of the date of service and monthly thereafter until the amount owed is paid in full.
- b. Patients are expected to provide payment, including sliding fee charges on the day the service is given. Patients will receive a reminder of their expected payment prior to their appointment. This reminder will also happen upon checking in for their appointment at the clinic. If upon initial exam the provider determines the patient will need additional services not covered by the copay, the patient will be informed and referred to the designated staff for additional information regarding the costs of the recommended services. If the patient chooses to receive the additional services and is not prepared to pay for them on the day it is rendered, an option to set up a payment plan will be offered. The patient will sign a payment agreement form stating they understand they are responsible for the payment of additional medical services. All billing and collecting from patients will be conducted in an efficient, respectful and culturally appropriate manner.

3. Refusal to Pay

- a. It is important to note that a patient's refusal to pay does not equate to an inability to pay. An account is deemed "refusal to pay" when a patient does not make efforts to pay their debt and honor the payment agreement. If after the above mentioned billing and collection protocols are carried out and the account still is not paid off 3 months from the date of service, it will be placed in bad debt status. Once placed in bad debt status, the patient will be issued 3 collection letters from the billing department. If after 3 collection letters have been mailed (6 months from the date of service) the patient has yet to pay the amount owed and/or be placed on a payment plan, the account will be reviewed by the billing manager to determine what steps will be taken next. The billing manager will place an alert in the practice management system regarding the patient's bad debt status as an indicator to the front office staff to not schedule future visits with the patient unless fully recovery of bad debt is received, or a payment plan for full recovery is initiated.

G. Confidentiality In accordance with the HIPAA Privacy Rules, all personal information and records are kept confidential and will not be shared without the approval of the patient. At the time of intake and annually, patients are notified of the confidentiality and security protections.

H. No Denial of Services for Inability to Pay Regardless of whether a patient qualifies for a discount, if a patient would be denied services due to inability to pay a staff member will assist the patient with the development of a payment plan.

I. Staff Training All staff responsible for completing sliding fee paperwork will be trained on the Sliding Fee Program policy and procedures according to the front desk procedures. This training includes staff expectations and protocols.

J. Monitoring of SFD Program The Sliding Fee Program will be monitored regularly for compliance through random testing of new and established sliding fee patient files. This will entail checking files for required sliding fee paperwork, annual paperwork completed on time, verify income calculations, determine if the slide is applied appropriately, and confirm there is documentation to support eligibility determination. Through this, the eligibility screening process will be analyzed for effectiveness. Any concerns or trends will be communicated to management responsible for the Sliding Fee Program and a corrective action plan will be developed and implemented.

Burrell

SLIDING FEE CATEGORY DETERMINATION CHART

SLIDING FEE CATEGORY	A		B		C		D		FULL FEE
	0-100% FPL		101-135% FPL		136-165% FPL		166-200% FPL		201% FPL & OVER
FAMILY SIZE	MONTHLY INCOME	YEARLY INCOME	MONTHLY INCOME	YEARLY INCOME	MONTHLY INCOME	YEARLY INCOME	MONTHLY INCOME	YEARLY INCOME	NOTE: Monthly and yearly incomes that are above the limits in slide category D are ineligible for the sliding fee scale program and are charged the full amount of standard fees.
1	\$0 - \$1,005	\$0 - \$12,060	\$1,006 - \$1,357	\$12,061 - \$16,281	\$1,358 - \$1,658	\$16,282 - \$19,899	\$1,659 - \$2,010	\$19,900 - \$24,120	
2	\$0 - \$1,353	\$0 - \$16,240	\$1,354 - \$1,827	\$16,241 - \$21,924	\$1,828 - \$2,233	\$21,925 - \$26,796	\$2,234 - \$2,707	\$26,797 - \$32,480	
3	\$0 - \$1,702	\$0 - \$20,420	\$1,703 - \$2,297	\$20,421 - \$27,567	\$2,298 - \$2,808	\$27,568 - \$33,693	\$2,809 - \$3,403	\$33,694 - \$40,840	
4	\$0 - \$2,050	\$0 - \$24,600	\$2,051 - \$2,768	\$24,601 - \$33,210	\$2,769 - \$3,383	\$33,211 - \$40,590	\$3,384 - \$4,100	\$40,591 - \$49,200	
5	\$0 - \$2,398	\$0 - \$28,780	\$2,399 - \$3,238	\$28,781 - \$38,853	\$3,239 - \$3,957	\$38,854 - \$47,487	\$3,958 - \$4,797	\$47,488 - \$57,560	
6	\$0 - \$2,747	\$0 - \$32,960	\$2,748 - \$3,708	\$32,961 - \$44,496	\$3,709 - \$4,532	\$44,497 - \$54,384	\$4,533 - \$5,493	\$54,385 - \$65,920	
7	\$0 - \$3,095	\$0 - \$37,140	\$3,096 - \$4,178	\$37,141 - \$50,139	\$4,179 - \$5,107	\$50,140 - \$61,281	\$5,108 - \$6,190	\$61,282 - \$74,280	
8	\$0 - \$3,443	\$0 - \$41,320	\$3,444 - \$4,649	\$41,321 - \$55,782	\$4,650 - \$5,682	\$55,783 - \$68,178	\$5,683 - \$6,887	\$68,179 - \$82,640	
Each Add'l Person Add		\$348		\$470		\$575		\$697	\$6,898 \$8,360
SERVICE PROVIDED	A		B		C		D		FULL FEE
Therapy Evaluation	\$30		\$40		\$50		\$60		Varies
Individual Therapy	\$30		\$40		\$50		\$60		Varies
Group Therapy	\$10		\$20		\$30		\$40		Varies
Psychiatric Evaluation	\$60		\$80		\$100		\$120		Varies
Follow Up Psychiatry Visit	\$30		\$40		\$50		\$60		Varies

NOTE: Update green yearly income column with FPL and rest of columns will calculate.

Sliding Fee Desk Reference Guide

Sliding Fee Application & Eligibility Determination Process

Who can apply?

- Patients who do not have health insurance and are not eligible for Medicaid
- Patients whose health insurance does not cover or only partially covers a needed service

Application Process

- Registration Specialists/CSRs meet with and assist patients in completing the necessary forms needed to determine eligibility prior to their health care services appointment.
- Registration Specialist/CSR enters the information into patient's medical record during the face to face interview.
- Required documents for each patient file includes:
 - Photo ID
 - Sliding Fee Scale Application Form -Must be signed/dated by patient/guardian and witnessed by health center staff
 - Sliding Fee Eligibility Calculator – must be signed/dated by patient/guardian & witnessed by health center staff
 - Proof of Household Income
 - Responsibility Statement (SF Income Self Declaration) – ONLY for patients who state they have no income or are unable to provide documentation of income
- When a patient's appointment is scheduled and when given a reminder call they are informed of what documents they are required to bring in with them.
- If patients forget to bring in the needed documents they are given the choice of paying full fee including a payment plan for the service or rescheduling their appointment.
- Patient's that refuse to bring in proof of income or to sign a responsibility statement are ineligible for the sliding fee discount. (Full fee would apply)

Determining Eligibility

- Registration Specialists/CSRs gather documents from patients and 1) assist them in determining household/family size according to the established definition 2) closely review POI documents for appropriateness and needed information.
- If needed, Registration Specialists/CSRs can assist patient in accessing their pay stubs, SS benefits, unemployment, and tax returns on line. Copies must be printed and filed in patient's medical record.
- The patient completes the "Sliding Fee Application Form" (preferably together with staff). The health center staff closely reviews the form and verifies the relationship and age of the listed household members with the patient. The health center staff explains to the patient that in signing the form they are attesting that the information they provided is accurate and possible consequences if they have been untruthful. It is also explained to the patient that the fee will be re-determined at least annually and they must report any changes in income and/or household size as they occur.
- Registration Specialist/CSR completes the "Sliding Fee Eligibility Calculator" form with the income information gathered. Tips on using the form:
 - The form is set up to automatically calculate the annual income / total income based on amounts entered and pay cycle
 - Only put paycheck income in the 2 rows with that title -Must have two pay check amounts listed since these fields are set to average the two amounts
 - All other sources of income are entered in the row that says "Tax Return / UE, or SS Letter"

	<ul style="list-style-type: none"> • If a patient works AND receives social security or unemployment – the SS or UE needs to be entered in a different column since they have different pay cycles • The third column can be used as needed to include additional sources of income such as child SSI benefits or additional employment • The form must be dated and have the Slide Category (co-pay) checked along with patient/guardian signature witnessed by health center staff. This verifies that patient/guardian understands what copay will be charged • Comment section is to be utilized for explaining unusual situations and clarifying how the household income and size was determined
	Once household size and income is calculated, the Registration Specialist uses the “Sliding Fee Category Determination” chart to determine if the patient is eligible for the SF program and what Slide Category they fall into.
	The determined Slide Category is entered on the “Sliding Fee Eligibility Calculator” form by checking the appropriate box.
	The health center staff enters the slide information along with other required information into the patient’s medical record.
	The packet of sliding fee paperwork is given to the health center staff’s supervisor to review for accuracy. The supervisor signs off on the “sliding fee eligibility calculator” form confirming the paperwork was reviewed.
	The sliding fee paperwork including the proof of income documents are filed in patient’s medical record.

Sliding Fee Desk Reference Guide

Household Size

Definition of Family Size

Family size is determined by the number of individual's dependent upon or contributing to the income of the client/patient. It is essentially the number of persons for whom the head of household is financially responsible for.

Household Members to Include

(Any exceptions must be approved by supervisor)

Head of household

Spouse

Children under the age of 18 (age 17 & below)

Dependent children age 18 and over (disabled adults, full time students) – **must provide tax return as proof**

In situations where custody of children is in doubt – i.e. divorced/separated parents who share custody, rotating tax years to claim them as dependents – **obtaining tax return as proof is recommended** to avoid inconsistencies in individual parent's sliding fee paperwork if both are health center patients.

Grandchildren and any other children/individuals when legal guardianship has been granted – **must provide court documents**. **Note:** Legal guardianship is not the same as Power of Attorney, Representative Payee, and Physical Custody (when legal custody is with the state). Do not include these in the household.

Any other relatives or nonrelated individuals that are claimed as dependents – **must provide tax return as proof**

Do Not Include

Unmarried partner unless claimed as dependent on tax return

Unmarried partner's children unless claimed as dependents on tax return

Children age 18 and over unless claimed as dependents on tax return

Relatives living in the home who file their own tax returns and are not dependents

Foster Children who are in the custody of the state

Grandchildren who are in the custody of the state

Paperwork Reminders (Sliding Fee Scale Application Form)

"Date of Application" must be filled in

All household members names, relationship, age, **and** their date of births must be listed on the form

Be careful when completing "relationship" field – these refer to the relationship with the patient

Pay close attention to birth dates and ages of children in home – see above rule if any are 18 & over

Must be signed and dated by patient or guardian attesting that the information they provided is accurate.
Minors should not sign the form.

Must be signed and dated by health center staff attesting that they witnessed the patient/guardian's signature.
The signature date **MUST** match the patient/guardian signature date

Each household member that is a patient needs to have their own form in their file that lists them as the patient

Form is completed annually along with the rest of the SF paperwork

If household composition changes prior to annual paperwork and an update is requested, All SF paperwork needs to be updated along with new Proof of Income.

Burrell SLIDING FEE SCALE APPLICATION FORM

Date of Application: _____

Patient Name: _____ New Patient: ☐ YES ☐ NO Patient Age: _____

Patient Date of Birth: _____ Patient SSN (Optional): _____

Spouse's Name (If married): _____ Spouse's SSN (Optional): _____

IF PATIENT IS A CHILD AND/OR DISABLED:

Parent/Guardian #1: _____ Parent/Guardian #1 SSN (Optional): _____

Parent/Guardian #2: _____ Parent/Guardian #2 SSN (Optional): _____

LIST all who reside in your home that you are legally and financially responsible for:

	NAME	RELATIONSHIP	DATE OF BIRTH	AGE
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

It is the policy of Burrell to provide health care services at a cost that is affordable to its patients. The annualized incomes of the patients' households must be calculated and documented in order to provide services at an appropriate fee, based on Burrell's Sliding Fee Scale/nominal fee and as mandated by rules governing Certified Community Behavioral Health Centers. This information may also assist Burrell to help patients with other programs that offer financial assistance. If you are the parent or guardian of a minor or a legal guardian of an adult, please provide your financial information. If married, please provide both incomes.

BURRELL STAFF

Document sliding fee program eligibility by use of the Sliding Fee Eligibility Calculator Excel spreadsheet. This application, the Eligibility Calculator, and copies of income documentation used for screening must be scanned into the patient's file.

I attest that the income information I have provided to Burrell is true and accurate to the best of my knowledge. I understand that if I have been untruthful about my current income, I will become 100% liable for my Burrell charges and I will not be eligible for the sliding fee program during future visits. I further understand that my eligibility for the sliding fee scale program will be re-determined at least annually and that I must report any change in my income and/or household size to Burrell.

Signature of Patient or Parent/Guardian

Date

Burrell Witness

Date

Sliding Fee Desk Reference Guide

General Proof of Income Rules

Definition of Family Income

Family income is the total of all earnings, wages, and salaries before any deductions of all members of the household as defined by “family size”.

Sources of Income

Gross Wages/Salaries/Tips	Pensions and Retirement
Unemployment Compensation	Veteran’s Benefits
Worker’s Compensation	Alimony
Welfare Benefits (TANF, General Relief, Aid for Blind, etc)	Earnings from need-based employment programs (Transitional Employment, Sheltered Workshop)
Social Security – disability & retirement	Income from estates, royalties, trusts, investment, dividends, and rent
Supplemental Security Income (SSI)	Survivor’s Benefits
Regular Contributions from persons not living in household (only if there is a set amount received, the frequency is established and consistent, and proof is provided)	

Calculations

Pay Frequency Formula

- Paid Annually -no calculations needed – this is the Yearly Income
- Paid Monthly – Multiply gross amount X’s 12 = Yearly Income
- Paid Bi-Monthly (twice a month) – Multiply gross amount X’s 24 = Yearly Income
- Paid Bi-Weekly (once every 2 weeks) – Multiply gross amount X’s 26 = Yearly Income
- Paid Weekly – Multiply gross amount X’s 52 = Yearly Income
- Paid Every 3 Weeks – Multiply gross amount X’s 17 = Yearly Income

Do not count Food Stamps (SNAP), housing subsidies, & WIC (non-cash benefits)

Do not count Child Support Payments received

Do not count School loans, bank loans, & union paid portion of health insurance or other employee fringe benefits.

Do not include Income of individuals that are not included in “family/household size” such as unmarried partners, housemates, extended relatives, friends, or adult children

You must count the income of all individuals that are included in “family/household size” with the exception of dependents under the age of 18

Do not subtract Child Support Payments made or other financial obligations from the total household income

Do not use Net Income on pay check stubs

Do not use Adjusted Gross Income listed on tax forms (except on 1040EZ)

Other Do Not’s

DO NOT USE BANK STATEMENTS (any exceptions must be approved by supervisor)

Do not use Missouri State Income Tax Forms (it does not list Federal Total Income)

Do not use Tax Form 8879 -IRS e-file Signature Authorization (it does not list Total Income)

Do not use any Tax Schedule forms (i.e. A, SE) without the 1040/1040A tax form. These are only attachments and do not list Total Income (Gross)

Do not use Notice of Initial Determination of Status as an Insured Worker for verification of unemployment compensation (it does not guarantee payment of UI benefits)

**** See Proof of Income Documents SF Desk Reference Guide for more detailed information.**

Sliding Fee Desk Reference Guide

Proof of Income Documents

Types	Hints/Instructions
Federal Tax Return – Use Total Income (must be from prior year)	
Form 1040EZ	Use Line 4 (<i>On this form only – the adjusted gross income is the same as total income</i>)
Form 1040	Use Line 22 (Total Income)
Form 1040A	Use Line 15 (Total Income)
IRS Tax Return Transcription	If self employed use the amount “Total SE Income”
DO NOT USE: <ul style="list-style-type: none"> Missouri State Income Tax Forms (if does not list Federal Total Income – cannot file State Taxes without filing Federal Taxes) Adjusted Gross Income (except on Form 1040EZ) Tax Form 8879 – IRS e-file Signature Authorization (it does not list Total Income) Any Tax <u>Schedule</u> forms (i.e. A, SE) without the 1040/1040A tax form. These are only attachments and do not list Total Income (Gross) 	
Pay Check Stubs	
Must have 2 most recent consecutive pay stubs for each job	Any exceptions must be approved by supervisor and an explanation must be in the comment section on the calculator form Remember if paid monthly will need 2 months of POI
DO NOT USE: <ul style="list-style-type: none"> Net Income 	
Self Employed	
NOTE: The preferred form of POI is the most recent Income Tax Return	
Must use Total Income	<ul style="list-style-type: none"> If using check stubs to show what they pay themselves request a full month of income verification
Employer Letters	
Only use when paid in cash and/or does not have pay check stubs	<ul style="list-style-type: none"> Must be dated within the last month Must have patients name on it Must have business name on it (<i>preferably letterhead</i>) Must have contact name and phone number Must give gross income amount and frequency of pay If letter looks suspicious, contact the employer to verify
Unemployment Compensation Benefits	
Benefit Letter	<ul style="list-style-type: none"> Letter must be current Use the weekly benefit amount <u>Do not</u> assume benefits will end when they reach the maximum benefit amount. They will need to reapply for the SF when benefits end
Online Verification/Computer Printout	<ul style="list-style-type: none"> You can assist them in accessing their account online at

	https://uinteract.labor.mo.gov/benefits/home.do <ul style="list-style-type: none"> • Or by calling the Regional Claims Center – Jefferson City 573-751-9040; Kansas City 816-889-3101; St. Louis 314-340-4950; Springfield 417-895-6851, or Outside of local calling area 1-800-320-2519 • Print out the benefit info & file in patient's record
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DO NOT USE:

- Notice of Initial Determination of Status as an Insured Worker for verification of unemployment compensation (it does not guarantee payment of UI benefits)

Social Security Benefits

<u>Award Letters</u> SSD (Disability) SSI (Supplemental Security Income) Retirement Survivor benefits—spouse/child	<ul style="list-style-type: none"> • READ LETTERS CAREFULLY • Letter must be dated within current year of SF application date • ASK IF THEY RECEIVE MORE THAN ONE CHECK (DIRECT DEPOSIT) SSI & SSD. AMOUNTS NEED TO BE ADDED TOGETHER – use separate columns on calculator form • Must have letter for each household member that receives benefits including children • Use gross monthly amount prior to any deductions including: Medicare premiums; back Medicare premium payments; overpayment recoupment; tax withholding; child support • Do not count lump sum back payments • If letter is multiple pages due to explaining deductions, Medicare, etc copy all pages
Online Verification Computer Printout of Current Benefits	<ul style="list-style-type: none"> • Same rules apply as above “Award Letters” • If they have signed up for a “My Social Security” account on the SSA website you can assist them in obtaining a verification letter at http://www.ssa.gov/myaccount/ • Print out the benefit information for file
SSA-1099 (retirement & disability benefits for year)	Use Box 3 / Benefits Paid in (year) *Make a note in Comments section of SF Eligibility Calculator form confirming the monthly SSA benefit amount
Form SSA-1042S (Nonresident Aliens)	Use Box 3 / Benefits Paid in (year) *Make a note in Comments section of SF Eligibility Calculator form confirming the monthly SSA benefit amount

Other Retirement Benefits / Pensions

<u>Possible Types</u> 401K 403b Profit Sharing Plan Employee Stock Ownership Plan (ESOP) IRAs Various Trust Funds, etc	<ul style="list-style-type: none"> • They need to provide a statement, letter or some sort of documentation that shows what they receive and frequency (i.e. annually, monthly, weekly)
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DO NOT USE:

- Bank Statements (any exceptions must be approved by supervisor)

Family Support Division (FSD) – Welfare Benefits

Possible Types

General Relief

TANF (Temporary Assistance for Needy Families)

Aid for the Blind

- REVIEW CAREFULLY
- Verify patient's name and/or head of household is on paperwork
- Must be dated within 1 year of SF application and represent current benefit amount

NOTE:

- Patient's FSD paperwork can be used to verify Social Security Benefits as long as it is a current representation of what the household receives. (This is due to the FSD office having a direct link into the SSA database – so they are able to verify the amount electronically)

Responsibility Statements

To Report No Income

- Put patient's name & BD at top
- If declaring "no income" of spouse, write their name in the Household Member space. **DO NOT** put spouse's name in the patient name field
- Put "0" in the self reported income field

To Self-Declare Income

ONLY use in circumstances in which it is unfeasible or impossible to provide appropriate income documentation

- Put patient's name & BD at top
- If declaring income of spouse, write their name in the Household Member space. **DO NOT** put spouse's name in the patient name field
- Income field – specify the amount and frequency of pay i.e. weekly, biweekly, bimonthly, monthly, yearly
- Write explanation in the "comments" section of the Sliding fee Eligibility Calculator Form

ONLY to be used during APPROVED "New Year" time period (exact dates will be given at that time)

W-2

Note: You must ask if they have more than one W-2 **AND** if they had more than one job during the tax year

Use the highest income amount from either:

Box 1 / Wages, tips, other compensation OR

Box 3 / Social Security Wages OR

Box 5 / Medicare wages and tips

1042-S (Foreign Person's U.S. Source Income Subject to Withholding)

Use Box 2 / Gross Income

MISC-1099

Use Box 7 / Nonemployee compensation; Note: If boxes 1, 2, 3, 5 are filled in, all figures need to be totaled along with box 7. Total amount is the figure used as income on SF forms

Form RRB-1099 (Railroad Retirement Board)

Use Box 3 / Gross Social Security Equivalent Benefit

Form RRB-1042S (Railroad Retirement Board for Nonresident Aliens)

Use Box 3 / Gross Social Security Equivalent Benefit

Form 1099-G (Unemployment Compensation)

Use Box 1 / Unemployment Compensation

Burrell

SLIDING FEE ELIGIBILITY CALCULATOR

GENERAL INFORMATION

1. Date
2. Name
3. DOB
4. Marital Status
5. Dependents
6. No. in Household

VERIFICATION INFORMATION

- ☐ Last 2 paycheck stubs, last tax return available
- ☐ Signed letter from employer disclosing weekly or monthly pay
- ☐ Most recent UE benefit letter, social security benefit letter, other

Include "GROSS" regular pay, overtime, vacation, holiday, tips, commission, stipends, incentives, bonuses

	Patient/Guardian	Spouse/Guardian	Other (child SSI, additional job, etc)
Paycheck #1	\$	\$	\$
Paycheck #2	\$	\$	\$
Tax Return/UE, or SS Letter	\$	\$	\$
AVERAGE	\$	\$	\$
Pay Cycle			
Enter 52 for weekly; 26 for bi-weekly; 24 for bi-monthly; 17 for 3 week pay period; 12 for monthly; 1 for annual			
Annual Income	\$	\$	\$

Total Household Income

\$

SLIDING FEE DETERMINATION

Slide Category	Therapy Evaluation	Individual Therapy	Group Therapy	Psychiatric Evaluation	Follow Up Psychiatry Visit
Slide A	\$ 30	\$ 30	\$ 10	\$ 60	\$ 30
Slide B	\$ 40	\$ 40	\$ 20	\$ 80	\$ 40
Slide C	\$ 50	\$ 50	\$ 30	\$ 100	\$ 50
Slide D	\$ 60	\$ 60	\$ 40	\$ 120	\$ 60
Full Fee	Varies	Varies	Varies	Varies	Varies

COMMENTS:

Signature of Patient or Parent/Guardian

Signature of Registration Specialist

Supervisor's Signature

Date

Burrell RESPONSIBILITY STATEMENT

Patient Name _____

Date of Birth _____

Household Member Name _____

Self Report Income \$ _____

Household Member Name _____

Self Report Income \$ _____

IMPORTANT

THIS IS ONLY TO BE USED WHEN A PATIENT ASSERTS HE/SHE HAS NO HOUSEHOLD INCOME, OR FOR A PATIENT TO SELF-DECLARE THEIR HOUSEHOLD INCOME UNDER CIRCUMSTANCES IN WHICH IT IS UNFEASIBLE OR IMPOSSIBLE TO PROVIDE APPROPRIATE INCOME DOCUMENTATION.

I attest that providing the required documentation to support my reported income is unfeasible or impossible to obtain. If I am self-reporting \$0 income for my household, I attest that I am being fully truthful in this regard. I attest that the income information I have provided to Burrell is true and accurate to the best of my knowledge. I understand that if information becomes available and there is a discrepancy with the documentation and my reported income on this sheet, my sliding fee eligibility will be re-assessed and I may become 100% liable for my Burrell charges and may be deemed ineligible for the sliding fee program. I further understand that I must report any change in my reported income to Burrell at my next visit.

Signature of Patient or Parent/Guardian

Date

Burrell Witness

Date

Family Health Program
POS 2018 - 2021

A. Personnel	Name	Annual Salary	Level of Effort	Cost
Program Director		\$56,775.93	0.25	\$ 14,193.98
Supervisor - Masters-level		\$43,496.90	1	\$ 43,496.90
Psychiatric Case Manager 1		\$30,532.50	1	\$ 30,532.50
Psychiatric Case Manager 2		\$30,532.50	1	\$ 30,532.50
Psychiatric Case Manager 3		\$30,532.50	1	\$ 30,532.50
Supported Employment & Education Specialist		\$30,532.50	1	\$ 30,532.50
Total Personnel Cost		\$222,402.83		\$ 179,820.88

* 3% Cost of Living Adjustment

B. Fringe Benefits	Rate	Annual Salary	Cost
Taxes	0.0765	\$ 179,820.88	\$ 13,756.30
Health	0.08	\$ 179,820.88	\$ 14,385.67
Life	0.01	\$ 179,820.88	\$ 1,798.21
Pension	0.01	\$ 179,820.88	\$ 1,798.21
Workers Comp	0.01	\$ 179,820.88	\$ 1,798.21
Unemployment	0.01	\$ 179,820.88	\$ 1,798.21
Dental	0.01	\$ 179,820.88	\$ 1,798.21
Disability	0.01	\$ 179,820.88	\$ 1,798.21
Total Fringe			\$ 38,931.22

The fringe is calculated at Burrell's customary rate.

C. Travel	Location	Rate	Item	Cost
Local Travel	Boone County	1111 x .46/mile x 12 mo	Mileage	\$ 6,132.72
				\$ -
				\$ -
				\$ -

Total Travel				\$	6,132.72
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D. Equipment				\$	-
No equipment is needed for this project					

E. Supplies		Rate		Cost	
General Office supplies		\$150 / mo x 12 mo		\$	1,800.00
Copier		\$130/mo x 12 months		\$	1,560.00
				\$	-
Total Supplies				\$	3,360.00

Contractual (consultant)	Service	Rate	.	Other	Cost
					\$ -
					\$ -
					\$ -
					\$ -

Contractual (contract)		Product / Service		Cost	
				\$	-
				\$	-
				\$	-

Other		Rate		Cost	
				\$	-
				\$	-
				\$	-
				\$	-

This cost will cover a cell phone stipend for project related calls for each project staff person of \$20.00 per month times 12 months.

Indirect Costs		Rate		Cost	
		.15% of personnel		\$	26,973.13

Indirect cost are calculated at 15% administrative allowance

Category	Federal Request		
Personnel	\$179,820.88		
Fringe	\$38,931.22		
Travel	\$6,132.72		
Equipment	\$0.00		
Supplies	\$3,360.00		
Contractual	\$0.00		
Other	\$0.00		
Total Direct Costs	\$228,244.82		
Indirect Costs	\$26,973.13		
Total Project Costs	\$255,217.96		
Total SEE Service Cost	\$11,731.20	\$	11,731.20
TOTAL DIRECT COSTS	\$228,244.82		
Request			
TOTAL INDIRECT	\$26,973.13		
TOTAL SEE SERVICE COST	\$11,731.20		
TOTAL PROJECT COST		unit cost	
Request	\$266,949.16	\$4,449.15	

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Burrell, Inc.

DBA:

Burrell Behavioral Health

Federal EIN Number:

43-1081715

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1300 East Bradford Parkway

City

Springfield

State

Missouri

County

Greene County

Zip

65804-4264



Organization Phone Number:

417-761-5000

Address

1300 East Bradford Parkway

City

Springfield

State

Missouri

County

Greene County

Zip

65804-4264



Organization Fax Number:

417-761-5011

Website:
http://www.burrellcenter.com

Head of Organization

Paul Thomlinson, Ph.D.

Head of Organization Phone:

417-761-5015

Email:
info@burrellcenter.com

Head of Organization Title (e.g. Director, President, CEO)

Acting President & CEO

Head of Organization Email:

paul.thomlinson@burrellcenter.com

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Burrell Child and Adolescent Clinic

Address

3401 Berrywood Drive

Suite 203

City

Columbia

State

Missouri

County

Boone County

Zip

65201



Local Contact Name:

Megan Steen

Local Contact Email:

megan.steen@burrellcenter.com

Local Organization Fax:

573-777-8487

Address

3401 Berrywood Drive

Suite 203

City

Columbia

State

Missouri

County

Boone County

Zip

65201



Local Contact Title:

VP Central Region

Local Contact Phone:

573-777-8453

General Information

Organization
Mission
Statement
(Purpose):

Provide your organization's mission statement. (600 character limit)

To improve the health and quality of life of our community members by providing comprehensive, integrated and trauma-informed mental health, addictions, developmental, and health services..

Organization
History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Burrell was established in Springfield, Missouri in 1977 as an administrative agent of the Missouri Department of Mental Health (DMH) for service area 10. Burrell later acquired Service Area 12 which includes Boone County and nine additional counties in central Missouri. Burrell provides a comprehensive array of specialized DMH-funded behavioral health services for adults, youth, and families.

Brief Statement of
Organization's
Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Burrell's major goal is to design services to be responsive to the specific needs of the individuals we serve. New services are developed as the needs of our community are recognized and defined. It is our mission to continue to provide, develop and refine services which have been demonstrated to work. Burrell, a Certified Community Behavioral Health Center (CCBHC), is working toward increasing quality of care, reducing cost of care, and improving access to care.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of
Incorporation: /document/download/filename/1469549593_30405_ArticlesofIncorporation.pdf/
**Provide a copy
of the
organization's
Articles of
Incorporation.**

Bylaws: /document/download/filename/1469549546_34051_Burrellbylaws.pdf/
**Provide a copy
of the
organization's
Bylaws.**

Organizational
Chart /document/download/filename/1500492647_30406_Orgchartrevised6.29.17.pdf/
(must be for the
entire
organization):

Organizational Chart (MUST BE IN PDF FORMAT)

Strategic Plan: **Strategic Plan (MUST BE IN PDF FORMAT)**

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
Burrell provides services in Polk, Greene, Dallas, Webster, Christian, Stone, Taney, Randolph, Chariton, Carroll, Saline, Howard, Boone, Pettis, Cooper, Moniteau, and Morgan counties in Missouri.

Population
Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
Burrell provides services for children, adolescents, transitional-age youth, and adults who desire behavioral health services and treatment.

Conflict of
Interest Policy: **Does your organization have a written Conflict of Interest policy?**
yes

Whistleblower
Policy: **Does your organization have a written Whistleblower policy?**
yes

Business
Continuity
Plan: **Does your organization have a written Business Continuity plan?**
yes

Records
Retention
Policy: **Does your organization have a written Records Retention policy?**
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):
3 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Dennis Sheppard	Chairman of the Board	09/26/2016	09/26/2019	531 S. Union Ave. Springfield, MO 65802		Added on 07/26/2016
Richard Paul Thomlinson, Ph.D.	Acting President & CEO	01/01/2017	01/01/2020	1300 E. Bradford Parkway, Springfield, MO 65804		Added on 02/07/2017
Tom Rankin	Board Member	09/26/2016	09/26/2019	2808 S. Ingram Mill #A100, Springfield, MO 65804		Added on 07/26/2016
Hal Higdon, Ph.D.	Board Member	09/26/2016	09/26/2019	1001 E. Chestnut Expressway, Springfield, MO		Added on 02/07/2017
Paul Williams	Board Member	09/26/2016	09/26/2019	321 E. Chestnut Expressway, Springfield, MO		Added on 02/07/2017
Phyllis Wolfram	Board Member	09/26/2016	09/26/2019	1610 E. Sunshine Street, Springfield, MO		Added on 02/07/2017
Denise Mills	Assistant Secretary	09/25/2016	09/25/2019	1300 Bradford Parkway, Springfield, MO 65804		Added on 07/26/2016
Steve Edwards	Board Member	09/26/2016	09/26/2019	3850 S. National #500, Springfield, MO 65807		Added on 07/26/2016
Clifford Brown	Vice Chairman	09/26/2016	09/26/2019	8063 W. FR 164, Republic, MO 65738		Added on 07/26/2016
Fred Hall	Secretary/Treasurer of the Board	09/26/2016	09/26/2019	3275 E. Ridgeview Street, Suite A, Springfield, MO 65804		Added on 07/26/2016
Total Active Links:10, Total Deactivated Links:1, Current Active Links:10, Current Deactivated Links:1						

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Notes

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

October 1 through
September 31

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1469550046_29953_FedIRSBurrellIncDeterminationletterfor501%28c%293.pdf/

organization has
been designated as
tax exempt.

Financial Statement (MUST BE IN PDF FORMAT)

Financial
Statement:

/document/download/filename/1500317574_29954_2016FinancialStatementwithoutSupplementaryInformation.pdf/

**Upload your
organization's most
recently completed
Financial Statement
and corresponding
communications
(required for
audited statements).
Financial
statements must be
reviewed by a
qualified third party
and be
accompanied by a
letter or report of
assurance
(compilation,
review, or audit).**

990/990 EZ (MUST BE PDF FORMAT)

IRS 990 or 990
EZ:

/document/download/filename/1486143607_29955_BURRELLINC._1231_2014_PUBLICINSPECTIONTAXDOCUMENTS990.PDF/

**Upload your
organization's most
recently filed 990 or
990 EZ. Please
contact the City,
County and/or
HMUW if your
organization is not
required to file a
990 or 990 EZ with
the IRS.**

**Financial Policies
and Procedures:
Summarize the
organization's
policies and
procedures
regarding board
oversight of the
organization
finances. (600
character limit)**

The Board meets
monthly with the
President & CEO and
the VP Finance &
Administration to
review and approve
the organization's
finances.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Physician	MD	1.00	\$240,000.00	\$61,560.00	✓	Added on 07/19/2017
Physician	MD	1.00	\$240,000.00	\$61,560.00	✓	Added on 07/19/2017
Physician	MD	1.00	\$249,141.76	\$63,904.86	✓	Added on 07/19/2017
Physician, Psychiatry	MD	1.00	\$250,000.00	\$64,125.00	✓	Added on 07/19/2017
Physician, Psychiatry	MD	1.00	\$255,000.00	\$65,407.50	✓	Added on 07/19/2017

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Missouri Department of Mental Health, Division of Behavioral Health for Detoxification - Social Setting, Comprehensive Substance Treatment and Rehabilitation for the general population and adolescents, Outpatient substance abuse treatment, Compulsive Gambling, Substance Abuse Traffic Offender Program, Prevention-Targeted, Community Psychiatric Rehabilitation for Adults (CPR), CPR for Children and Youth, Outpatient Mental Health, Access Crisis Intervention. Period: February 1, 2014 - January 31, 2017.

Accreditation 2:

CARF International, valid through December 31, 2019 for multiple mental health treatment, crisis treatment, community housing for mental health, substance abuse treatment, and residential treatment for children, adolescents, and adults.(Just recently received 3 year renewed accreditation)

Accreditation 3:

Text

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Burrell, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 06/23/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Burrell, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 06/23/2017
Children's Services Fund - PILOT RFP #28-24JUN14 (Modified Interim PILOT Report ends 08/01/2017 12:01 PM CDT)	Burrell, Inc.	County Children's Services Fund Pilot	Boone County	RFP #28-24JUN14		Added on 06/23/2015
Children's Services Fund - POS RFP #27-10JUN14 (Modified Interim POS Report ends 08/01/2017 12:01 PM CDT)	Burrell, Inc.	Children's Services Fund - POS	Boone County	RFP #27-10JUN14		Added on 06/25/2015
Total Active Links:4, Total Deactivated Links:0, Current Active Links:4, Current Deactivated Links:0						

System Fields

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Burrell, Inc.

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Family Health Program

Amount of Request

\$342,348.40

County-Children's Services - Service Type (check all that apply)

Outpatient chemical dependency and psychiatric treatment programs
Home-based and community-based family intervention programs
Crisis intervention services, inclusive of telephone hotlines
Individual, group, or family professional counseling and therapy services
Psychological evaluations
Mental health screenings

Program Information

Program Website (will default to Organization website)

<http://www.burrellcenter.com>

Address

3401 Berrywood Drive

City

Columbia

State

Missouri

County

Boone County

Zip

65201



Program Administrator Name

Megan Steen

Phone Number

573-777-8453

Address

1300 East Bradford Parkway

City

Springfield

State

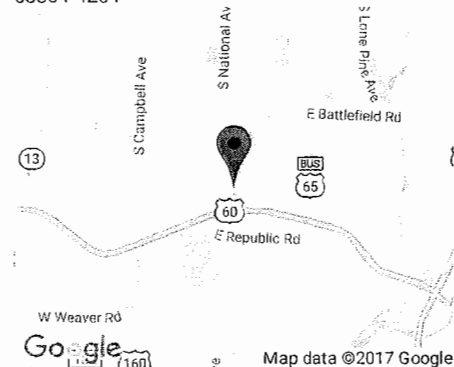
Missouri

County

Greene County

Zip

65804-4264



Program Administrator Title

VP Central Region

Email

megan.steen@burrellcenter.com

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500487804_30421_Agencyassurance7.19.17.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500487804_30420_AttachBCertificationDebarment.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500492555_30419_AttachmentC.pdf/

Signed Addendums


/document/download/filename/1500487804_30418_Addendums.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Link Info	
			Active	Date
Burrell, Inc.	1300 East Bradford Parkway	Paul Thomlinson, Ph.D.		Added on 06/23/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-1081715

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Paul Thomlinson, Ph.D.

Printed Name - Organization Executive Director/President/CEO

7/19/17
Date



Signature - Organization Executive Director/President/CEO

7/19/17
Date

DENISE MILLS, ASSISTANT SECRETARY
Printed Name - Organization Board Chair OF THE BOARD

7/19/17
Date



Signature - Organization Board Chair

7/19/17
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Holly Jones, DIRECTOR OF GRANT DEVELOPMENT & MANAGEMENT
Name and Title of Authorized Representative

A. Holly Jones
Signature

7/19/17
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of GREENE)
) ss
State of MISSOURI)

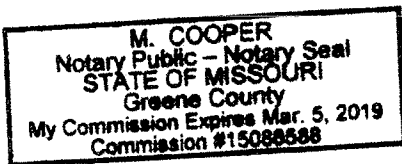
My name is Holly Jones. I am an authorized agent of Burrell, Inc.
(Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

A. Holly Jones 7/19/2017
Affiant Date

Holly Jones
Printed Name

Subscribed and sworn to before me this 19th day of July, 2017.



M. Cooper
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

Company ID Number: 406415

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **Burrell Behavioral Health** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed

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by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and

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Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo

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and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer

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uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-

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Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States,

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whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with

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Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it

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determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

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ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

Company ID Number: 406415

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

Company ID Number: 406415

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Burrell Behavioral Health	
Sabrina Wilford	
Name (Please Type or Print)	Title
Electronically Signed	04/05/2011
Signature	Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)	Title
Electronically Signed	04/05/2011
Signature	Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	Burrell Behavioral Health
Company Facility Address:	1300 E. Bradford Parkway
	Springfield, MO 65804
Company Alternate Address:	
County or Parish:	GREENE
Employer Identification Number:	431081715

Company ID Number: 406415

North American Industry Classification Systems Code:	621
Administrator:	
Number of Employees:	500 to 999
Number of Sites Verified for:	1
<p>Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:</p> <ul style="list-style-type: none"> MISSOURI 1 site(s) 	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Donna Bracht	Fax Number:	(573) 777 - 8467
Telephone Number:	(573) 777 - 8458		
E-mail Address:	donna.bracht@burrellcenter.com		
Name:	Michelle Cooper	Fax Number:	(417) 761 - 5041
Telephone Number:	(417) 761 - 5043		
E-mail Address:	michelle.cooper@burrellcenter.com		
Name:	Sabrina D Wilford	Fax Number:	(417) 761 - 5011
Telephone Number:	(417) 761 - 5042		
E-mail Address:	sabrina.wilford@burrellcenter.com		



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto. Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:
<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:
This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: BURRELL, INC.
Address: 1300 BRADFORD PKWY, SPRINGFIELD, MO
65804
Phone Number: (417) 761-5026 Fax Number: (417) 761-5031
E-mail: holly.jones@burrellcenter.com
Authorized Representative Signature: A. Holly Jones Date: 7/19/17
Authorized Representative Printed Name: A. Holly Jones

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David Clifton	Haystack Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank Bk.	874-8518	877-8432
6.	Judy Starr	Central Bank BC	874-8506	874-8432
7.	Jody Munson	Central Bank KC	874-8506	874-8432
8.	Bob Hull	US Bank	446-3394	446-8061
9.	Joe Ritter	Landmark Bank	441-2818	
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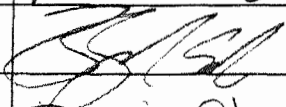
PRE-PROPOSAL CONFERENCE SIGN IN SHEET

13-20JUL17 - Depository of County Funds

23.	Bonnelaylin	Central Bank		874-8501
24.	Triller Holman	US Bank		446-6736
25.	Eric Wright	US Bank		673-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

13-20JUL17 - Depository of County Funds

46.	Julia Lutz	IT		
47.	Aron Gas	IT		
48.		COLLECTOR		
49.	Denise Abney	Collector		
50.	TOM LARROUTH	TREAS		
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

- a. You included the following requested attachments:
 - Attachment A 2017 Organization Assurance Sheet
 - Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
 - Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "ProgramOverview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: BURRELL, INC.

Address: 1300 BRADFORD PKWY, SPRINGFIELD, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5031

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature: A. Holly Jones Date: 7/19/17

Authorized Representative Printed Name: A. Holly Jones



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: BURRELL, INC.

Address: 1300 BRADFORD PKWY, SPRINGFIELD, MO

Phone Number: (417) 761-5026 Fax Number: (417) 761-5031

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature: A. Holly Jones Date: 7/19/17

Authorized Representative Printed Name: A-Holly Jones

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valerie Livingston	BGC	823-1157 ext	874-0681
4.	Shelly Lock	CCAMD	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Jim Artage	U of Mo CFR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Fink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1832
11.	Andrea Pauley	Healthy Steps	884-6045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Lucke	Rainbow House	573-473-2963	
15.	Ron Bone	XC2	573-554-7011	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Boone County	Boone County	Boone County	Boone County
3.	Jannestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klostermann	CMCA BRIDGE	573-427-7897	
5.	Mernell King	CMCA Bridge	573-999-1179	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8644
7.	Philip Peters	Grade A'	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vikki Dawett	EC-PBS	573-356-9562	
13.	Kan Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Julie Kiessling	Kiessling & Assoc.	573-554-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Baling	SOAIR	573-884-6324	
17.	Carole Schatz	BRIDGE	573-265-4921	884-1070
18.	Whitney Jones	St. Raymond Society	(717) 601-1215	
19.	Becky Markt	CHA Low-Income Svcs	573-443-2556	0551
20.	Gay Littleton	MLJ CLC	573-449-5600	573-875-1535
21.	Minam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017
Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Cheryl	WV Bridge	268-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Beatrice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys Girls Club	268 8549	
28.	Mark Brackel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dinn	H Fletcher, ZPPS	573-574-3677	
31.	Laine Bang-Waller	Per tof Ryck	884-6136	
32.	Michelle Shille	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Nelly H71	Heart of MO CHSH	442-4670	N/A
23.	Jim Trust	Grade A Plus	573-268-4372	
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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Burrell, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Family Health Program
Amount of Request	\$342,348.40
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The unmet mental health needs in Boone County are illustrated in two recent reports. First, The Report of School-Based Mental Health Committee (Columbia Public Schools, 2013:3) states that mental health "is characterized by the ability to do well functionally (e.g., academically, socially, physically) and signifies the ability to cope with challenges (Scheffkind, Bazyk, & Fette, 2012)." The report (Columbia Public Schools, 2013:4) identifies needs specific to students, families, and teachers regarding child/adolescent mental health. As such, the Committee recommended the implementation of actions to mitigate these shortfalls: 1) school-based mental health services; 2) data-driven and evidenced-based service practices and evaluations; 3) an integrated system-of-services approach among all school staff; and, 4) educational and professional development opportunities. In 2014, the Boone County Community Services Board held a Community Input session to invite responses from local agencies regarding shelter and at-risk populations. Participants in the Community Input Analysis & Needs Assessments Synthesis 3 (The Institute of Public Policy, 2014) identified multiple needs: 1) immediate access to mental health services; 2) emotional support for families and the homeless; 3) services for rural clients; 4) parallel developmental needs of parents and children; 5) improved basic life skills for clients; 6) mental health and case management services; and, 7) performance and goal measures.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The proposed target population is youth ages 19 and younger who have behavioral health needs and their families are unable to access psychiatric case management services due to being underinsured, private insured, uninsured, or do not have a qualifying diagnosis but a demonstrated level of impairment and need. The Boone County Indicators (BCI) report (2016) indicated nearly 10-20% of sixth and eighth grade students are not attending school 90% of the time. These two grades are critical for academic and social learning; they are transitional periods in a child's life. When absent from classes, there is a greater risk they will fall behind academically, struggle to make appropriate social-emotional connections with peers and adults, and be unprepared for high school graduation, post-secondary training, or employment. Further, the BCI report (2016) presented 2014, 2015, and 2016 data from Missouri

Department of Elementary and Secondary Education on ninth grade students who are on track to graduate with at least 6 credits by the end of their freshman year in Columbia Public Schools. The statistics indicated nearly 24% of ninth graders were not on track to graduate. The proposed target population falls within the following statutorily-eligible service areas: home-based and community-based family intervention programs; crisis intervention services, inclusive of hotlines; individual, group, or family professional counseling and therapy services; and, mental health screenings.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The program will serve the mental and physical health needs of children/families unable to access psychiatric case management (PCM) services due to being underinsured, private insured and uninsured or not having a qualifying diagnosis for PCM, but a having demonstrated level of impairment/ need.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

Family Health Program is a community-based psychiatric case management program which can also include psychiatric medication management, therapy and supported education and employment services for youth ages 19 and younger who reside in Boone County and who do not traditionally qualify for psychiatric case management services based on insurance and eligibility criteria. This program is a person-centered approach that emphasizes individual choices and needs; features flexible community-based services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of services to persons with severe, disabling mental illnesses. Services include clinical evaluations, crisis intervention, community support, medication management, individual, group, and family therapy and client-centered integrated healthcare.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Youth ages birth – 19 years old that reside in Boone County, Missouri. Youth that has been diagnosed with a mental illness or serious emotional disturbance and demonstrates impairment in at least three areas of functioning. Youth who are uninsured, underinsured or have private health insurance that does not cover the cost of psychiatric case management services.

b. Why will these particular consumers be served? (1500 character limit)

In 2016, Boone County's estimated population was 176,594, with 20.2% (n=35,672) of that population under the age of 18 (U.S. Census Bureau 2017). As of 2017, 23,391 students are enrolled in Boone County public schools (Public School Review 2017). One study (Depue, Breejen, Evans, & Sale 2012) indicated that 18.5% of 98,000 Missouri students grades 6 through 12 surveyed reported being sad in the last month "often" or "always," while 19.7% reported some means of self-harm in their lifetime. According to these rates, over 7,000 Boone County students are potentially suffering from a mental health issue. In Columbia, 19.6% of students (Missouri Safe and Drug Free Schools 2010) surveyed answered that during the last 30 days, they had "often" or "always" felt sad, 25.7% "often" or "always" felt grouchy, and 14.5% "often" or "always" felt helpless about the future. According to the Adolescent Health Needs Assessment prepared by the Columbia/Boone County Department of Public Health and Human Services (2012), suicide is one of the principal causes of death among adolescents ages 15 to 24 (Belfer, 2008). In a 2010 survey (Missouri Safe and Drug Free Schools), 13.55% of those surveyed responded that suicide had been considered, while 10% responded that they had made a suicide plan. Burrell has developed its community psychiatric rehabilitation (CPR) program to offer comprehensive, evidence-based practices.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Impediments impacting the program stem from the ability to consistently serve some of the uninsured, underinsured, private insurance, and those with diagnosis restrictions due to changes in state funding. Burrell proposes to limit the caseload to 80 families in the first year, with the goal of maintaining the caseload size in succeeding years. Some youth and families in the program may later qualify for state funding and will be transferred to CPRC services, freeing them of the restrictions. Other challenges involve client engagement and clients' ability to pay sliding scale fees.

d. Total number of unduplicated individuals to be served by the proposed program:

80

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

4279.35

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of

time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. **No individual should be counted twice under any sub-section.**

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

80

City of Columbia

60

Other Counties

0

Residence Total

80

Record Lock

0

Race

White (alone)

55

Black or African American (alone)

14

Native American Indian or Alaskan Native

1

Asian (alone)

1

Native Hawaiian or other Pacific Islander (alone)

1

Multiple Races

2

Some Other Race

6

Race Total

80

Ethnicity

Hispanic or Latino (of any race)

6

Not Hispanic or Latino

74

Ethnicity Total

80

Gender

Female

35

Male

45

Other

0

Gender Total

80

Income

At or below 200% of Federal Poverty Level

63

Over 200% of Federal Poverty Level

17

Income Total

80

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

4

Preschool (3 years – 5 years)

4

School Age (6 years – 11 years)

10

Middle School (12 years – 14 years)

30

High School (15 years – 19 years)

32

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

80

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

6

b. Provide information on the types of training that will be offered. (1500 character limit)

Six treatment providers will be trained for the Family Health Program which includes Program Director (1), Supervisor/Therapist (1), Psychiatric Care Coordinators (3) and Supported Education and Employment Specialist (1). FHP staff will participate in TIP (Transition to Independence Process) Training, plus several free trainings offered by BBH as required for all-staff and multiple entities including Missouri Department of Mental Health (DMH), Certification and Accreditation of Rehabilitative Facilities (CARF), Missouri Medicaid, Certified Community Behavioral Health Centers (CCBHC). Training topics range from motivational interviewing, cognitive behavioral therapy, and dialectical behavioral therapy techniques to suicide prevention and response, crisis response, family conflict resolution, and social-emotional skill development.

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

Open access for enrollment during clinic hours on Monday-Friday, 8am-5pm. Individualized treatment provided in community setting between hours of 7am-8pm, Monday-Friday. Crisis services provided through Burrell Crisis Hotline and on-call provider response 24 hrs/day, Monday-Sunday.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Eligibility requirements include: 1) Youth between ages birth-19 years old, 2) Youth resides in Boone County, 3) Youth has been diagnosed with mental health disorder or serious emotional disturbance, 4) Youth has a demonstrated level of impairment in at least three areas of functioning evidenced by DLA or DECA score, 5) Youth has private insurance or no insurance, 6) Youth has Medicaid Insurance but does not have a CPR eligible diagnosis established by Missouri Medicaid or Missouri Department of Mental Health.

c. Will program consumers be charged a fee for the proposed program service(s)?

Yes

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

FHP enrollees must receive psychiatric case management services. Enrollees have options to also receive psychiatric medication management services, therapy services, and supported education and employment services. Number and frequency of services received in combination with income and household size determines program fees. See sliding scale fee attachment.

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Narrative

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Currently, Burrell Administration is in the process of developing a sliding fee schedule, but it remains in draft form and is not yet approved by the Board. Burrell anticipates using a sliding fee schedule, upon approval. The sliding fee schedule will assist with the cost of services while making services affordable for those with lower incomes and fewer resources.

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Currently, Burrell Administration is in the process of developing a sliding fee schedule, but it remains in draft form and is not yet approved by the Board. Burrell anticipates using a sliding fee schedule, upon approval. The sliding fee schedule will assist with the cost of services while making services affordable for those with lower incomes and fewer resources.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Program Director and Supervisor/Therapist: Master's degree and license, provisionally-licensed with oversight of licensed provider.

Child Psychiatrist: MD with specialization in Psychiatry.

Psychiatric Care Coordinator: Bachelor's degree in child/family development, psychology, social work or human services. Missouri Driver's License

Supported Education and Employment Specialist: Bachelor's level degree in fields related to human services; Missouri Driver's License

Research Assistant: Bachelor's degree in social science or other research field.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

If Yes - Provide the name of the accreditation agency. (300 character limit)

Burrell Behavioral Health receives CARF (Certified Accreditation for Rehabilitation Facilities) accreditation for a three-year time period.

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

2017-2020

If Yes - Provide a description of the accreditation process: (600 character limit)

The accreditation decision is based on the review by a team of CARF surveyors on Burrell's conformance to the CARF standards. CARF surveyors review physical facility locations, guidelines/policies/procedures for service delivery, staff training and quality improvement and electronic medical records.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Family Health Program will use the standards and best practices that have been long-established for psychiatric case management services through the Missouri Department of Mental Health.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

Burrell is an administrative agent of the Missouri Department of Mental Health. Burrell has been a forerunner in the use of evidence-based practices in behavioral healthcare and has won multiple national, regional, and state awards. In 2011, Burrell was honored with the National Award for Excellence in Behavioral Healthcare Management; 2016, 2010, 2000-2003 the National Council of Community Behavioral Healthcare Award of Excellence; and 2015 Outstanding Performer in Housing Development awarded by the Missouri Department of Mental Health.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

Narrative

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

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

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

Narrative

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Psychiatric case management services are unique from other case management services. The term "case management" is used to describe a variety of human services, but community-based psychiatric case management provides direct care services to youth and families including skill building, symptom management, crisis prevention, response and postvention, coordination of care with other human service organizations, clinical assessment of symptoms, diagnosis and treatment plans. These services mostly occur in community settings including home, school and other locations, in addition to clinical setting. Psychiatric case management services provide additional mental health support in a client's natural environment to reach optimal outcomes at a frequency that ranges from monthly to multiple times per week, depending on acuity. These services reduce crisis situations, hospitalizations and out-of-home or out-of-school placement. Additionally, the program includes Supported Education and Employment Services (SEES) for middle and high-school aged youth enrolled in FHP and Burrell Partnership Schools. SEES includes teaching skills related to problem-solving, career exploration and post-secondary planning, resume building, employment, symptom management, conflict resolution, and time/money management. Collaboration with the schools affords more opportunity to work with school staff regarding issues such as attendance, grade reports, guidance counseling, and academic/career planning.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Quality Assurance Surveys are conducted on a monthly basis by QMHP (Qualified Mental Health Professional) staff and this feedback is provided to the clinical team. Clinical screening tools are used to collect clinical and other information to measure improvement, service delivery and consumer satisfaction at intake, quarterly and time of annual review or discharge from services. Those screening tools include GAD7, Patient Health Questionnaire – 9 (PHQ9), Substance Use Disorder Screening (SUDS) for youth ages 12 – 19 years old, and Daily Living Activities -20 (DLA20) for ages 6-19 years old and Devareaux Early Childhood Assessment (DECA) for youth ages birth – 5 years old. Additionally, Ohio Functional Assessment Battery (OHIO) and the use of collaborative documentation for clients of all ages enrolled in the program. In addition, the project will utilize existing organization-wide QI mechanisms, including suggestion/complaint boxes, which allow clients or staff to provide anonymous feedback in the form of complaints or suggestions that are reviewed on a regular basis and used for ongoing QI projects, and incident reporting mechanisms, which are used to identify areas of need related to clients or staff safety or risk (among many other things). Quality improvement is achieved by making ongoing adjustments to individualized treatment plans and service delivery, staff training, program changes and internal clinic policies and procedures revisions when necessary and feasible.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Quality Assurance Surveys, OHIOs and DLA20, DECA and collaborative documentation are tools used to obtain consumer feedback. Quality Assurance Surveys are conducted on a quarterly basis throughout the course of treatment, or if specific concerns arise. OHIO, DLA and DECA tools are used on intake, quarterly, annual and at time of discharge. Collaborative documentation is the style of clinical documentation that is completed at the end of sessions with clients whereby direct feedback is obtained about their session. In addition, the project will utilize existing organization-wide QI mechanisms, including suggestion/complaint boxes, which allow clients or staff to provide anonymous feedback in the form of complaints or suggestions that are reviewed on a regular basis and used for ongoing QI projects, and incident reporting mechanisms, which are used to identify areas of need related to clients or staff safety or risk (among many other things). Consumer feedback is used to adjust individual treatment goals and service delivery, staff training, program changes and internal clinic policies and procedures revisions when necessary and feasible.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Burrell's partnerships and collaborations: all Boone County (BC) School Districts, BC Schools Mental Health Coalition, Children's Division, private counseling agencies, not-for-profit agencies, MU Assessment Consultation Clinic, MU Psychiatric Center, MUPC Outpatient, The Bridge, Vocational Rehabilitation, Substance Abuse Treatment Facilities (McCambridge, Phoenix House, Preferred, Pathways), Tiger Pediatrics, Green Meadows Pediatrics, Family Impact Center, MedZou, Mid-Missouri Dental, Voluntary Action Center, Central Missouri Food Bank, BC Sheriff Department, Centralia PD, Hallsville PD, Probation and Parole, Love, Inc. The Wardrobe, Central Missouri Community Action, Job Point, Youth Empowerment Zone, Central Missouri Regional Office, Boone County Family Resources, The Thompson Center, Juvenile Courts and Justice Center, Mental Health Court, Housing Authority (Paquin Towers), Family Health Center, Basic Needs Coalition, Project Launch, YC2, Community Transitions, Columbia PD, Community Mental Health Liaison, Juvenile Alternative to Detention Initiative, BC Interagency Team and Emergency Room Diversion Program, Columbia Public School District's Center on Responsive Education, Child/Family Support Process at Paxton Keel and Parkade Elementary schools, Oakland Middle School, and Battle High School. These partnerships allow Burrell and the community to identify students in need of mental health support and streamline access to mental health services.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500467815_40691_BattleCentCFSP.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1500467815_40764_CoreHallLange.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

/document/download/filename/1500467815_40765_OakPark.pdf/

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Program Director	MQ1 Master's, Licensed	FTE1 0.25	SR1 FROM \$54,855.00	SR1 TO \$56,775.93
P2 Therapist/Supervisor	MQ2 Master's, Licensed/Provisional	FTE2 1.00	SR2 FROM \$41,000.00	SR2 TO \$43,920.23
P3 Psychiatrist	MQ3 Licensed, Board Certified	FTE3 0.02	SR3 FROM \$215,000.00	SR3 TO \$230,313.40
P4 Psychiatric Care Coordinators	MQ4 BA, BS, BSW	FTE4 3.00	SR4 FROM \$29,500.00	SR4 TO \$31,601.14
P5 Supported Education and Employment Specialist	MQ5 BA, BS, BSW	FTE5 1.00	SR5 FROM \$29,500.00	SR5 TO \$31,601.14
P6 Research Assistant	MQ6 BA, BS	FTE6 0.10	SR6 FROM \$27,000.00	SR6 TO \$28,923.08
P7 Evaluator	MQ7 MA, MS	FTE7 0.05	SR7 FROM \$57,189.00	SR7 TO \$61,262.29

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Program Director: Responsible for program oversight, quality improvement, budget, proposal/contracts, reports and critical case consultations and staff recruitment, hiring and training.

Supervisor/Therapist: Responsible for direct supervision of Psychiatric Care Coordinators and Supported Education and Employment Specialist positions, conducting clinical assessments and diagnostic assignment, conducting crisis screenings and providing individual and family therapy services.

Psychiatric Care Coordinators: Responsible for providing psychiatric case management services to clients assigned on their caseload, conducting screening tools and required documentation within the client's medical record.

Supported Education and Employment Specialist: Responsible for providing direct care and support to clients assigned on their caseload, in addition to networking and establishing relationships with employers in the community. Employ screening tools and compiling required documentation within the client's medical record. Research Assistant: Requires Bachelor's degree and will conduct data collection activities, research analysis and data reports.

Evaluator: Requires a Master's degree and will supervise the Research Assistant. Responsible for program evaluation, including quality assurance.

Minimum qualifications and salary ranges are based on similar or equivalent positions within the organization and clinical standards identified by Medicaid and Department of Mental Health.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
This program requests funding from Boone County Children's Services for the Family Health Program. Some services are billable; however, Burrell will strive to identify other private and federal sources of funding.	\$342,348.40	97
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Medicaid case management rate for supported employment services.	\$11,731.20	3
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Narrative	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Burrell anticipates approving a sliding scale fee schedule before the end of 2017; however, there is not a complete draft or approved schedule at this time.	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0

TOTAL PROGRAM REVENUE

TOTAL REVENUE
354079.6

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$236,657.70	69

Personnel Narrative (300 character limit)

The amount requested reflects the necessary costs to support the Family Health Program. The costs include salaries & wages, and Burrell's fringe rate calculated on salaries & wages as follows: FICA 7.65%, Worker's Compensation 3.0% and other Insurances (Medicare, Social Security) 14.95%.

2. Non-Personnel	2.	2. %
	\$105,690.60	31

Non-Personnel Narrative (300 character limit)

The amount requested covers the costs of travel, office supplies, software, marketing, space rent, communications/IT, and the 15% maximum indirect rate calculated on salaries and wages only.

TOTAL PROGRAM EXPENSES

**TOTAL
EXPENSES**
342348.3

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$342,348.30

Year 2 Total Request

\$350,631.40

Total Amount Request from CSF

692979.7

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

Burrell, Inc. has a grants and contracts department that is dedicated to securing external funding for its programming and services. Burrell's Director of Grant Development & Management will oversee efforts to identify and apply for funding, with the intent to support the sustainability and expansion of the program. Burrell has received over \$35 million in federal, state, and private external funds in the last six years and maintains a 97%-98% success rate winning competitive funding awards.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

- Belfer, M. (2008). Child and adolescent mental disorders: the magnitude of the problem across the globe. *Journal of Child Psychology and Psychiatry* 49(3):226-236.
- Columbia/Boone County Public Health and Human Services. (2014). Columbia/Boone County community health improvement plan. Columbia, MO.
- Columbia Public Schools. (2013). The report of school-based mental health committee. Columbia Public Schools, Columbia, Missouri.
- Depue, S., Breejen, K., Evans, C., & Sale, L. (2012). Missouri student survey, 2012 report. Report to the Missouri Department of Mental Health.
- Institute of Public Policy. (2012). Boone county issues analysis. Edited by Schumacher, J., Columbia, MO.
- Institute of Public Policy. (2013). Summary of the community input report. Edited by Schumacher, J., Arment, C., and Meyers, E. Columbia, MO.
- Institute of Public Policy. (2014). Summary of the community input report. Edited by Schumacher, J., Arment, C., and Meyers, E. Columbia, MO.
- Missouri Department of Elementary and Secondary Education. 2010. Missouri safe and drug free schools survey. Jefferson City, MO.
- Scheffkind, S., Bazyk, S., and Fette, C. (2012). Strategies for shifting school mental health practice to a tiered system of promotion, prevention and

intensive interventions at the national, state and local levels. Presentation delivered at Conference on advancing school mental health, Salt Lake City, UT. (October)

U.S. Census Bureau. (2017) Boone County Quick Facts. Retrieved from <http://www.census.gov/>

Memorandum of Understanding (MOU)

Burrell Behavioral Health (BBH) and Columbia Public Schools (CPS) have come together as partners to collaborate for the purpose of providing CPS behavioral health consultation and to increase access to mental health supports for families in CPS whose students receive education at CPS's Center of Responsive Education (CORE). This relationship has been productive and long-standing and has increased supports for families, school attendance and student success.

BBH and CPS desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to expand the historical informal collaboration so that all students served at CORE have an opportunity to receive support for mental and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students in CPS who receive education at CORE.

Description of Partner Agencies

Columbia Public Schools (CPS)

CPS is a public school district serving the students residing within the Columbia, MO public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

Burrell Behavioral Health (BBH)

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

History of Relationship

BBH and CPS have historically informally collaborated to provide students and their families access to a continuum of services designed to address social, emotional and behavioral needs of students.

Roles and Responsibilities

It is agreed by and between the partners as follows:

CPS will provide a BBH CSS (Community Support Specialist) an office space at CORE. If shared office space, privacy and confidentiality shall be maintained by the individuals in this office space.

The CSS shall adhere to CPS policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with CPS complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Insofar as BBH has access to or has been provided with individually identifiable health information ("IIHI"), as defined in HIPAA, of CPS students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by CPS under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to CPS if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to CPS. Compliance with FERPA – CPS shall maintain confidentiality of personally identifiable information about CPS's students as required by the Family Educational Rights and Privacy Act regulations.

With respect to CPS's students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with CPS to ensure that the FERPA rights of each student, parent or eligible student are observed.

CPS shall share, personally identifiable information about a student with BBH (and/or CSS) when CPS determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as CPS's behavioral health consultant; however, personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

The CSS shall participate as an active member of the school's Problem Solving Team, as requested by CPS staff/team.

The CSS shall support students in CORE's setting by assisting with de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA.

When a student is referred to CORE services, the CSS will further assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

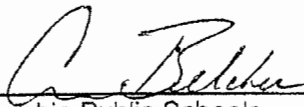
Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

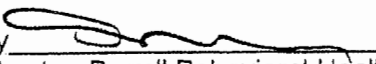
Timeline

The roles and responsibilities described above will be reviewed and evaluated yearly.

Commitment to Partnership

We, the undersigned have read, understand, agree, and approve of this MOU:

By 
Columbia Public Schools,
Partner 1
Date _____

By 
Director, Burrell Behavioral Health
Partner 2
Date 8/20/13

MEMORANDUM OF UNDERSTANDING (MOU)

Burrell Behavioral Health (BBH) and **Hallsville R-IV School District (HR4)** have come together as partners to collaborate for the purpose of providing HR4 behavioral health consultation and to increase access to mental health supports for families and students who attend HR4.

BBH and HR4 desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to enhance the collaboration so that students served at HR4 have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students attending HR4.

Description of Partner Agencies

Hallsville R-IV School District (HR4) is a public school district serving the students residing within the HR4 public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

Burrell Behavioral Health (BBH)

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, parent management training, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

Roles and Responsibilities

It is agreed by and between the partners as follows:

Hallsville R-IV School District (HR4) will provide a BBH CSS (Community Support Specialist) an office within the school district. If shared office space, privacy and confidentiality shall be maintained by the individuals in this office space.

The CSS shall adhere to HR4 policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised

by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with HR4 complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Insofar as BBH has access to or has been provided with individually identifiable health information ("IIHI"), as defined in HIPAA, of HR4 students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by HR4 under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to HR4 if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to HR4.

Compliance with FERPA – Hallsville R-IV School District (HR4) shall maintain confidentiality of personally identifiable information about HR4 students as required by the Family Educational Rights and Privacy Act regulations. With respect to HR4 students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with HR4 to ensure that the FERPA rights of each student, parent or eligible student are observed.

Hallsville R-IV School District (HR4) shall share, personally identifiable information about a student with BBH when HR4 determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as HR4 behavioral health consultant and with the purpose of problem solving and supporting students and families in accessing mental health support available to them; however, personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH shall participate as an active member of the school's Problem Solving Team, as requested by HR4 staff/team.

BBH shall support students in the school setting by assisting with verbal de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

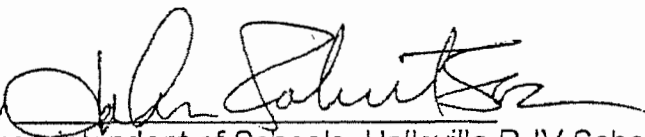
Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

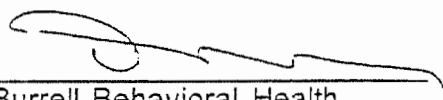
Timeline

The roles and responsibilities described above will be reviewed and evaluated yearly.

Commitment to Partnership

We, the undersigned have read, understand, agree, and approve of this MOU:

By 
Superintendent of Schools, Hallsville R-IV School District
Partner 1
Date 9/18/13

By 
CEO, Burrell Behavioral Health
Partner 2
Date 9-27-13

Memorandum of Understanding (MOU)

Burrell Behavioral Health (BBH) and Columbia Public Schools (CPS) have come together as partners to collaborate to increase access to mental health supports for families in CPS whose students receive education at the Lange Middle School. This relationship has been productive and long-standing and has increased supports for families, school attendance and student success.

BBH and CPS desire to set forth a Memorandum of Understanding outlining the services to be provided by the collaboration and the roles/responsibilities of each organization. The agencies desire to expand this collaboration to offer all students served at Lange Middle School and the opportunity to receive support for mental and behavioral concerns.

A formal relationship is desired to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students in CPS who receive education at Lange Middle School.

The goal of this MOU is to describe roles and responsibilities of both agencies as increased access to mental health and behavioral intervention is achieved for students and families.

Description of Partner Agencies

Columbia Public Schools (CPS)

CPS is a public school district serving the students residing within the Columbia, MO public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

Burrell Behavioral Health (BBH)

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

History of Relationship

BBH and CPS have long informally collaborated to provide students and their families' access to a continuum of services designed to address social, emotional and behavioral needs of students who are served in common.

Roles and Responsibilities

It is agreed by and between the partners as follows:

CPS will provide a BBH CSS (Community Support Specialist) an office space at Lange Middle School. If shared office space, privacy and confidentiality will be maintained by the individuals in this office space.

The CSS will adhere to CPS policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the Director of Community Psychiatric Rehabilitation (CPR).

Compliance with HIPAA – To the extent that it is required by law, Burrell warrants that the services it provides in this partnership with CPS comply with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Insofar as Burrell has access to or has been provided with individually identifiable health information ("IIHI"), as defined in HIPAA, of District's students or employees, Burrell agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by District under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to District if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to District. With respect to Burrell clients, school personnel will comply in all respects with HIPAA requirements.

Compliance with FERPA – School shall maintain confidentiality concerning personally identifiable information about District's students who are involved in the Program as required by the Family Educational Rights and Privacy Act.

With respect to District's students, Burrell shall also comply in all respects with the requirements of FERPA and cooperate with the District to insure that the FERPA rights of each student, parent or eligible student is provided services pursuant to the Program are observed.

School and BBH evaluation results, treatment plans and ongoing essential information will be share by both parties as needed.

The CSS will participate as an active member of the school's Problem Solving Team, as requested.

The CSS will support students in school setting by assisting with de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings. The CSS will perform all duties identified within Burrell Behavioral Health Community Support Specialist job description.

Both parties will provide necessary program evaluation information as requested.

When a student is referred to Lange Middle School services, the CSS will further assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

Regular scheduled meetings between partners will be held to monitor the progress of the students and program at large.

Timeline

The roles and responsibilities described above will be reviewed and evaluated yearly.

Commitment to Partnership

We, the undersigned have read and agree with this MOU. Further, we have reviewed the proposed project and approve it.

By _____ Director, Applicant X Date _____	By _____ Director, Partner 1 Date _____
By _____ Director, Partner 2 Date _____	

Memorandum of Understanding (MOU)

Burrell Behavioral Health (BBH) and Columbia Public Schools (CPS) have come together as partners to collaborate for the purpose of providing CPS behavioral health consultation and to increase access to mental health supports for families in CPS whose students attend Oakland Middle School. This relationship has been productive and long-standing and has increased supports for families, school attendance and student success.

BBH and CPS desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to expand the historical informal collaboration so that students served at Oakland Middle have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students attending Oakland Middle School.

Description of Partner Agencies

Columbia Public Schools (CPS)

CPS is a public school district serving the students residing within the Columbia, MO public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

Burrell Behavioral Health (BBH)

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

History of Relationship

BBH and CPS have historically informally collaborated to provide students and their families access to a continuum of services designed to address social, emotional and behavioral needs of students.

Roles and Responsibilities

It is agreed by and between the partners as follows:

CPS will provide a BBH CSS (Community Support Specialist) an office space at Oakland. If shared office space, privacy and confidentiality shall be maintained by the individuals in this office space.

The CSS shall adhere to CPS policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with CPS complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Insofar as BBH has access to or has been provided with individually identifiable health information (“IIHI”), as defined in HIPAA, of CPS students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by CPS under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to CPS if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to CPS.

Compliance with FERPA – CPS shall maintain confidentiality of personally identifiable information about CPS’s students as required by the Family Educational Rights and Privacy Act regulations. With respect to CPS’s students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with CPS to ensure that the FERPA rights of each student, parent or eligible student are observed.

CPS shall share, personally identifiable information about a student with BBH when CPS determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as CPS’s behavioral health consultant. In that role, the CSS shall serve on the building problem solving team. Personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH shall participate as an active member of the school’s Problem Solving Team, as requested by CPS staff/team.

BBH shall support students in the school setting by assisting with de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

Timeline

The roles and responsibilities described above will be reviewed and evaluated yearly.

Commitment to Partnership

We, the undersigned have read, understand, agree, and approve of this MOU:

By Jan Ann Tamer Jan Ann, MEd
Columbia Public Schools,
Partner 1
Date 3/11/14

By Tracy Jensen
Burrell Behavioral Health
Partner 2
Date 3/14/2014

Memorandum of Understanding (MOU)

Burrell Behavioral Health (BBH) and Columbia Public Schools (CPS) have come together as partners to collaborate for the purpose of providing CPS behavioral health consultation and to increase access to mental health supports for Families in CPS whose students attend Parkade Elementary. This relationship has been productive and long-standing and has increased supports for families, school attendance and student success.

BBH and CPS desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to expand the historical informal collaboration so that students served at Parkade have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students attending Parkade Elementary.

Description of Partner Agencies

Columbia Public Schools (CPS)

CPS is a public school district serving the students residing within the Columbia, MO public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

Burrell Behavioral Health (BBH)

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

History of Relationship

BBH and CPS have historically informally collaborated to provide students and their families access to a continuum of services designed to address social, emotional and behavioral needs of students.

Roles and Responsibilities

It is agreed by and between the partners as follows:

CPS will provide a BBH CSS (Community Support Specialist) an office space at Parkade. If shared office space, privacy and confidentiality shall be maintained by the individuals in this office space.

The CSS shall adhere to CPS policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with CPS complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Insofar as BBH has access to or has been provided with individually identifiable health information ("IIHI"), as defined in HIPAA, of CPS students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by CPS under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to CPS if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to CPS.

Compliance with FERPA – CPS shall maintain confidentiality of personally identifiable information about CPS's students as required by the Family Educational Rights and Privacy Act regulations. With respect to CPS's students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with CPS to ensure that the FERPA rights of each student, parent or eligible student are observed.

CPS shall share, personally identifiable information about a student with BBH when CPS determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as CPS's behavioral health consultant. In that role, the CSS shall serve on the building problem solving team. Personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH shall participate as an active member of the school's Problem Solving Team, as requested by CPS staff/team.

BBH shall support students in the school setting by assisting with de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

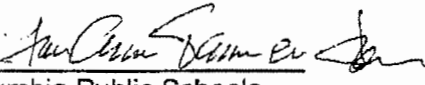
Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

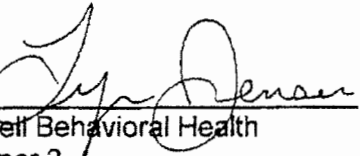
Timeline

The roles and responsibilities described above will be reviewed and evaluated yearly.

Commitment to Partnership

We, the undersigned have read, understand, agree, and approve of this MOU:

By 
Columbia Public Schools,
Partner 1
Date 10/24/13

By 
Burrell Behavioral Health
Partner 2
Date 10/31/2013

Memorandum of Understanding (MOU)

Burrell Behavioral Health (BBH) and Columbia Public Schools (CPS) have come together as partners to collaborate for the purpose of providing CPS behavioral health consultation and to increase access to mental health supports for families in CPS whose students attend Battle High School. This relationship has been productive and long-standing and has increased supports for families, school attendance and student success.

BBH and CPS desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to expand the historical informal collaboration so that students served at Battle High have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students attending Battle High School.

Description of Partner Agencies

Columbia Public Schools (CPS)

CPS is a public school district serving the students residing within the Columbia, MO public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

Burrell Behavioral Health (BBH)

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

History of Relationship

BBH and CPS have historically informally collaborated to provide students and their families access to a continuum of services designed to address social, emotional and behavioral needs of students.

Roles and Responsibilities

It is agreed by and between the partners as follows:

CPS will provide a BBH CSS (Community Support Specialist) an office space at Battle. If shared office space, privacy and confidentiality shall be maintained by the individuals in this office space.

The CSS shall adhere to CPS policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with CPS complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Insofar as BBH has access to or has been provided with individually identifiable health information ("IIHI"), as defined in HIPAA, of CPS students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by CPS under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to CPS if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to CPS.

Compliance with FERPA – CPS shall maintain confidentiality of personally identifiable information about CPS's students as required by the Family Educational Rights and Privacy Act regulations. With respect to CPS's students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with CPS to ensure that the FERPA rights of each student, parent or eligible student are observed.

CPS shall share, personally identifiable information about a student with BBH when CPS determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as CPS's behavioral health consultant. In that role, the CSS shall serve on the building problem solving team. Personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH shall participate as an active member of the school's Problem Solving Team, as requested by CPS staff/team.

BBH shall support students in the school setting by assisting with de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

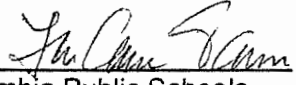
Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

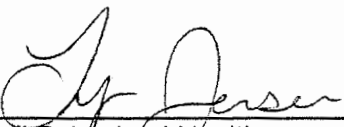
Timeline

The roles and responsibilities described above will be reviewed and evaluated yearly.

Commitment to Partnership

We, the undersigned have read, understand, agree, and approve of this MOU:

By  John A. Gamm, Ed. D., MBA
Columbia Public Schools,
Partner 1
Date 3/11/14

By 
Burrell Behavioral Health
Partner 2
Date 3/13/2014

Memorandum of Understanding (MOU)

Burrell Behavioral Health (BBH) and Centralia R-VI School District have come together as partners to collaborate for the purpose of providing Centralia R-VI School District behavioral health consultation and to increase access to mental health supports for families and students who attend Centralia R-VI School District.

BBH and Centralia R-VI School District desire to reflect in a *Memorandum of Understanding* the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to enhance the collaboration so that students served at Centralia R-VI School District have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students attending Centralia R-VI School District.

Description of Partner Agencies

Centralia R-VI School District

Centralia R-VI School District is a public school district serving the students residing within the Centralia R-VI School District boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

Burrell Behavioral Health (BBH)

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, parent management training, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

Roles and Responsibilities

It is agreed by and between the partners as follows:

Centralia R-VI School District will provide a BBH CSS (Community Support Specialist) an office within the school district. If shared office space, privacy and confidentiality shall be maintained by the

individuals in this office space.

The CSS shall adhere to Centralia R-VI School District policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH

Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with Centralia R-VI School District complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Insofar as BBH has access to or has been provided with individually identifiable health information ("IIHI"), as defined in HIPAA, of Centralia R-VI School District students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by Centralia R-VI School District under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to Centralia R-VI School District if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to Centralia R-VI School District .

Compliance with FERPA – Centralia R-VI School District shall maintain confidentiality of personally identifiable information about Centralia R-VI School District students as required by the Family Educational Rights and Privacy Act regulations. With respect to Centralia R-VI School District students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with Centralia R-VI Schools to ensure that the FERPA rights of each student, parent or eligible student are observed.

Centralia R-VI School District shall share, personally identifiable information about a student with BBH when Centralia R-VI School District determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as Centralia R-VI School District behavioral health consultant and with the purpose of problem solving and supporting students and families in accessing mental health support available to them; however, personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH shall participate as an active member of the school's Problem Solving Team, as requested by Centralia R-VI School District staff/team.

BBH shall support students in the school setting by assisting with verbal de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA.

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

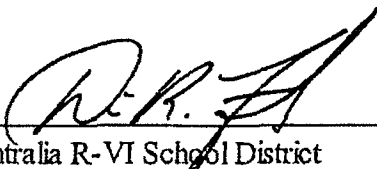
Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

Timeline

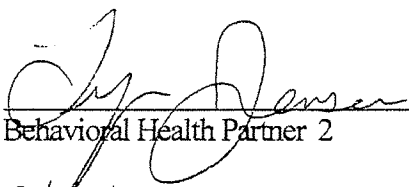
The roles and responsibilities described above will be reviewed and evaluated yearly.

Commitment to Partnership

We, the undersigned have read, understand, agree, and approve of this MOU:

By 
Centralia R-VI School District

Partner I
Date 10/10/2013

By 
Burrell Behavioral Health Partner 2
Date 10/14/2013

Memorandum of Understanding (MOU)

Burrell Behavioral Health (BBH) and Columbia Public Schools (CPS) have come together as partners to collaborate for the purpose of providing CPS behavioral health consultation and to increase access to mental health supports for Families in CPS whose students participate in the Child and Family Support Process (CFSP).

BBH and CPS desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to expand the historical informal collaboration so that all students served by CFSP have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students participating in CFSP.

Description of Partner Agencies

Columbia Public Schools (CPS)

CPS is a public school district serving the students residing within the Columbia, MO public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

Burrell Behavioral Health (BBH)

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

History of Relationship

BBH and CPS have historically informally collaborated to provide students and their families access to a continuum of services designed to address social, emotional and behavioral needs of students.

Roles and Responsibilities

It is agreed by and between the partners as follows:

CPS will provide a BBH CSS (Community Support Specialist) office space. If shared office space, privacy and confidentiality shall be maintained by the individuals in the office space.

The CSS shall adhere to CPS policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with CPS complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Insofar as BBH has access to or has been provided with individually identifiable health information ("IIHI"), as defined in HIPAA, of CPS students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by CPS under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to CPS if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to CPS.

Compliance with FERPA – CPS shall maintain confidentiality of personally identifiable information about CPS's students as required by the Family Educational Rights and Privacy Act regulations. With respect to CPS's students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with CPS to ensure that the FERPA rights of each student, parent or eligible student are observed.

CPS shall share, personally identifiable information about a student with BBH when CPS determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as CPS's behavioral health consultant. In that role, the CSS will participate in building problem-solving teams. Personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH staff shall participate as an active member of the CFSP problem solving team.

BBH shall support students in the school setting by assisting with de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA.

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.


Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.


Timeline

The roles and responsibilities described above will be reviewed and evaluated yearly.

Commitment to Partnership

We, the undersigned have read, understand, agree, and approve of this MOU:

By 
Columbia Public Schools,
Partner 1
Date 10/24/13

By 
Burrell Behavioral Health
Partner 2
Date 10/31/2013

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Burrell, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Family Health Program
Amount of Request	\$342,348.40
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Mental Health Care – Assessment/Evaluation/Screening

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Assessment/Evaluation by a QMHP of an individual's history, mental health and functioning with the purpose of establishing a treatment plan and/or diagnosis.

Health Screening to identify if an individual is at risk of experiencing symptoms of a mental health condition.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Evaluation/Annual Assessment will be delivered to each client at time of intake or annual treatment review by a Qualified Mental Health Professional. Information regarding symptoms, diagnosis, testing, impairment and presenting problems or significant changes over course of treatment is gathered. Individualized treatment plan goals are developed from this evaluation/assessment and determine several factors for service delivery including: 1) Level of care, 2) Proposed length of treatment, 3) Types and combination of services including psychiatric medication management, therapy, supported education/employment and psychiatric case management, 4) Referral to other services or agencies as needed and 5) Fee for services.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One hour

b. Unit Rate (#1)

\$480.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

Medicaid Rate for Psychiatric Case Management Evaluation/Annual Assessment

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

Each client admitted to FHP will receive Evaluation at time of intake. Each client who remains enrolled after 365 days will also receive Annual Assessment to determine ongoing eligibility and to resume treatment for additional year.

d. Total Number of Units of Service to be Provided (#1)

120

e. Total Number of Unduplicated Individuals (#1)

80

f. Average Number of Units of Service per Unduplicated Individual (#1)

1.5

g. Average Cost of Service per Individual (#1)

720

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

Yes

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

Although Burrell's sliding scale fee has not yet been approved by the Board, Administration is currently drafting it to be submitted to the Board for approval.

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

Initial screenings to determine eligibility is not billed to the county. Clients referred for initial evaluation or annual assessment meet the criteria for psychiatric case management services. FHP clients with Medicaid insurance can only be enrolled in FHP if they do not have a Medicaid-established eligible diagnosis but still have level of impairment that require psychiatric case management services. These services, including evaluation/assessment, are not covered by Medicaid insurance for those with non-qualifying CPR diagnosis, or for those with private insurance or no insurance.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Service will be billed to Boone County Children's Services.

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$480.00	1a2. 60	1a3. \$28,800.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$57,600.00

b. Proposed Number of Units of Service (#1)

120

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

Burrell anticipates growth in number of clients for psychiatric case management services with a concurrent decrease of access to Medicaid services or health insurance coverage. Factors include federal and state changes to health insurance coverage, as well as State of Missouri and Burrell Behavioral Health participating in two year demonstration project to become Certified Community Behavioral Health Center, which limits the number of youth who can be covered by psychiatric case management services with the current funding structure.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
All newly enrolled clients will receive an initial evaluation.	100% of newly enrolled clients will receive an initial evaluation.	The initial assessment will be completed in the Electronic Health Record (EHR) at the time of intake.
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

The goal for this service is that the initial assessment will be completed for 100% of newly enrolled clients in FHP at the time of intake into the program. This initial assessment, along with other screening and measurement tools, establishes the needs and goals for clients and drives treatment and discharge planning.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

None

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

This assessment is necessary for deriving treatment goals and directing care. Without these assessments, clients cannot receive adequate, individualized, or "right-sized" care.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The indicator can be assessed by determining the presence of the initial assessment for each client in care.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Mental Health Care – Treatment/Care 4.15 FAMILY THERAPY 4.16 GROUP THERAPY- ADULT 4.19 INDIVIDUAL THERAPY- CHILD

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment with a qualified mental health professional for children and adults with a related problem in group and individualized formats. Individual sessions may have additional persons present in a session but focus of a session remains on the individual's treatment plan.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

FHP clients have the option to receive therapy services, continue the use of their outside provider or decline to use therapy services during their course of treatment in the program. Only FHP clients that use FHP therapy services will be billed to the county for reimbursement. Sliding scale fee will be implemented. Individual and family therapy services are provided to clients by Provisionally or Licensed Clinician in the office, home or school setting, as requested by client/family and in coordination with school staff when appropriate and feasible. Clients can receive up to 12 units (12 hours) of therapy services. Therapy sessions scheduled in one hour increments. Clinician will provide therapy services to all age ranges Birth – 19 years old, and refer out for specialty services beyond clinician's experience or scope of practice (E.g., eating disorders, sexual offenders, co-occurring developmental disability or substance use disorders.) Clinician has option to limit or extend therapy services on individual basis when clinically appropriate.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

One hour

b. Unit Rate (#2)

\$60.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

Missouri Department of Mental Health, Medicaid

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

360

e. Total Number of Unduplicated Individuals (#2)

30

f. Average Number of Units of Service per Unduplicated Individual (#2)

12

g. Average Cost of Service per Individual (#2)

720

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

Yes

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

The fee payment options have not yet been approved by the Board. It is anticipated that these options will be known by the end of the year.

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

Yes

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

Private insurance will be billed for this service.

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

The terms of the service payment options have not yet been determined. It is anticipated the fee schedule will be finalized before the end of 2017.

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service will be billed to Boone County Children's Services.

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$60.00	315	\$18,900.00
	2b1.	2b2.	2b3.
	\$0.00	0	\$0.00

b. Boone County - Community Health Funding (#2)

c. City of Columbia - Social Services Funding (#2)	2c1. \$0.00	2c2. 0	2c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$21,600.00

b. Proposed Number of Units of Service (#2)

360

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Based on previous FHP service trends, about 36% of enrolled clients utilized therapy services. Because FHP proposes 80 clients served, that equates to approximately 30 clients that will utilize therapy services (assuming percentage remains same or close to previous funding years.) Each client will be eligible to receive up to 12 weeks of therapy, with the option for provider to extend services in critical circumstances (E.g., actively suicidal clients, grief/loss, family conflict/turmoil, exposure to traumatic and toxic stress.)

Service #2 - Performance Measures

Outcome (2-1)

The indicator can be assessed by determining the presence of the initial assessment for each client in care.

Indicator (2-1)

The indicator can be assessed by determining the presence of the initial assessment for each client in care.

Method of Measurement (2-1)

The indicator can be assessed by determining the presence of the initial assessment for each client in care.

Additional Outcome (2-2)

Improved symptoms of anxiety.

Additional Indicator (2-2)

50% of clients will see improved symptoms related to anxiety.

Additional Method (2-2)

Comparing scores on the GAD-7 from intake to the most recent assessment over time.

Additional Outcome (2-3)

Improved functioning related to specific treatment needs/goals.

Additional Indicator (2-3)

50% of clients will see improved functional skills in at least one area of treatment-related measurement.

Additional Method (2-3)

Comparing the overall DLA scores - as well as scores on items 1 (Health Practices), 3 (Communication), 8 (Problem Solving), and 16 (Coping Skills) - from intake to the most recent assessment over time.

Additional Outcome (2-4)

Improved family functioning.

Additional Indicator (2-4)

50% of clients will see improved family functioning.

Additional Method (2-4)

Comparing the scores on the DLA item 9 (Family Relationships) from intake to the most recent assessment over time.

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

The goals of improving symptoms of depression (1) and anxiety (2), as well as improving functional skills related to treatment (3) and family functioning (4), are of primary focus of therapy and other mental health services. These will each be measured by tools being used by Burrell to assess needs at intake to determine need and treatment goals, as well as monitor progress over time to assess ongoing needs and update treatment plans to address evolving needs.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

External factors and variables that may affect the proposed outcome include 1) client attrition or lack of engagement in therapy services; and 2) the families' inability to afford sliding scale fee amounts which could result in early termination of therapy services, disengagement or fragmented treatment.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

All of the proposed domains are relevant to mental health care for students and families. Symptoms of depression or anxiety cover a very large portion of the client population receiving behavioral health services. Adding functional indicators as well as family functioning provides a more comprehensive review of client monitoring and outcomes assessment than any of these domains could do alone.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Each of the proposed measures is specific to the domains, symptoms, or skills being addressed. For example, the DLA items selected above will provide more detail on individual functional development and improvement over time above and beyond the average/total DLA score would alone. Also, because clients will have varying levels of these skills, and varying needs, they may not be expected to improve any every single item reported above. But, instead, would only be expected to improve on those items related to the domains being addressed by care.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

4.20 PSYCHIATRIC TREATMENT

Service #3 - Taxonomy Definition of Service (300 character limit)

Implementation of a mental health treatment plan that may include psychotherapy and medication adjustments and performed by a licensed psychiatrist.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

FHP clients have the option to receive psychiatric medication management services, continue the use of their outside provider or decline to use psychiatric medication management services during their course of treatment in the program. Only FHP clients that use FHP medication management services will be billed to the county for reimbursement. Sliding scale fee will be implemented. Psychiatric medication management services are provided to clients by Licensed Child Psychiatrist who is certified to treat youth, adolescents and transitional age youth. Clients will receive an average of 4 units/annually. Clinician has option to increase or decrease medication management services when clinically appropriate. Collaboration with hospitals, primary care physicians or pediatricians and other medical staff will occur on individual basis.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

Fifteen (15) minutes

b. Unit Rate (#3)

\$51.36

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

Missouri Department of Mental Health, Medicaid

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

80

e. Total Number of Unduplicated Individuals (#3)

20

f. Average Number of Units of Service per Unduplicated Individual (#3)

4

g. Average Cost of Service per Individual (#3)

205.44

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

Yes

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

The fee payment options have not yet been approved by the Board. It is anticipated that these options will be known by the end of the year.

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

Yes

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

Private insurance will be billed for this service.

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service will be billed to Boone County Children's Services.

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Yes (complete the Other Funder's Chart below)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$51.36	40	\$2,054.40
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$4,108.80

b. Proposed Number of Units of Service (#3)

80

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Based on previous FHP service trends, about 26% of enrolled clients used psychiatric medication management services. With t increases in proposed clients served from 60 to 80 for this funding cycle, that equates to approximately 20 clients that will utilize psychiatric medication management services (assuming percentage remains same or close to previous funding years). On average, clients will receive 4 units/year, with the option for provider to increase number of sessions based on acuity (E.g., negative side effects to medications, hospitalizations, suicidal/homicidal, psychosis symptoms.)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Improved symptoms of depression	50% of clients will see improved symptoms related to depression.	Comparing scores on the PHQ-9 from intake to the most recent assessment over time.
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Improved symptoms of anxiety.	50% of clients will see improved symptoms related to anxiety.	Comparing scores on the GAD-7 from intake to the most recent assessment over time.
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Improved functioning related to specific treatment needs/goals.	50% of clients will see improved functional skills in at least one area of treatment-related measurement.	Comparing the overall DLA scores - as well as scores on items 1 (Health Practices), 3 (Communication), 8 (Problem Solving), and 16 (Coping Skills) - from intake to the most recent assessment over time.
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

The goals of improving symptoms of depression (1) and anxiety (2), as well as improving functional skills related to treatment (3) and family functioning (4), are of primary focus of mental health services. These will each be measured by tools being used by Burrell to assess needs at intake to determine need and treatment goals, as well as monitor progress over time to assess ongoing needs and update treatment plans to address evolving needs.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

External factors and variables that may affect the proposed outcome include 1) client attrition or lack of engagement in medication management services; 2) family inability to afford sliding scale fee amounts which could result in early termination of medication management services, disengagement or fragmented treatment; and 3) increases in critical situations, hospitalizations, or environmental factors that influence client's frequency and severity of symptoms.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

All of the proposed domains are relevant to mental health care for youth. Symptoms of depression or anxiety cover a very large portion of the client population receiving behavioral health services. Adding functional indicators provides a more comprehensive review of client monitoring and outcomes assessment than any of these domains could do alone.

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Each of the proposed measures is specific to the domains, symptoms, or skills being addressed. For example, the DLA items selected above will provide more detail on individual functional development and improvement over time above and beyond the average/total DLA score would alone. Also, because clients will have varying levels of these skills, and varying needs, they may not be expected to improve any every single item reported above. But, instead, would only be expected to improve on those items related to the domains being addressed by care.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. [Click here to view document.](#) (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

Job Preparation/Training 6.5-6.11, Social Development & Enrichment 9.2-9.9, Youth Development 9.13, Supportive Services 10.11 Case Management

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Job, vocational, personal finance training, behavioral support services, community-based mentoring, site-based mentoring, therapeutic mentoring, positive youth development, case management.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Supported Education and Employment Services are specific case management services designed to meet the needs of youth enrolled in middle and high school. These services will include career exploration and planning, goal-setting, and teaching school and employment skills including resume writing, job application and interviewing, school and work attendance, time management, conflict resolution and interpersonal relationship. SEES staff will also build connections and working relationships with employers within the community to create strong volunteer and employment opportunities for adolescent youth. These services will be best provided to clients enrolled in Burrell Partnership Schools for the ease of reporting, monitoring and coordination.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

Fifteen (15) minutes

b. Unit Rate (#4)

\$24.44

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

Missouri Department of Mental Health, Medicaid

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

480

e. Total Number of Unduplicated Individuals (#4)

30

f. Average Number of Units of Service per Unduplicated Individual (#4)

16

g. Average Cost of Service per Individual (#4)

391.04

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

This is not a billable service to insurance. Therefore no client fee will be assessed for this service.

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

Supported Education and Employment services are not a billable mental health services to health insurance providers. However, these services are critical to assisting pre-adolescent and adolescent clients with developing the necessary school and work skills to establish long-term success.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

None

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

No (if no, move on to the Funding Request section)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

This service will cost approximately \$11,731.20 (the case management rate for 30 clients to receive 16 units of service) but will not be billed to the county for reimbursement. This service will be delivered to clients who are in middle and high school who have demonstrated need or impairment in this area and have expressed a desire to address supported education and employment on their individualized treatment plan. This service will not be added to the fee-for-service payment schedule, nor will it be billed to the county for reimbursement.

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Improved school attendance for 6th-8th graders in partner schools.	60% of clients in grades 6-8 at partner schools will see improved attendance rates.	Quarterly class attendance records.
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Improved academic performance for 6th-8th graders in partner schools.	60% of clients in partner schools will see improved academic performance.	Quarterly class grade reports
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Client will be able to identify possible career interests and goals.	60% of clients in partner schools will complete a career and education plan.	Completion of the career plan.
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Freshman will be on-track for graduation	80% of clients in the 9th grade, at partnering schools, will have 6+ credit hours complete toward graduation at the end of their 9th grade.	School reports on complete credit hours at the end of the 9th grade.
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)
Clients will increased employment or volunteer involvement.	60% of students 16+ will obtain volunteer or employment work within 90 days of beginning supported education and employment (SEE) services.	Attainment of employment or volunteer work within 90 days of SEE services.

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

Goals for this service include: 1) An improvement in school attendance rates for 6th and 8th graders, 2) Improvement in academic performance evidenced by grade reports, 3) Client ability to identify possible career interests and understanding of specific training/education requirements for those

careers, 4) 80% of incoming 9th graders to be on-track for graduation with 6 or more credits, 5) 60% of working-age students obtain volunteer opportunity or employment within 90 days of treatment.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

External factors or variables that may influence the outcomes include: 1) client engagement and follow through with service recommendations, 2) available volunteer and employment opportunities within the community, 3) school-related barriers (e.g., academic schedule, student attendance problems, school willingness to allow BBH staff to provide on-site mentoring and provide attendance and academic progress reports, family's willingness to provide ROIs and allow collaboration of care), and 4) Environmental stressors that result in student's attendance and performance in school or work setting.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

Each of the proposed measures is directly related to the steps or achievements related to increasing school, and thereby employment, success (i.e., expected graduation). The primary purpose is to build into each of these clients the skills necessary to be successful, not to provide support that allows them to be successful (thus creating a dependence on that support). This is done by improving behavioral health, as well as developing a sense of pride and purpose in school and work (or volunteerism).

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Each of the proposed indicators measures a factor or step related to school success, such as graduation from high school.

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

10.13 PSYCHIATRIC CASE MANAGEMENT 10.15 CRISIS INTERVENTION 10.18 PARENT PARTNERSHIP

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Case management for psychiatric treatment by a qualified mental health professional. Access to crisis services and/or link to ongoing assistance. Coordinates parents and organizational staff to work together to support/improve the learning, development, and health of the child(ren).

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Psychiatric case management service is a research-based delivery model. Community support interventions and activities will include screenings for services, evaluations, needs assessments, treatment planning and quarterly reviews, program evaluations, crisis prevention, intervention and postvention, coordination with medication management, psychosocial rehabilitation and therapy services, referrals to existing community resources, building natural supports, skill-building and integrating mental and physical health care interconnected with other agencies and programs that impact the child and family.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

Fifteen (15) minutes

b. Unit Rate (#5)

\$24.44

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

Missouri Department of Mental Health, Medicaid

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

10599

e. Total Number of Unduplicated Individuals (#5)

80

f. Average Number of Units of Service per Unduplicated Individual (#5)

132.49

g. Average Cost of Service per Individual (#5)

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

Yes

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

Burrell's Board has not yet approved the sliding fee scale as it is still in development.

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

Psychiatric case management services are not covered by private insurance. Medicaid insurance covers psychiatric case management services only for specific age and diagnostic criteria. Because clients that receive FHP psychiatric case management services will be uninsured, private insured or Medicaid insured without a qualifying diagnosis, these services will not be billed to third-party payor.

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

It will be billed to Boone County Children's Services fund.

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

No (if no, move on to the Funding Request section)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$259,039.60

b. Proposed Number of Units of Service (#5)

10599

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Burrell anticipates an increase in clients that meet the need for psychiatric case management services with a concurrent decrease of access to Medicaid services or health insurance coverage. Factors include federal and state changes to health insurance coverage, as well as State of Missouri and Burrell Behavioral Health participating in two year demonstration project to become Certified Community Behavioral Health Center, which limits the number of youth who can be covered by psychiatric case management services with the current funding structure.

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Improved symptoms of depression.	50% of clients will see improved symptoms related to depression.	Comparing scores on the PHQ-9 from intake to the most recent assessment over time.
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Improved symptoms of anxiety.	50% of clients will see improved symptoms related to anxiety.	Comparing scores on the GAD-7 from intake to the most recent assessment over time.
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Improved functioning related to specific treatment needs/goals.	50% of clients will see improved functional skills in at least one area of treatment-related measurement.	Comparing the overall DLA scores - as well as scores on items 1 (Health Practices), 3 (Communication), 8 (Problem Solving), and 16 (Coping Skills) - from intake to the most recent assessment over time.
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Improved family functioning.	50% of clients will see improved family functioning.	Comparing the scores on the DLA item 9 (Family Relationships) from intake to the most recent assessment over time.
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)**

The goals of improving symptoms of depression (1) and anxiety (2), as well as improving functional skills related to treatment (3) and family functioning (4), are of primary focus of therapy and other mental health services. These will each be measured by tools being used by Burrell to assess needs at intake to determine need and treatment goals, as well as monitor progress over time to assess ongoing needs and update treatment plans to address evolving needs.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

Variables that may affect the proposed outcome: 1) Client attrition or lack of engagement in therapy services, 2) Families' inability to afford sliding scale fee amounts which could result in early termination of services, disengagement or fragmented treatment, 3) New federal healthcare coverage revisions or restrictions may influence coverage to pay for services, 4) Co-parenting circumstances and joint custody arrangements where one parent is in disagreement of need for mental health services which could result in early termination, disengagement or fragmented treatment and 5) Transportation.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

All of the proposed domains are relevant to mental health care for students and families. Symptoms of depression or anxiety cover a very large portion of the client population receiving behavioral health services. Adding functional indicators as well as family functioning provides a more comprehensive review of client monitoring and outcomes assessment than any of these domains could do alone.

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Each of the proposed measures is specific to the domains, symptoms, or skills being addressed. For example, the DLA items selected above will provide more detail on individual functional development and improvement over time above and beyond the average/total DLA score would alone. Also, because clients will have varying levels of these skills, and varying needs, they may not be expected to improve any every single item reported above. But, instead, would only be expected to improve on those items related to the domains being addressed by care.

Total Amount Requested for Start-Up and Service #1 - Service #5**Total Amount Requested for Start-Up and Service #1 - Service - #5**

342348.4



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Program Information and Requirements
- 4) Application Information
- 5) Attachment A - Organization Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. **Offeror's Contacts:** Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2017

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

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

PRODUCER Nixon & Lindstrom Insurance 901 E. Battlefield Road Springfield MO 65807-4811	CONTACT NAME: Cezanne Amos, CIC PHONE (A/C, No, Ext): (417) 881-6623 FAX (A/C, No): (417) 881-8269 E-MAIL ADDRESS: camos@nixonins.com														
INSURED Burrell Inc, DBA: Burrell Behavioral Health 1300 E. Bradford Parkway Springfield MO 65804	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: NSM Insurance Group, LLC</td><td></td></tr><tr><td>INSURER B: Burns & Wilcox Ltd.</td><td></td></tr><tr><td>INSURER C: All Risks LTD</td><td></td></tr><tr><td>INSURER D: R T Specialty</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: NSM Insurance Group, LLC		INSURER B: Burns & Wilcox Ltd.		INSURER C: All Risks LTD		INSURER D: R T Specialty		INSURER E:		INSURER F:	
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INSURER D: R T Specialty															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 2017-2018

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		06LX092174962	8/1/2017	8/1/2018	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 3,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 3,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 3,000,000	PRODUCTS - COMP/OP AGG	\$ 3,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																				
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PERSONAL & ADV INJURY	\$ 1,000,000																				
GENERAL AGGREGATE	\$ 3,000,000																				
PRODUCTS - COMP/OP AGG	\$ 3,000,000																				
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B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			72APS074378	8/1/2017	8/1/2018	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0400161119	8/1/2017	8/1/2018	<table border="1"><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
PER STATUTE	OTH-ER																				
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E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
A	Hired & Non-Owned Auto Liability			29CA069970892	8/1/2017	8/1/2018	Limit: 1,000,000														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Boone County is Additional Insured as respects General Liability and Auto Liability for outpatient therapy services provided for Boone County Children Services. General Liability includes Waiver of Subrogation in favor of Boone County. Should the General Liability policy be cancelled before the expiration date thereof, the issuing company and/or agent will endeavor to mail 30 days written notice (10 day notice for non-payment) to the certificate holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representative.

CERTIFICATE HOLDER**CANCELLATION**

County of Boone, Missouri
c/o Purchasing Department
613 E Ash Street
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

D Endacott, CIC, AAI/

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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract

Bridge

THIS AGREEMENT dated the 28th day of December 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Central Missouri Community Action**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **CMCA**.

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

WHEREAS, CMCA has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY CMCA

CMCA is expected to the greatest extent possible to maximize funding from all other sources. CMCA shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CMCA shall only request reimbursement for services not reimbursable by any other source. CMCA shall not invoice the Children's Services Fund for units of service invoiced to another funding source. CMCA shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** CMCA will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and CMCA's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over CMCA's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from CMCA and CMCA agrees to furnish the **BRIDGE** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in CMCA's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$251,537.51** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. CMCA agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of CMCA be renewed for **an additional one (1), one-year period**. CMCA agrees and understands that the BCCSB may require supplemental information to be submitted by CMCA prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Home Visiting	One hour	\$37.75	2,735	\$103,246.25
Case Management	One hour	\$34.80	1,934	\$67,303.20
Social/Emotional Screening	One screening	\$74.86	199	\$14,897.14
Best Practices Training	One individual	\$110.92	224	\$24,846.08
Family Education	One individual	\$93.58	398	\$37,244.84
Development/Start Up	---	---	---	\$4,000.00

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of CMCA, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by CMCA to monitor service delivery and program expenditures. CMCA agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by CMCA and, if so stipulated, are noted on this contract document. Payments may be withheld from CMCA if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CMCA agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

9. **Monitoring.** CMCA agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect CMCA's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws

protecting client confidentiality. In addition, CMCA hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** CMCA may enter into subcontracts for components of the contracted service as CMCA deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, CMCA shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. BCCSB may terminate this agreement should CMCA fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, CMCA shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the CMCA for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

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

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

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or

contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. Record Retention Clause. CMCA shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

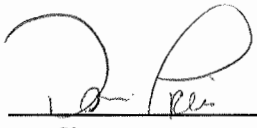
Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to CMCA shall be mailed or delivered to:

Central Missouri Community Action
Darin Preis
807B N. Providence
Columbia, MO 65203

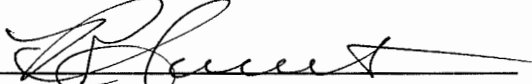
IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

Central Missouri Community Action

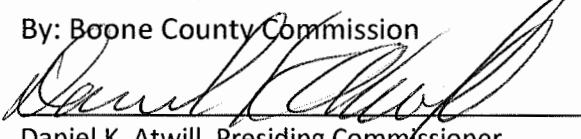
By: 
Signature

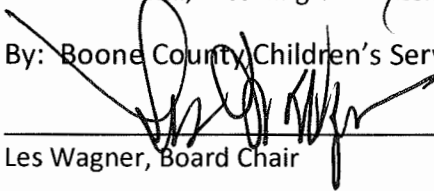
By: Darin Preis, Executive Director
Printed Name/ Title

APPROVED AS TO FORM:



County Counselor

Boone County, Missouri

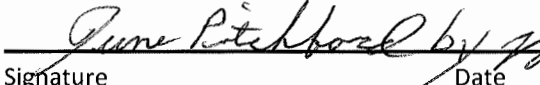
By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

Les Wagner, Board Chair

ATTEST:


Taylor W. Burks, County Clerk DKB

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

 12/19/2017 (2161/71106/\$251,537.51)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Bridge

Boone County Purchasing



110

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room

Columbia, MO 65201

Phone: (573) 886-4391

Fax: (573) 886-4390

E-mail: mbobbitt@boonecountymo.org

10/31/2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 - Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Central Missouri Community Action

Address: 807 N Providence
Columbia, MO 65203

Telephone: 573-443-8706 Fax: _____

Federal Tax ID (or Social Security #): 43-0835026

Print Name: Darin Preis Title: Executive Director

Signature: [Signature] Date: 11/3/17

E-mail: darin-preis@showmeaction.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Central Missouri Community Action
Name of Program	BRIDGE

Program Overview Form

1. The Statement of Issue Being Addressed narrative refers to graphs from the Boone Indicators Dashboard (BID) site, however, data from these graphs are not stated.
Action Required: Provide specific data from the BID graphs referenced and describe how the data relates to the population being addressed by the proposed program.

1. One of the primary goals BRIDGE addresses with families is school attendance. As indicated in the BID graph addressing percent of students attending at least 90% of school days there is room for improvement in this area. Columbia having the largest public school district in Boone County is the only district below the 90% attendance threshold. By working with at risk families and educating parents about the importance of school attendance, we hope to raise the percentage. At risk families often have other barriers that account for children missing school and by supporting/connecting these families to the needed resources, they can focus more on attendance. Kindergarten Readiness is also a primary focus as BRIDGE supports the families in transitioning from Head Start Preschools into Public Schools. Again, at risk families or families in poverty experience different hardships than a financially stable family. Although children may be kindergarten ready when they leave preschool there is a summer gap that has shown regression of key skills for these children as well as a larger achievement gap as they continue through school. As referenced in the original proposal, "children at risk due to poverty fall behind their peers, even when they have had high quality preschool environments..." Boone County has about a 20% population of children under the age of 18 and about half of that (just under 10%) are families with children in poverty. By serving these families experiencing poverty we are aiming to help them become more resilient and learn how to overcome poverty in areas families are able to control. The average poverty rate for ages 0-5 in the United States is 22.8% and although Boone County as a whole is under that at 16.6%, the City of Columbia is over at nearly 25%. By expanding services to the Preschool level, as well in the partnership with Title I preschool and Head Start, BRIDGE also hopes to help children and families become even more successful once they attend Kindergarten.

2. The 2017 Interim Report and previous contract included students of teachers receiving training as program consumers. CMCA corrected the program consumers and number of unduplicated individuals served to only include children/families that are enrolled in BRIDGE.
Action Required: Provide clarification on the number of individuals to be served and the information in the Consumer Demographics. These numbers should NOT include students that are in classrooms of CMCA trained teachers that are not enrolled in BRIDGE.

2. Pending available funding, BRIDGE would serve the following groups of individuals based on the current program structure and implementing both a referral system as well as the preschool level program. Kindergarten Families: 20, First Grade Families: 20, Second Grade Families: 20, Referrals from school administration: 20 and Preschool Partnership: 15 (these are funded by Head Start). This is a total of 95 students served by BRIDGE services. For these students we expect to serve at least 45 school teachers as well for a total of 140 unduplicated individuals enrolled in the program. This number is subject to grow as it does not include the family size of each child enrolled. As each year passes the program continues to grow. The number of teachers participating in BRIDGE could greatly increase in the next two years. Columbia Public Schools recognizes BRIDGE annual training as Professional Development on the salary schedule for their teachers. Teacher trainings will be opened to teachers beyond those participating in the BRIDGE next summer in order to expand the reach of the training.

*Unsure of unduplicated individuals as we calculated based on who actually enrolls in the program and that would be a student. BRIDGE services generally serve the whole family. Family sizes range from 2 to 9 individuals.

3. The narrative in item b. in Program Access refers to a preschool model that mirrors the BRIDGE pilot program.

Action Required: Provide more information on the preschool model.

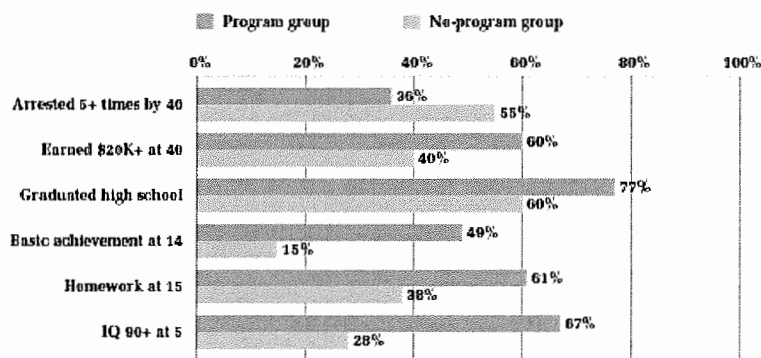
3. Title I preschool offers a high quality early education experience for at risk children. Head Start will focus on 15 of the *most* at risk preschool students at the CPS Center for Early Learning North. We will use the BRIDGE model to provide the entire wrap around services, adult social services, and supports that make Head Start a comprehensive program. Essentially we are adding the adult and home visiting component of Head Start to a high quality preschool education program. In addition, the preschool teachers will receive all of the same training that BRIDGE teachers receive on the realities of poverty, trauma, classroom management strategies, etc. At risk children experiencing the crises and conditions of poverty need a connected network of consistent, reliable, loving adults at school and at home. These 15 students will be in multiple classrooms that will all adhere to comprehensive Head Start Program Performance Standards.

4. A narrative was not provided that explains the rationale for utilizing the proposed evidence-based program and/or service. *Action Required:* Provide a rationale for utilizing the proposed evidence-based program and/or service.

4. Decades of research about Head Start service highlight the importance of focusing on the whole child and within the context of the family and supporting resources. Promoting family engagement and working on building resiliency as well as social emotional skills help the children become more successful later in life. The BRIDGE expands on the success of Head Start and famous research studies like the Abecedarian Project. In it, infants were randomly assigned to receive full time education and family support services. Each child had individualized services just like the BRIDGE program does with families to meet their individualized needs. Progress from this project was monitored overtime and follow up studies have been conducted for many decades. The findings reflect long lasting benefits associated with high quality education and interventions. The Perry Preschool Study is another famous study that focused on the early interventions and education of young children. These studies and many more like them indicate that comprehensive early interventions have lasting effects. This chart directly identifies the lasting effects and supports BRIDGE program outcomes by continuing to support children and families. While these studies suggest long term impacts of early intervention, we still find that young children in school continue to suffer from toxic stress caused by poverty and the negative effects on their academic success and emotional stability. Further, our own evidence gathered throughout the pilot phase of the BRIDGE shows that program participants' resiliency increased over time. Our hypothesis is that longer term interventions that mimic those provided by Head Start will have longer lasting effects and immediately reduce stress and anxiety experienced by participating children, parents, and teachers.

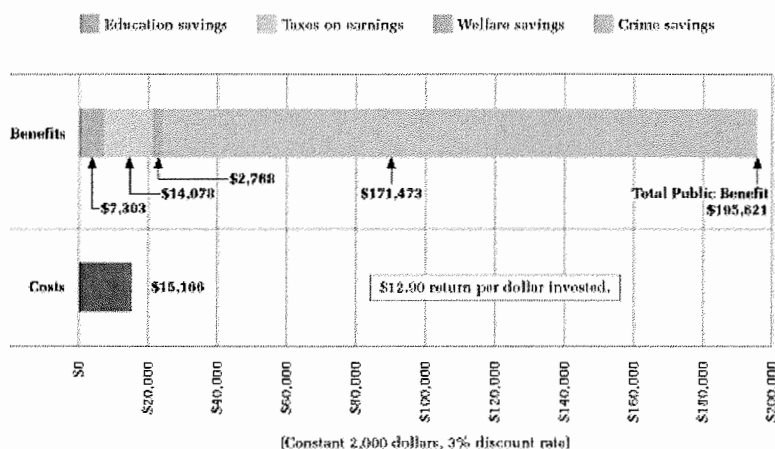
4 cont.

Figure 1
Major Findings: High/Scope Perry Preschool Study at 40



The chart below also taken from the Perry Preschool study show the community costs over time by investing in younger children and families of poverty early on. The High Scope curriculum used in this study is the same curriculum used in Head Start programs and CPS Early Childhood Program.

Figure 2
High/Scope Perry Preschool Program Public Costs and Benefits



Strengths based assessments are used in the BRIDGE program through the Devereux Center for Resilient Children. These assessments support the social emotional development of children as well as resiliency for them and the parents or caregivers raising them. It is important for adults to understand the correlation between their own health and wellness and their child's health and wellness. Devereux is also utilized for their evidence based strategies when working with the children who require more in-depth services/resources. Many of Devereux tools are utilized including but not limited to: DECA, DESSA, DARS, FLIP It, etc.

5. Information on the consumer feedback survey does not provide specific details on the format of the survey (written, verbal, etc.) and how it is distributed, collected, analyzed, and utilized to enhance services.

Action Required: Provide specific information on the consumer feedback survey.

5. Consumer feedback will mostly be captured in a written (electronic) survey that will be administered by program management twice a year. The Program Manager will report overall findings to all stake holders in an annual self assessment of program progress. In addition to administering satisfaction surveys, focus groups and specific data assessments, the program provides post training assessments. Training evaluations are reviewed by BRIDGE management and program staff to assist in development of future training offerings. These are utilized to gauge interest on training topics for future events/trainings or utilized to connect them to an entity that provides interested trainings. Trainings are identified through the family success plan process and teacher trainings are identified by the teachers and in collaboration with CPS professional development staff. Teachers at any time can request trainings on specific content areas and BRIDGE will connect them to appropriate resources.

6. The Program Budget states that 15 students will be supported through the federal office of Head Start grant. Specific information was lacking.

Action Required: Provide more information on the grant from the Head Start federal office.

Provide clarification on whether these 15 students are included in the proposed total number of unduplicated individuals to be served. These 15 students should also be included throughout the program proposal (outputs, performance measures, etc.).

6. The funding from the Office of Head Start supports the BRIDGE preschool model through a new partnership with Title I preschool and Head Start. Head Start has had a classroom at Field Elementary School for the last few years until the early childhood classrooms were moved to the Center for Early Learning North last winter. The 15 Head Start slots were not included in that move. CMCA's eight county community assessment clearly indicates the highest need for early childhood education in Columbia. Though facilities are not available for these 15 slots, our experience with the BRIDGE pilot and decades of Head Start administration led us to believe that we could add value to the most at risk students in the Title I preschool program. Instead of paying for a facility, teachers, and social services staff, we created a model that marries the education component of Title I with the wraparound and adult services associated with Head Start. This was also a chance to partner with Title I preschools and serve the most at risk children and families. The 15 children/families served in the Preschool Model Program will be served through a blended funding model that includes Head Start and Title I. Head Start funds will pay for teacher training and the Parent Partner assigned to these 15 families. The families identified will be included under the unduplicated individuals served and will receive the same opportunities to participate in a variety of activities that all BRIDGE participants access.

7. The BRIDGE program recently received a federal grant of \$204,243.90 to provide services for 15 students. The current contract was for \$327,539.50 for 18-months and BCCS was the only funding source. When comparing the total revenues per month, the proposal will be receiving \$42,077.80 per month (includes the federal grant) but the current contract is \$18,196.64 per month. The proposal indicates that the BRIDGE program will expand to rural schools and increase the number of children enrolled in the program. However, the proposal does not clearly indicate whether the 15 students funded through the federal revenue source are included in the total number of individuals to be served for proposed Service 1. Service 1 in the proposal states that 60 children will be enrolled in the BRIDGE but the 2017 Interim Report shows that there are currently 37 students enrolled. If the 15 students funded through the federal source are included in the 60 enrolled students, BCCS will only be paying for an additional 8 students. The increased funding request cannot be justified to serve an additional eight students.

Action Required: Complete the following clarification responses with your best and final offer. We expect the funding request to be lower than the previous contract since additional funding sources secured. Provide any comments and/or questions in the field below.

7. The Head Start funds identified in this proposal are not new resources. These funds previously funded a classroom of 15 children. As described above, we are using the BRIDGE model to provide these comprehensive services in partnership with CPS. It is a separate program and there is no cost sharing or blending of funds from the Federal Head Start grant and the BRIDGE program. The preschool program will be fully funded through Head Start, but will utilize the resources and model the BRIDGE program has developed to best serve those families. The identification of the funding was to show growth of program by serving more individuals and that our funding cost per child is less than that of Head Start services. The Federal Head Start funds will be used for the 15 preschool children/families. They fund \$13,616.26 per child/family per year which is the total of the \$204,243.90. These costs include a percent of administrations cost (Mental Health, Nutrition, etc), educational costs, as well as the direct services support, and family engagement. These services are all needed in order to uphold and administer the Head Start Program Performance Standards. With the closing of the site previously referenced the families lost the wrap around services and supports (2Gen approach) that Head Start had to offer. With increased funding per the proposal of implementing a referral system for schools (identified as a need by schools teachers, principals, and district administrations) the total number of unduplicated children served will be 80 (20 per cohort, 20-kindergarten, 20-1st grade, 20-second grade, and 20-referral based). The extra 15 in the preschool program is included in the numbers served by the program to make a total of 95 children served but the funding for those 15 will be coming from the Head Start funding as previously mentioned. The request for funding is to serve over current numbers (not including the 15 funded elsewhere) with an additional 43 students enrolled.

Program Services Form (1-5)

8. Due to the different types of services provided during a home visit, the County and City of Columbia have added "Home Visiting" to the *Taxonomy of Services* with the following definition:
- Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally health, safe, and ready to learn. This service must include at least one other related service in the *Taxonomy of Services*, which must also be delivered in the home/residence of the program consumer(s).

The proposal only listed Case Management as a service but there are other services that need to be broken out. Please follow the table below for how services should be listed. The remaining clarification questions will follow this format. The 'Service Change Chart' that is attached will need to be completed for each service.

Service #	Service Name	Notes
1	Home Visiting	Multiple services can be listed for this service to describe all the activities being performed during a home visit
2	Case Management	Only includes time spent outside of home visiting
3	Behavioral Health Assessment	Only include completing the DESSA
4	Best Practices Training	Trainings provided to school personnel
5	Family Education and/or Parent Skills Training	Only includes parent events

Service 1

9. Home Visiting will be the only service where multiple services can be listed. Services that are provided during Home Visits must be listed and described thoroughly. The service description in the proposal describes the following services during Home Visits:
- a. Case Management – development of child success plans, development of ecomap, information and referrals
 - b. Parent Partnership – development of child success plans with parents and teachers
 - c. Family Education – information shared with parents that align with the service definition
 - d. Parent Skills Training – information shared with parents that align with the service definition
 - e. Social/Emotional Screening – additional screenings other than the DESSA
 - f. Developmental Screening – additional screenings other than the DESSA

Action Required: Complete the 'Service Change Chart' for Service 1. Provide sufficient information on each of the services that can be listed in Home Visiting. There may be additional services from the *Taxonomy of Services* that are provided during Home Visits. The examples listed above may or may not need to be listed. Provide justification for why each service is listed in the response.

9. Details are provided in the Service change chart in the detailed description section for why each service pertains to the home visits.

10. The service description in the proposal does not specify the frequency of home visits for each family.

Action Required: Provide clarification on the number of home visits and frequency each family typically receives.

10. The number of home visits depends on the families year in the program and their risk level. As a general rule Preschool and Kindergarten meet at least once a month with the Parent Partner. After Kindergarten the focus is to slowly taper off services so families can be more resilient but still have supports in transition. First grade visits occur every other month as a general rule. Second grade visits occur once a quarter (1 visit every 3 months). If a family goes through crisis or other hardship their visits could increase no matter what grade. After the first semester, during Multi-disciplinary staffing, the families are then evaluated by the team made up of administration, program staff, and specialized administrators in content related areas (mental health, disabilities, etc). The families are identified at different risk levels based on housing, open children's division cases, education, mental health, etc. From here we have found some kindergarten families do not need once a month visits and some second grade families need more than once a quarter. Second semester is when we identify those needs to best serve the families/children enrolled. Only a few are moved around if any.

11. The service description in the proposal mentioned additional screenings may be provided as needed. The description lacked specific information on the type of screenings.

Action Required: Provide specific information on the type of additional screenings that may be conducted. These screenings can be included in Home Visiting due to the infrequency and variability in conducting the screenings for families.

11. Additional screenings that can be used are those to best gauge family levels or mental health issues if they are a family going through a new life event. BRIDGE has Post-Partum assessments for new moms, Depression Anxiety and Stress Scale (DASS), and Devereux Adult Resiliency Survey (DARS). The DASS and DARS are originally administered to new families during the application process. After their first year, based on relationships, families openly discuss if they are having any overwhelming obstacles. In the case they do not, but there is suspicion by staff identified in a staffing, these assessment tools can be utilized. If further concerns or other obstacles not related to those assessments occur then the Multi-Disciplinary team will be utilized in the specific areas needed. There is also a family intake assessment/survey that is administered during the application process to best identify services needed by families before relationships are built to identify the needs by staff. When there is an overwhelming amount of applications for the program this also identifies which families are the most at-risk and are identified through selection based on the risk level assessment used by program staff.

12. The Outputs will need to be written for Home Visiting. The unit measure for Home Visiting needs to be 15 minutes or one hour. The Unit Rate needs to reflect the cost of providing Home Visiting based on the unit measure that is listed. The total number of units to be provided need to reflect the adjusted unit measure. The number of unduplicated individuals to be served needs to be provided for everyone receiving this service.

Action Required: Provide the updated Outputs in the 'Service Change Chart' for Service 1. Provide justification on the unit rate and number of units to be provided below. Also provide clarification on the 60 individuals that were listed in the proposal and why that number is lower than the total number of unduplicated individuals to be served (n=175).

12. During the three year pilot program, a time and resource study was completed for service areas to determine overall cost and time spent dedicated to each service. The number of children enrolled will be 80. This does not include the number of siblings and parents served as well. Clarification on the numbers served. The total should be 80 as described previously with different cohorts in answer #2. I believe there was some confusion still as this proposal was submitted before clarification discussion occurred about not including children in the classroom of BRIDGE teachers. Number of unduplicated individuals to be served would be 80 k-2, 15 from Head Start(funded separately), 35 Teachers for a total of 130 Unduplicated individuals.

13. The Funding Request amount needs to be updated with separating the cost of Home Visiting.
Action Required: Provide the Funding Request amount and number of units to be provided in the 'Service Change Chart' for Service 1.

14. The Performance Measures need to be rewritten for Home Visiting. The outcomes, indicators, and method of measurements need to follow the Logic Model that is attached. Specifically, indicators require a percentage that can be measured and obtained.

Action Required: Provide Performance Measures for Service 1 in the 'Service Change Chart'. Provide justification for the updated outcomes, indicators, and method of measurements below.

14. All outcomes, indicators and methods of measurement reflect services provided to families based on the three year pilot program and the time/resource study conducted. The indicators do include the 15 from the separate Head Start BRIDGE program. The percentages are based on 95 individuals as they will be served utilizing BRIDGE model but will not need additional funding.

Service 2

15. Service 2 should be listed as Case Management. Time that personnel spend on Case Management outside of home visits should be included in this service.

Action Required: Provide sufficient information on Case Management activities that occur for families outside of home visits. Complete the 'Service Change Chart' for Service 2.

15. Details are provided in the Service Change Chart in the detailed description section for case management services. These findings and calculations are based on the three year pilot program and the time/resource study that was conducted.

16. The Outputs section needs to be updated with the service changes. The unit measure for Case Management needs to be 15 minutes or one hour. The unit rate should reflect the cost for providing Case Management outside of home visits. The number of units to be provided needs to reflect the unit measure change. The number of individuals to be served should include all individuals receiving Case Management.

Action Required: Provide the updated Outputs for Service 2 in the 'Service Change Chart'. Provide justification on the unit rate, number of units to be provided, and clarification on the number of individuals to be served.

16. During the three year pilot program, a time and resource study was completed for service areas to determine overall cost and time spent dedicated to each service. The number of children enrolled will be 80. This does not include the number of siblings and parents served as well.

17. The Funding Request amount needs to be updated with separating the cost of Case Management.

Action Required: Provide the Funding Request amount and number of units to be provided in the 'Service Change Chart' for Service 2.

18. The Performance Measures need to be rewritten for Case Management. The outcomes, indicators, and method of measurements need to follow the Logic Model that is attached. Specifically, indicators required a percentage that can be measured and obtained.

Action Required: Provide Performance Measures for Service 2 in the 'Service Change Chart'. Provide justification for the updated outcomes, indicators, and method of measurements below.

18. All outcomes, indicators and methods of measurement reflect services provided to families based on the three year pilot program and the time/resource study conducted. The indicators do include the 15 from the separate Head Start BRIDGE program. The percentages are based on 95 individuals as they will be served utilizing BRIDGE model but will not need additional funding. The number of children enrolled in County funded BRIDGE will be 80. This does not include the number of siblings and parents served as well.

Service 3

19. Service 3 should be listed as Behavioral Health Screening and will only include conducting the Devereux Student Strengths Assessment (DESSA) since it is regularly conducted. The service description lacked specific information on the DESSA and how CMCA utilizes it to provide services.

Action Required: Provide more information on DESSA and how CMCA utilizes the assessment to

19. The Devereux Student Strengths Assessment (DESSA) is a research based tool from the Devereux Center for Resilient Children. This assessment is used to screen children's social-emotional competencies. The DESSA's are administered by BRIDGE staff to the parents and to the child's teacher. The DESSA's are administered in the fall and the spring. Teachers must know a child for at least four weeks before completing the DESSA, this is to ensure more accurate data to be reported as teachers will then have enough time to get to know the child and observe. From the DESSA's administered, BRIDGE staff utilize an online system through Devereux to input the scores from both the teacher and the parent. The system then calculates the T-score for the children in eight social emotional categories. Reports are then printed to compare between the two environments (school and home) by BRIDGE staff. These reports are then utilized in completing the child success plans with the parents and families. These are used to support the child in two different environments, with the same instructions, for a greater chance at success. The DESSA online system also is utilized to pull reports at the end of the year to identify a pre/post result. (Whether the children sustained skills, regressed, or progressed).

20. The Outputs need to be updated for providing Behavioral Health Screening. The unit measure needs to be 'one screening'. This includes the time spent conducting and analyzing the DESSA per individual. The number of units to be provided needs to reflect the number of individuals receiving the DESSA and the number of times the screening is conducted. The unit rate should reflect the cost of materials and personnel time to provide the screening.

Action Required: Provide the Outputs in the 'Service Change Chart' for Service 3. Provide justification on the unit rate, number of units to be provided, and clarification on the number of individuals to be served.

20. During the three year pilot program, a time and resource study was completed for service areas to determine overall cost and time spent on each service area. The number of children enrolled will be 80. This does not include the number of siblings and parents served as well. The parentheses are based on 95 individuals as they will be served utilizing BRIDGE model but will not need additional funding.

21. The Funding Request amount needs to be updated with separating the cost of Behavioral Health Screening.

Action Required: Provide the Funding Request amount and number of units to be provided in the 'Service Change Chart' for Service 3.

22. The Performance Measures need to be rewritten to include Behavioral Health Screening. The outcomes, indicators, and method of measurements need to follow the Logic Model that is attached. Specifically, indicators required a percentage that can be measured and obtained.

Action Required: Provide Performance Measures for Service 3 in the 'Service Change Chart'. Provide justification for the updated outcomes, indicators, and method of measurements below.

22. All outcomes, indicators and methods of measurement reflect services provided to families based on the three year pilot program and the time/resource study conducted. The indicators do include the 15 from the separate Head Start BRIDGE program. The percentages are based on 95 individuals as they will be served utilizing BRIDGE model but will not need additional funding. The number of children enrolled in County funded BRIDGE will be 80. This does not include the number of siblings and parents served as well.

Service 4

23. Service 4 should be listed as Best Practices Training and will only include the trainings provided to school personnel. The service description lacked specific information on the trainings that are provided and how it will be delivered.

Action Required: Provide specific information on the trainings provided to school personnel. Explain how the trainings will be promoted and conducted and the information that will be presented.

23. Best Practices training will be conducted in the summer before each school year starts. This training is provided for all teachers who sign a contract to participate in the BRIDGE program. The training occurs at the end of July and is coordinated with the Public schools calendar to avoid interfering with school trainings or other school requirements. The trainings provided are to better educate the BRIDGE teachers on the target population the BRIDGE serves, and to better equip them with tools for the children who have more challenging behaviors. Reminders, fliers, and copies of contracts are administered to teachers to ensure they attend the trainings. The current school year is the first year the training was able to be counted as Professional development for teachers. In future years, the training will be offered to other public school teachers (with space limitations) to reach a wider audience. BRIDGE management secures trainers and sets up the training that correlates with the families to be served. BRIDGE management and staff then set the training schedule, and all other training materials needed. BRIDGE management also trains on a few content areas when able. Trainings typically include: Home Visiting, Understanding Poverty & Poverty Simulation, FLIP It-Addressing Challenging Behaviors, Trauma Informed, Compassion Fatigue, & Motivational Interviewing/ACES.

24. The Outputs need to be updated for providing Best Practices Training to school personnel. The unit measure needs to be 'one individual'. The number of individuals attending each training needs to be tracked. The unit rate needs to reflect the cost of each training and the anticipated number of individuals attending each training. The number of units to be provided needs to reflect the anticipated number of individuals attending a training and the projected number of trainings that will be provided during one year of service. The number of unduplicated individuals to be trained needs to be provided with this change.

Action Required: Provide the Outputs in the 'Service Change Chart' for Service 4. Provide justification on the unit rate, number of units to be provided, and clarification on the number of individuals to be served.

24. During the three year pilot program, a time and resource study was completed for service areas to determine overall cost and time spent dedicated to each service. The number of children enrolled will be 80. This does not include the number of siblings and parents served as well. The parentheses are based on 95 individuals as they will be served utilizing BRIDGE model but will not need additional funding.

25. The Funding Request amount needs to be updated with separating the cost of Best Practices Training.

Action Required: Provide the Funding Request amount and number of units to be provided in the 'Service Change Chart' for Service 4.

26. The Performance Measures need to be rewritten for Best Practices Trainings. The outcomes, indicators, and method of measurements need to follow the Logic Model that is attached. Specifically, indicators required a percentage that can be measured and obtained.

Action Required: Provide Performance Measures for Service 4 in the 'Service Change Chart'.
Provide justification for the updated outcomes, indicators, and method of measurements below.

26. All outcomes, indicators and methods of measurement reflect services provided to families based on the three year pilot program and the time/resource study conducted. The indicators do include the 15 from the separate Head Start BRIDGE program. The percentages are based on 95 individuals as they will be served utilizing BRIDGE model but will not need additional funding. The number of children enrolled in County funded BRIDGE will be 80. This does not include the number of siblings and parents served as well.

Service 5

27. Service 5 needs to be listed as Family Education or Parent Skills Training and include the events providing information to parents. Review the definition for both services and decide which service best fits the type of events being provided to parents. The service description lacked sufficient information on the parent events. If events cover information described in both definitions, then the Service Name may list both services.

Action Required: Provide specific information on the parent events and justification on the service name that best fits the service. Complete the 'Service Change Chart' for Service 5.

27. Details are provided in the Service Change Chart in the detailed description section for family education. These findings and calculations are based on the three year pilot program and the time/resource study that was conducted. Family Education was the best fit as the trainings did not directly fit the Parenting skills definition as most are educational not direct parent skills training.

28. The Outputs need to be updated for providing Family Education and/or Parent Skills Training to parents. The unit measure needs to be 'one individual'. The number of individuals attending each training needs to be tracked. The unit rate needs to reflect the cost of each event and the anticipated number of individuals attending each event. The number of units to be provided needs to reflect the anticipated number of individuals attending a event and the projected number of events that will be provided during one year of service. The number of unduplicated individuals needs to be provided with this change.

Action Required: Provide the Outputs in the 'Service Change Chart' for Service 5. Provide justification on the unit rate, number of units to be provided, and clarification on the number of individuals to be served.

28. During the three year pilot program, a time and resource study was completed for service areas to determine overall cost and time spent dedicated to each service. The number of children enrolled will be 80. This does not include the number of siblings and parents served as well. The parentheses are based on 95 individuals as they will be served utilizing BRIDGE model but will not need additional funding.

29. The Funding Request amount needs to be updated with separating the cost of Family Education and/or Parent Skills Training.

Action Required: Provide the Funding Request amount and number of units to be provided in the 'Service Change Chart' for Service 5.

30. The Performance Measures need to be rewritten for Service 5. The outcomes, indicators, and method of measurements need to follow the Logic Model that is attached. Specifically, indicators required a percentage that can be measured and obtained.

Action Required: Provide Performance Measures for Service 5 in the 'Service Change Chart'.
Provide justification for the updated outcomes, indicators, and method of measurements below.

30. All outcomes indicators and methods of measurement reflect services provided to families based on the three year pilot program and the time/resource study conducted. The Indicators do include the 15 from the separate Head Start BRIDGE program. The percentages are based on 95 individuals as they will be served utilizing BRIDGE model but will not need additional funding. The number of children enrolled in County funded BRIDGE will be 80. This does not include the number of siblings and parents served as well.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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31. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Central Missouri Community Action			
Program Name: BRIDGE			
Service #1 – Taxonomy of Service Name: Home Visiting (includes: Career Exploration, family education, Parenting skills training, best practices training, crisis intervention, advocacy, service coordination, behavioral health screenings, & case management)			
Service #1 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally health, safe, and ready to learn. This service must include at least one other related service in the <i>Taxonomy of Services</i> , which must also be delivered in the home/residence of the program consumer(s).			
Provide a detailed description of the proposed service: Behavioral health screenings are administered as needed for parents experiencing or showing signs of mental health concerns. Career exploration will be done when specific family goals are centered around a career and maintaining employment, and/or resume assistance etc. During Home visits family education and parenting skills are discussed and implemented centered around family goals that are created on family success plans. Service coordination occurs during visits if a specific need or service is identified by the family, and also when staff become aware of resources that could benefit a family based on their goals or knowledge of family details. Advocacy is coached to parents who experience issues in specific areas and are concerned of an outcome. This could be within their job, housing, school or even local & federal laws etc. Staff coach and guide families to identify their rights and when it pertains in some situations can accompany them as support. Crisis intervention occurs in the home when identified. If a crisis occurs the staff is notified by the family and will go to the home, when applicable, to meet with them for a plan of action and connecting them to services that will aid in helping resolve or lessen the crisis.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour	\$37.75	2380 Hours (3010 w/ Head Start)	80 (95 w/Head Start)
Funding Request			
Amount Requested to Boone County: \$89,833.72 (\$113,627.50)		Proposed Number of Units of Service: 2380 Hours	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Parents participating in the BRIDGE will increase their resiliency and family engagement.	90% (n=86) of parents will have a family success plan and ecomap to identify goals and areas where support is needed.	Devereux Adult Resiliency Survey, EcoMap, & Family Success Plan	
Families enrolled in the BRIDGE will have increased family engagement.	90% (n=86) of families will utilize a Parent Passport to record family activities and track goal performance.	Parent Passport	
Children enrolled in the BRIDGE will have an increase in attendance & less behavior referrals to meet school outcomes.	90% (n=86) of BRIDGE students will have 90% or higher attendance rate. 90% (n=86) of BRIDGE students will have 1 or less Behavior referrals	Attendance reports & behavior referrals	

Children enrolled will sustain or increase their academic level instead of regressing behind their peers.	90% (n=86) of BRIDGE students will sustain or increase their academic level	Student Performance records
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Service Change Chart			
Organization Name: Central Missouri Community Action			
Program Name: BRIDGE			
Service #2 – Taxonomy of Service Name: Case Management			
Service #2 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's mental health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service: Referrals and outreach to needed services for families, creating and identifying in home tools to support family and child success plans. Interdisciplinary staffing and Regular team meetings to discuss high risk level participants. Monitoring of family success goals & interventions when needed.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Hour	\$34.80	2330 (2767 w/ Head Start)	80 (95 w/ Head Start)
Funding Request			
Amount Requested to Boone County: \$81,084.00 (\$96,291.60)		Proposed Number of Units of Service: 2330	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased resiliency	80% (n=76) of participants will increase their ability to identify own needs and ability to connect themselves with needed resources/supports.	# of referrals/resources given by staff	
Increased Positive supports	88% (n=84) of participants will have increased positive support systems	Eco Map	

Develop an achievable success plan	90% (n=72) of participants will assist in development of a Family Success plan for obtainable outcomes to increase their family success.	Family Success Plan
Service Change Chart		
Organization Name: Central Missouri Community Action		
Program Name: BRIDGE		
Service #3 – Taxonomy of Service Name: Social/Emotional Screening		
Service #3 – Taxonomy Definition of Service: Identifies if a child is at risk for social emotional delays, problem behaviors, and potential mental health concerns.		
Provide a detailed description of the proposed service: Devereux Student Strengths Assessment will be completed for every student enrolled in the BRIDGE program. A parent/guardian and the students teacher will complete the assessment in order to create Child Success Plans. From those plans the Parents and Teachers work together to provide guidance and instructions		
Outputs		
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:
1 Assessment	\$74.86	240 (285 w/ Head Start)
		Total Number of Unduplicated Individuals:
		80 (95 w/ Head Start)
Funding Request		
Amount Requested to Boone County: \$17,966.74 (\$21,335.10)		Proposed Number of Units of Service: 240
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Parents participating in the BRIDGE will increase their knowledge and ability to support the social and emotional competence of their children.	88% (n=84) of parents will complete the DESSA* for their child enrolled in the BRIDGE with an active Child Success Plan implemented. *DECA is the version that will be used for Head Start	Fall & Spring DESSA* completed & entered in DESSA* online system. Copy of Child Success Plan. *DECA is the version that will be used for Head Start
Teachers participating in the BRIDGE will increase their knowledge and ability to support the social and emotional competence of their BRIDGE student.	91% (n=86) of teachers will complete the DESSA* for their enrolled BRIDGE student with an active Child Success Plan Implemented. *DECA is version that will be used for Head Start	Fall & Spring DESSA* completed & entered in DESSA* online system. Copy of Child Success Plan. *DECA is the version that will be used for Head Start

Service Change Chart			
Organization Name: Central Missouri Community Action			
Program Name: BRIDGE			
Service #4 – Taxonomy of Service Name: Best Practices Training			
Service #4 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques			
Provide a detailed description of the proposed service: This training is provided for all teachers who sign a contract to participate in the BRIDGE program. The trainings are to better educate the BRIDGE teachers on the target population the BRIDGE serves, and to better equip them with tools for the children who have more challenging behaviors. BRIDGE staff will become certified in some content areas to be able to provide training and reduce future costs of trainers & to better serve program participants.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Individual	\$110.92	270	45
Funding Request			
Amount Requested to Boone County: \$29,944.57		Proposed Number of Units of Service: 45	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased understanding of poverty and toxic stressors that impact student development and behavior.	89% (n=40) of teachers will have increased knowledge in poverty and toxic stress from teacher training.		Pre and post test
Increased understanding of communicating/engaging parents and importance of self care.	89% (n=40) of teachers will increase knowledge in compassion fatigue and how to have meaningful/engaged conversations with parents.		Pre and post test & Teacher Home Visit Reports
Increased knowledge in researched based materials	100% (n=5) of BRIDGE staff will become certified trainers in some content area to train teachers.		Certificate of completion & Conducting trainings

Service Change Chart			
Organization Name: Central Missouri Community Action			
Program Name: BRIDGE			
Service #5 – Taxonomy of Service Name: Family Education			
Service #5 – Taxonomy Definition of Service: Develops communication and coping skills with the goal of strengthening family relationships			
Provide a detailed description of the proposed service: Family events/activities are held/promoted to increase parent knowledge and connectedness to community resources. These are centered on parent interests and helpful topics for their family to be better informed. (Examples: Fire safety from fire department, Dental Hygiene from Family Dental, etc) These are also opportunities for parents and teachers to interact and communicate outside of the school environment.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 individual	\$93.58	480 (570 w/ Head Start)	80 (95 w/ Head Start)
Funding Request			
Amount Requested to Boone County: \$44,916.86 (\$53,340.60)		Proposed Number of Units of Service: 80	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased knowledge of community resources	88% (n=84) of participants will attend at least 1 parent activity		Sign in sheets from events/activities & Evaluations
Increased parent-teacher engagement	90% (n=86) of parents & 88% (n=40) of teachers will attend at least 1 parent activity together		Sign in sheets from events/activities

Service Change Chart			
Organization Name: Central Missouri Community Action			
Program Name: BRIDGE			
Service #6 – Taxonomy of Service Name: Service Coordination			
Service #6 – Taxonomy Definition of Service: Assists an individual receiving support to bridge access to resources			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour	\$35.99	915 (1144 w/ Head Start)	80 (95 w/Head Start)
Funding Request			
Amount Requested to Boone County: \$32,930.85 (\$41,172.56)		Proposed Number of Units of Service: 80	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased Community Engagement by utilizing community calendar resources	85% (n=68) of families will increase community engagement in community activities		Parent Passport & Community Calendar
Increased Connectedness to resources	100% (n=80) of families will have an increase in knowledge of community resources and supports		Resource Tracking log

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Home Visiting	1 hour	\$37.75	2380 hours (3010 Head Start)	80 (95 Head Start)
Case Management	1 hour	\$34.80	2330 Hours (2767 Head Start)	80 (95 Head Start)
Social/Emotional Screening	1 Assessment	\$74.86	240 Assessments (285 Head Start)	80 (95 Head Start)
Best Practices Training	1 Individual	\$110.92	270	45
Family Education	1 Individual	\$93.58	480 (570 Head Start)	80 (95 Head Start)
Service Coordination	1 hour	\$35.99	915 hours (1144 Head Start)	80 (95 Head Start)

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Home Visiting	\$89,833.72	2380
Case Management	\$81084.00	2330
Social/Emotional Screening	\$17,966.74	240
Best Practices Training	\$29,944.57	45
Family Education	\$44,916.86	80

Service Coordination	\$32,930.85	80
Development/Start Up Service Funding	\$4,000	
Total Amount Requested to Boone County:	\$300,676.74	

Logic Model – City of Columbia, Boone County Community Services, and Heart of Missouri United Way
Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIDUALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success

Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test
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Bridge

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 23, 2017

Central Missouri Community Action
Attn: ~~Mernell~~ Mernell Preis, Early Childhood Programs Director
807 North Providence Road
Columbia, MO 65203
Mernell-king@showmeaction.org

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Preis:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda B. Bobbitt", with a stylized flourish at the end.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Jennifer Klosterman – jennifer-klosterman@showmeaction.org

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Central Missouri Community Action
Name of Program	BRIDGE

Program Overview Form	
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1. The Statement of Issue Being Addressed narrative refers to graphs from the Boone Indicators Dashboard (BID) site, however, data from these graphs are not stated.
Action Required: Provide specific data from the BID graphs referenced and describe how the data relates to the population being addressed by the proposed program.

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2. The 2017 Interim Report and previous contract included students of teachers receiving training as program consumers. CMCA corrected the program consumers and number of unduplicated individuals served to only include children/families that are enrolled in BRIDGE.
Action Required: Provide clarification on the number of individuals to be served and the information in the Consumer Demographics. These numbers should NOT include students that are in classrooms of CMCA trained teachers that are not enrolled in BRIDGE.

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3. The narrative in item b. in Program Access refers to a preschool model that mirrors the BRIDGE pilot program.
Action Required: Provide more information on the preschool model.

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4. A narrative was not provided that explains the rationale for utilizing the proposed evidence-based program and/or service.
Action Required: Provide a rationale for utilizing the proposed evidence-based program and/or service.

5. Information on the consumer feedback survey does not provide specific details on the format of the survey (written, verbal, etc.) and how it is distributed, collected, analyzed, and utilized to enhance services.

Action Required: Provide specific information on the consumer feedback survey.

6. The Program Budget states that 15 students will be supported through the federal office of Head Start grant. Specific information was lacking.

Action Required: Provide more information on the grant from the Head Start federal office.

Provide clarification on whether these 15 students are included in the proposed total number of unduplicated individuals to be served. These 15 students should also be included throughout the program proposal (outputs, performance measures, etc.).

7. The BRIDGE program recently received a federal grant of \$204,243.90 to provide services for 15 students. The current contract was for \$327,539.50 for 18-months and BCCS was the only funding source. When comparing the total revenues per month, the proposal will be receiving \$42,077.80 per month (includes the federal grant) but the current contract is \$18,196.64 per month. The proposal indicates that the BRIDGE program will expand to rural schools and increase the number of children enrolled in the program. However, the proposal does not clearly indicate whether the 15 students funded through the federal revenue source are included in the total number of individuals to be served for proposed Service 1. Service 1 in the proposal states that 60 children will be enrolled in the BRIDGE but the 2017 Interim Report shows that there are currently 37 students enrolled. If the 15 students funded through the federal source are included in the 60 enrolled students, BCCS will only be paying for an additional 8 students. The increased funding request cannot be justified to serve an additional eight students.

Action Required: Complete the following clarification responses with your best and final offer.

We expect the funding request to be lower than the previous contract since additional funding sources secured. Provide any comments and/or questions in the field below.

Program Services Form (1-5)

8. Due to the different types of services provided during a home visit, the County and City of Columbia have added "Home Visiting" to the *Taxonomy of Services* with the following definition:
- Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally health, safe, and ready to learn. This service must include at least one other related service in the *Taxonomy of Services*, which must also be delivered in the home/residence of the program consumer(s).

The proposal only listed Case Management as a service but there are other services that need to be broken out. Please follow the table below for how services should be listed. The remaining clarification questions will follow this format. The 'Service Change Chart' that is attached will need to be completed for each service.

Service #	Service Name	Notes
1	Home Visiting	Multiple services can be listed for this service to describe all the activities being performed during a home visit
2	Case Management	Only includes time spent outside of home visiting
3	Behavioral Health Assessment	Only include completing the DESSA
4	Best Practices Training	Trainings provided to school personnel
5	Family Education and/or Parent Skills Training	Only includes parent events

Service 1

9. Home Visiting will be the only service where multiple services can be listed. Services that are provided during Home Visits must be listed and described thoroughly. The service description in the proposal describes the following services during Home Visits:
- Case Management – development of child success plans, development of ecomap, information and referrals
 - Parent Partnership – development of child success plans with parents and teachers
 - Family Education – information shared with parents that align with the service definition
 - Parent Skills Training – information shared with parents that align with the service definition
 - Social/Emotional Screening – additional screenings other than the DESSA
 - Developmental Screening – additional screenings other than the DESSA

Action Required: Complete the 'Service Change Chart' for Service 1. Provide sufficient information on each of the services that can be listed in Home Visiting. There may be additional services from the *Taxonomy of Services* that are provided during Home Visits. The examples listed above may or may not need to be listed. Provide justification for why each service is listed in the response.

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10. The service description in the proposal does not specify the frequency of home visits for each family.

Action Required: Provide clarification on the number of home visits and frequency each family typically receives.

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11. The service description in the proposal mentioned additional screenings may be provided as needed. The description lacked specific information on the type of screenings.

Action Required: Provide specific information on the type of additional screenings that may be conducted. These screenings can be included in Home Visiting due to the infrequency and variability in conducting the screenings for families.

--

12. The Outputs will need to be written for Home Visiting. The unit measure for Home Visiting needs to be 15 minutes or one hour. The Unit Rate needs to reflect the cost of providing Home Visiting based on the unit measure that is listed. The total number of units to be provided need to reflect the adjusted unit measure. The number of unduplicated individuals to be served needs to be provided for everyone receiving this service.

Action Required: Provide the updated Outputs in the 'Service Change Chart' for Service 1. Provide justification on the unit rate and number of units to be provided below. Also provide

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clarification on the 60 individuals that were listed in the proposal and why that number is lower than the total number of unduplicated individuals to be served (n=175).

13. The Funding Request amount needs to be updated with separating the cost of Home Visiting.

Action Required: Provide the Funding Request amount and number of units to be provided in the 'Service Change Chart' for Service 1.

--

14. The Performance Measures need to be rewritten for Home Visiting. The outcomes, indicators, and method of measurements need to follow the Logic Model that is attached. Specifically, indicators require a percentage that can be measured and obtained.

Action Required: Provide Performance Measures for Service 1 in the 'Service Change Chart'. Provide justification for the updated outcomes, indicators, and method of measurements below.

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Service 2

15. Service 2 should be listed as Case Management. Time that personnel spend on Case Management outside of home visits should be included in this service.

Action Required: Provide sufficient information on Case Management activities that occur for families outside of home visits. Complete the 'Service Change Chart' for Service 2.

--

16. The Outputs section needs to be updated with the service changes. The unit measure for Case Management needs to be 15 minutes or one hour. The unit rate should reflect the cost for providing Case Management outside of home visits. The number of units to be provided needs to reflect the unit measure change. The number of individuals to be served should include all individuals receiving Case Management.

Action Required: Provide the updated Outputs for Service 2 in the 'Service Change Chart'. Provide justification on the unit rate, number of units to be provided, and clarification on the number of individuals to be served.

--

17. The Funding Request amount needs to be updated with separating the cost of Case Management.

Action Required: Provide the Funding Request amount and number of units to be provided in the 'Service Change Chart' for Service 2.

--

18. The Performance Measures need to be rewritten for Case Management. The outcomes, indicators, and method of measurements need to follow the Logic Model that is attached. Specifically, indicators required a percentage that can be measured and obtained.

Action Required: Provide Performance Measures for Service 2 in the 'Service Change Chart'. Provide justification for the updated outcomes, indicators, and method of measurements below.

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Service 3

19. Service 3 should be listed as Behavioral Health Screening and will only include conducting the Devereux Student Strengths Assessment (DESSA) since it is regularly conducted. The service description lacked specific information on the DESSA and how CMCA utilizes it to provide services.

Action Required: Provide more information on DESSA and how CMCA utilizes the assessment to provide services for families.

--

20. The Outputs need to be updated for providing Behavioral Health Screening. The unit measure needs to be 'one screening'. This includes the time spent conducting and analyzing the DESSA per individual. The number of units to be provided needs to reflect the number of individuals receiving the DESSA and the number of times the screening is conducted. The unit rate should reflect the cost of materials and personnel time to provide the screening.

Action Required: Provide the Outputs in the 'Service Change Chart' for Service 3. Provide justification on the unit rate, number of units to be provided, and clarification on the number of individuals to be served.

--

21. The Funding Request amount needs to be updated with separating the cost of Behavioral Health Screening.

Action Required: Provide the Funding Request amount and number of units to be provided in the 'Service Change Chart' for Service 3.

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22. The Performance Measures need to be rewritten to include Behavioral Health Screening. The outcomes, indicators, and method of measurements need to follow the Logic Model that is attached. Specifically, indicators required a percentage that can be measured and obtained.

Action Required: Provide Performance Measures for Service 3 in the 'Service Change Chart'. Provide justification for the updated outcomes, indicators, and method of measurements below.

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Service 4

23. Service 4 should be listed as Best Practices Training and will only include the trainings provided to school personnel. The service description lacked specific information on the trainings that are provided and how it will be delivered.

Action Required: Provide specific information on the trainings provided to school personnel. Explain how the trainings will be promoted and conducted and the information that will be presented.

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24. The Outputs need to be updated for providing Best Practices Training to school personnel. The unit measure needs to be 'one individual'. The number of individuals attending each training needs to be tracked. The unit rate needs to reflect the cost of each training and the anticipated number of individuals attending each training. The number of units to be provided needs to reflect the anticipated number of individuals attending a training and the projected number of trainings that will be provided during one year of service. The number of unduplicated individuals to be trained needs to be provided with this change.

Action Required: Provide the Outputs in the 'Service Change Chart' for Service 4. Provide justification on the unit rate, number of units to be provided, and clarification on the number of individuals to be served.

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25. The Funding Request amount needs to be updated with separating the cost of Best Practices Training.

Action Required: Provide the Funding Request amount and number of units to be provided in the 'Service Change Chart' for Service 4.

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26. The Performance Measures need to be rewritten for Best Practices Trainings. The outcomes, indicators, and method of measurements need to follow the Logic Model that is attached. Specifically, indicators required a percentage that can be measured and obtained.

Action Required: Provide Performance Measures for Service 4 in the 'Service Change Chart'. Provide justification for the updated outcomes, indicators, and method of measurements below.

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Service 5

27. Service 5 needs to be listed as Family Education or Parent Skills Training and include the events providing information to parents. Review the definition for both services and decide which service best fits the type of events being provided to parents. The service description lacked sufficient information on the parent events. If events cover information described in both definitions, then the Service Name may list both services.

Action Required: Provide specific information on the parent events and justification on the service name that best fits the service. Complete the 'Service Change Chart' for Service 5.

--

28. The Outputs need to be updated for providing Family Education and/or Parent Skills Training to parents. The unit measure needs to be 'one individual'. The number of individuals attending each training needs to be tracked. The unit rate needs to reflect the cost of each event and the anticipated number of individuals attending each event. The number of units to be provided needs to reflect the anticipated number of individuals attending a event and the projected number of events that will be provided during one year of service. The number of unduplicated individuals needs to be provided with this change.

Action Required: Provide the Outputs in the 'Service Change Chart' for Service 5. Provide justification on the unit rate, number of units to be provided, and clarification on the number of individuals to be served.

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29. The Funding Request amount needs to be updated with separating the cost of Family Education and/or Parent Skills Training.

Action Required: Provide the Funding Request amount and number of units to be provided in the 'Service Change Chart' for Service 5.

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30. The Performance Measures need to be rewritten for Service 5. The outcomes, indicators, and method of measurements need to follow the Logic Model that is attached. Specifically, indicators required a percentage that can be measured and obtained.

Action Required: Provide Performance Measures for Service 5 in the 'Service Change Chart'. Provide justification for the updated outcomes, indicators, and method of measurements below.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
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31. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Central Missouri Community Action			
Program Name: BRIDGE			
Service #1 – Taxonomy of Service Name: Home Visiting (includes: list services)			
Service #1 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally health, safe, and ready to learn. This service must include at least one other related service in the <i>Taxonomy of Services</i> , which must also be delivered in the home/residence of the program consumer(s).			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Central Missouri Community Action			
Program Name: BRIDGE			
Service #2 – Taxonomy of Service Name: Case Management			
Service #2 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual’s mental health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Central Missouri Community Action			
Program Name: BRIDGE			
Service #3 – Taxonomy of Service Name: Behavioral Health Screening			
Service #3 – Taxonomy Definition of Service: Identifies if an individual is at risk of experiencing symptoms of a mental health condition.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Central Missouri Community Action			
Program Name: BRIDGE			
Service #4 – Taxonomy of Service Name: Best Practices Training			
Service #4 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Central Missouri Community Action			
Program Name: BRIDGE			
Service #5 – Taxonomy of Service Name: Family Education and/or Parent Skills Training			
Service #5 – Taxonomy Definition of Service: Add definition of Family Education and/or Parent Skills Training depending on the service name that will be listed.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Logic Model – City of Columbia, Boone County Community Services, and Heart of Missouri United Way
Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIUDALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test

When the Bridge grant was initially written the goal was to overcome obstacles that led to children and adolescents not to receive psychiatric treatment. This included: lack of access to a child psychiatrist, lack of mental health insurance, underinsurance, and challenges navigating the mental health treatment resources. We have been willing to work with BCCSB in order to bill Medicaid and utilize BCCSB as the payor of last resort but we have run into challenges.

These include:

- **the inability of our system to bill one insurance provider and not bill all plus the self-pay patients**
- **the challenges with collecting copays for the service**
- **the cost incurred by billing and collecting (would require 1 FTE to do this)—see details of their role below**

1. 1.0 FTE required to bill for visits

- a. Cost for FTE - \$52,056.00
- b. Duties
 - i. Assist with collecting insurance information
 - ii. Assist with collecting copays
 - iii. Call every patient's insurance
 - iiii. Check insurance benefit
 - v. Precert if required
 - vi. Code each visit
 - vii. Bill each visit
 - viii. Billing edits and rejects

2. Challenges identified with billing for services

- a. Must bill All Patients
 - i. Will need to bill all or none, including self-pay patients
 - ii. Average self-pay price is \$170.57
- b. Copays
 - i. May be difficult to collect. If not collected, then biller would need to bill for that (added work)
 - ii. Requesting copays at time of visit is UMHS standard, and would fall to nurses

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Central Missouri Community Action

DBA:**Federal EIN Number:**

430835026

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

807B N Providence Rd

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Phone Number:

573-443-8706 x1407

Website:

<http://www.showmeaction.org>

Head of Organization

Darin Preis

Head of Organization Phone:

573-443-8706 x1025

Address

807B N Providence Rd

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Fax Number:

573-875-2689

Email:

darin-preis@showmeaction.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

darin-preis@showmeaction.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

City

State

County

Zip

Local Contact Name:

Local Contact Email:

Address

City

State

County

Zip

Local Contact Title:

Local Contact Phone:

General Information

Organization

Mission

Statement

(Purpose):

Provide your organization's mission statement. (600 character limit)

Central Missouri Community Action empowers individuals and families to achieve self-reliance.

Organization

History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Central Missouri Community Action's roots go back to August 20, 1964 when Lyndon Johnson signed the Economic Opportunity Act of 1964 into law. This act consisted of social programs to promote the health, education, and general welfare of the poor. It was the signing of this act which enabled the formation of what was to become Central MO Human Development Corporation (CMHDC), the agency that today impacts thousands of lives in mid-Missouri. On December 8th 1965, after the establishment of a board of members and the first application for funds was written. In 2006 the name was changed to CMCA.

Brief Statement

of Organization's

Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

We have 5 Strategic Commitments: 1) Engage the community to assure that all people have their basic needs met, 2) Enhance community capacity to ensure all individuals have lifelong learning opportunities, 3) Build community capacity to enhance economic and community assets, 4) Build relationships across class and race lines and, 5) CMCA strives to be an agency of excellence.

Articles of

Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1435778585_30405_ArticlesofAmendmenttoArticlesofIncorp.pdf/

**Provide a copy
of the
organization's
Articles of
Incorporation.**

Bylaws:

**Provide a copy
of the
organization's
Bylaws.**

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1474387103_34051_CMCABylawsSeptember2015.pdf/

Organizational
Chart

(must be for the
entire
organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1500409819_30406_OrganizationChart2016-10-18.pdf/

Strategic
Plan:

Strategic Plan (MUST BE IN PDF FORMAT)

/document/download/filename/1500409819_42846_CMCAStrategicPlanOutcomes2015-17.pdf/

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

We serve 8 counties - Audrain, Boone, Callaway, Cole, Cooper, Howard, Moniteau and Osage.

Briefly describe the population(s) served by your organization. (600 character limit)

Population Served: Those who qualify within poverty guidelines.

Conflict of Interest Policy: Does your organization have a written Conflict of Interest policy?
yes

Whistleblower Policy: Does your organization have a written Whistleblower policy?
yes

Business Continuity Plan: Does your organization have a written Business Continuity plan?
yes

Records Retention Policy: Does your organization have a written Records Retention policy?
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):
2 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Roger Drake	Member	12/15/2016	09/30/2018	502 Park Rd Fayette MO 65248	✓	Added on 02/14/2017
Alan Winders	Member	04/27/2017	09/30/2019	101 N. Jefferson Rm 102 Mexico MO 65265	✓	Added on 06/27/2017
Charlotte Bellsmith	Member	10/01/2014	09/30/2018	1064 Hwy J, Linn, MO 65051	✓	Added on 07/08/2015
Susan Keyton	Treasurer	02/15/2007	09/30/2018	111 Clark St., Fayette, MO 65248	✓	Added on 07/08/2015
Elaine Kime	Member	01/02/2011	09/30/2018	348 Pioneer, Fulton, MO 65251	✓	Added on 07/08/2015
Stella Druml	Secretary	10/25/2012	09/30/2018	53070 Hughs Rd Centertown, MO 65023	✓	Added on 07/08/2015
Jason Ramsey	President	10/01/2013	09/30/2017	3201 Crawford, Columbia, MO 65203	✓	Added on 07/08/2015
Amanda Grellner	Member	06/26/2014	10/01/2018	2006 Hwy 89S, Linn, MO 65051	✓	Added on 07/08/2015
Alice Brandt	Member	10/01/2000	10/01/2018	3016 S Cedar St., Jefferson City, MO 65101	✓	Added on 07/08/2015
Randy Kleindienst	Member	01/01/2013	10/01/2018	3621 County Rd 121, Fulton, MO 65251	✓	Added on 07/08/2015

Governing Board Member**Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Jean Ispa	Early Childhood Advisor	04/26/2012	10/01/2018	314 Gentry Hall, MU, Columbia, MO 65203	✓	Added on 07/08/2015
Jewel Holt	Member	02/23/2012	09/30/2018	1105 Parkridge Fulton, MO 65251	✓	Added on 07/08/2015
Lucy Betteridge	Vice President	01/24/2013	09/30/2017	527 High St., Boonville, MO 65233	✓	Added on 07/08/2015
Janet Thompson	Member	01/26/2017	09/30/2019	801 E. Walnut Room 333 Columbia Mo 65201	✓	Added on 02/14/2017
Charles Melkersman	Member	01/26/2017	09/30/2019	200 Main St Room 24 Boonville MO 65233	✓	Added on 02/14/2017
Shannon Fortner	Member	12/15/2016	09/30/2018	217 E Morgan St Boonville MO 65233	✓	Added on 02/14/2017
Carolyn Lewis	Member	10/27/2016	09/30/2018	1021 E Love Mexico MO 65265	✓	Added on 02/14/2017
Ann Anderson	Member	10/14/2015	09/30/2017	108 Claudell Ln Unit 104 Columbia MO 65203	✓	Added on 02/14/2017
Michelle Tiffany	Member	12/15/2016	09/30/2018	634 Howard St Glasgow MO 65254	✓	Added on 02/14/2017
Charles Roll	Member	08/20/2015	09/30/2017	1400 Hillcrest Rd California MO 65018	✓	Added on 02/14/2017
Andre Grinston	Member	02/23/2017	09/30/2019	4515 Leandra Ln Jefferson City MO 65109	✓	Added on 02/14/2017

Total Active Links:21, Total Deactivated Links:9, Current Active Links:21, Current Deactivated Links:9

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")****Describe the function of the Advisory Board as it relates to the work of your organization:**

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.**Advisory Board Member****Financial Information****Organization Fiscal Year:**

2016 Oct-Sept

IRS Tax Exempt Status Determination Letter:**If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.****IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)**

/document/download/filename/1436486287_29953_501%28C%29%283%29Letter.pdf/

Financial Statement:**Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be****Financial Statement (MUST BE IN PDF FORMAT)**

/document/download/filename/1498579068_29954_CMCA2016Audit.pdf/

accompanied by a letter or report of assurance (compilation, review, or audit).

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1498579068_29955_2016990%26990-T.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

On a monthly basis the Board of Directors are presented the organization's financial reports. The Finance Committee receives detailed financial reports in which they review and discuss with the Finance Director and Executive Director during their monthly meeting. If the full Board has any questions or needs further clarification this is handled through the Finance Committee. They approve the financials at their meeting and then recommend them for Board approval at the monthly Board of Director's meeting. All policies are available online for public viewing at <http://www.showmeaction.org>.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation				Link Info	
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active Date
Early Childhood Programs Director	BS Elementary Education	1.00	\$83,037.36	\$8,744.79	✓ Added on 07/08/2015
Head Start Director of Operations	BA Political Science	1.00	\$62,739.60	\$8,168.67	✓ Added on 07/08/2015
Chief Program Officer	BS Child and Family Development	1.00	\$68,057.00	\$8,141.99	✓ Added on 07/08/2015
Deputy Director	BA Interdisciplinary	1.00	\$75,102.72	\$8,931.31	✓ Added on 07/08/2015
Executive Director	MA Public Administration	1.00	\$92,031.12	\$9,064.51	✓ Added on 07/08/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

All CMCA Head Start centers are accredited by the National Association for the Education of Young Children (NAEYC). NAEYC accreditation is a five year certificate that is different for each of the five Columbia based centers. The NAEYC accreditation process includes a self-study, application process, onsite monitoring and a five year renewal. It covers every element of early childhood quality including curriculum, facility, teacher qualifications, teacher/student ratios and interactions, and parent engagement.

Accreditation 2:**Accreditation 3:****Certifications:**

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473804483_32841_CMCA.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 6 Links

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Central Missouri Community Action	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 07/03/2017
City of Columbia-CDBG/HOME (CDC Review ends 06/14/2017 11:59 PM CDT)	Central Missouri Community Action	CDBG/HOME	City of Columbia	2018		Added on 04/13/2017
City of Columbia-CDBG/HOME (CDC Review ends 06/14/2017 11:59 PM CDT)	Central Missouri Community Action	CDBG/HOME	City of Columbia	2017		Added on 04/26/2016
City of Columbia-CDBG/HOME (CDC Review ends 06/14/2017 11:59 PM CDT)	Central Missouri Community Action			2016		Added on 04/13/2015
Children's Services Fund - PILOT RFP #28-24JUN14 (Modified Interim PILOT Report ends 08/01/2017 12:01 PM CDT)	Central Missouri Community Action	County Children's Services Fund Pilot	Boone County	RFP #28-24JUN14		Added on 06/24/2015

Total Active Links:6, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

[Next](#)

System Fields

Record ID

12707

Modification Date

07/18/2017 3:32 PM CDT

Modified By

Central Missouri Community Action ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Central Missouri Community Action

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

BRIDGE

Amount of Request

\$296,689.64

County-Children's Services - Service Type (check all that apply)

Home-based and community-based family intervention programs

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Crisis intervention services, inclusive of telephone hotlines

Program Information

Program Website (will default to Organization website)

<http://www.showmeaction.org>

Address

807 North Providence Road

City

Columbia

State

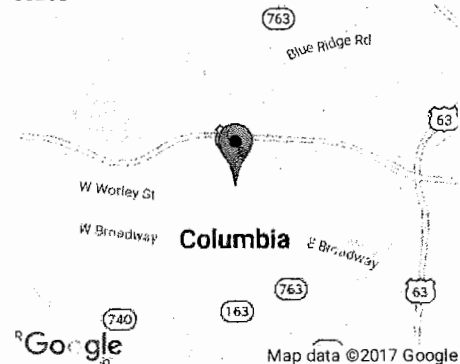
Missouri

County

Boone County

Zip

65203

**Program Administrator Name**

Memell Preis

Phone Number

573-443-8706 x1028

Address

807 North Providence Road

City

Columbia

State

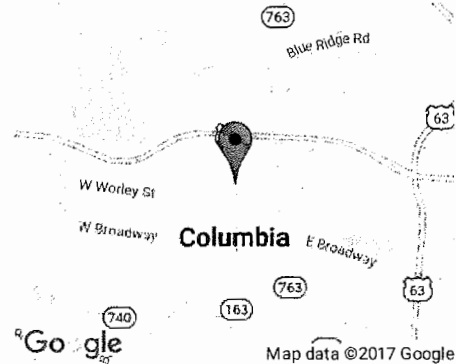
Missouri

County

Boone County

Zip

65203

**Program Administrator Title**

Early Childhood Programs Director

Email

memell-king@showmeaction.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500406196_30421_AttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500406196_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification


/document/download/filename/1500406196_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1500406816_30418_SignedAddendums.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Central Missouri Community Action	807B N Providence Rd	Darin Preis		Added on 07/03/2017
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0				

Federal EIN Number (will auto-populate)

430835026

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Darin Preis

Printed Name - Organization Executive Director/President/CEO

7/17/17
Date

Darin Preis

Signature - Organization Executive Director/President/CEO

7/17/17
Date

Jason Ramsley

Printed Name - Organization Board Chair

7/18/17
Date

Jason Ramsley

Signature - Organization Board Chair

7/18/17
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Darin Preis, Executive Director
Name and Title of Authorized Representative

D. Preis
Signature

7/17/17
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Columbia)

My name is Julie Aitkens. I am an authorized agent of C MCA (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

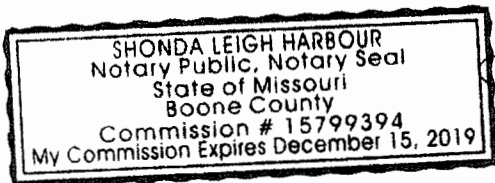
Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Affiant

Date

Printed Name

Subscribed and sworn to before me this 17th day of July, 2017.



Notary Public

Attach to this form the E-Verify Memorandum of Understanding that you completed when enrolling.

Company ID Number: 188329

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **CMCA Central Office** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (28 CFR Part 401).



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 188329

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer CMCA Central Office

Julie A Kratzer

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/06/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

02/06/2009

Date

By: Melinda B. Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Central Missouri Community Action
Address: 807 B. N. Providence Rd. Columbia, MO
Phone Number: 573-443-8706 Fax Number: 573-874-6993
E-mail: jennifer-klosterman@shameaction.org
Authorized Representative Signature: Jennifer Klosterman Date: 7-12-17
Authorized Representative Printed Name: Jennifer Klosterman

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Central Missouri Community Action

Address:

807 B North Providence Rd.
Columbia, MO

Phone Number:

573-443-8706

Fax Number:

573-874-6993

E-mail:

jennifer-klosterman@shawnaction.org

Authorized Representative Signature:

Jennifer Klosterman

Date:

7-12-17

Authorized Representative Printed Name:

Jennifer Klosterman



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name:

Central Missouri Community Action

Address:

807 B N Providence Rd Columbia, MO

Phone Number:

573 443 8706

Fax Number:

573-874-6993

E-mail:

jennifer-klosterman@showmeaction.org

Authorized Representative Signature:

Jennifer Klosterman

Date:

7-17-17

Authorized Representative Printed Name:

Jennifer Klosterman

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Central Missouri Community Action
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	BRIDGE
Amount of Request	\$296,689.64
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

BID graphs used: kindergarten readiness and percent of kids attending 90% of school days (#5 and 12)

Students who are in poverty, as reflected by Free and Reduced Lunch enrollment, are less likely to be ready for school, attend school 90% of the time, and be proficient in reading at third grade. Children raised in low-income homes are at increased levels of risk for being not ready for kindergarten compared to their more affluent peers (Child Trends, 2010; Stormont et al.). Their gaps in achievement are apparent as early as kindergarten and, without intervention, they grow (Stormont et al., 2012). A critical early intervention component is to work on fostering resilience in children with early risk factors; without intervention, children at risk due to poverty fall behind their peers, even when they have had high quality preschool environments (Stormont, 2007). Research clearly documents that children need sustained support across preschool to elementary school settings to continue to build social emotional skills and support family needs and the BRIDGE includes elements to foster resilience in families, children, and to support teachers during the critical transition to kindergarten (Mantzicopoulos, 2003; Stormont, in press).

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

BID graphs used: poverty rate 0-5 #38 and population by age group #37 households with children in poverty #24

A great deal of prior research has identified a host of moderating characteristics influence school readiness (e.g., gender, poverty, and ethnicity/race; e.g., Stormont et al., 2016). Children raised in low-income homes are at increased levels of risk for being not ready for kindergarten compared to their more affluent peers (Child Trends, 2010; Stormont et al.). There gaps in achievement are apparent as early as kindergarten and, without intervention, they grow (Stormont et al., 2012).

It is clear that many children struggle to learn how to read; according to the National Association of Educational Progress (2009) data, one third of 4th grade students had test scores that were below basic in reading. The negative long term outcomes for children who are not strong readers 4th grade are dismal and many of these students end up dropping out or being incarcerated. According to the NICHD (<http://www.nichd.nih.gov/>) children failing in

reading in grade 1 are very likely to be failing in reading (and in all academic areas) in grades 4, 8, and 12, 10-15% of reading impaired children drop out of high school, only 2% of reading impaired students complete 4 years of college, about 50% of adolescents and young adults with criminal records have reading difficulties, and about 50% of young people with a history of substance abuse have reading problems.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Program will support families experiencing poverty in their first few years in the public schools in Boone County. The program will help build social-emotional skills within the children and build resiliency in both the children and parents. The program will connect families to community resources.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

BRIDGE supports families as they progress into the first few years of elementary school. The program is voluntary for families and new applications are completed every year. BRIDGE builds and increases child social-emotional skills. The program helps build trust between parents and teachers so that each side is more understood and mutually supportive. Home Visits are conducted based on family needs and level in the program. Teachers conduct two home visits (fall/spring) with the Parent Partner to build a relationship and sense of community outside of the school. Building a bridge between the families and the schools reduces the stress and fear families experience. When families interact with teachers in their own environment it builds a stronger relationship. Teachers with a sense of their student's home life are better able to support them in their classroom. Teachers are trained extensively on the impact of poverty and crises and trauma-informed practices. BRIDGE also hosts family activities/trainings to bring all the families of the program and teachers together to increase family engagement. The program also helps families identify goals and connect to community resources that help them achieve those goals or mitigate crises. Families are taught how to find and access services on their own. Barriers to participation are removed and interpretive services are provided throughout. Parent Partners are available to mitigate crises on a case by case basis.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The families being served by the BRIDGE program include families living in poverty and who have children entering kindergarten through 2nd grade. The families served primarily come from Head Start sites and have incomes less than 100% of the Federal Poverty Guidelines. Typical consumers (children and adults) have experienced trauma and are in frequent crises. Families in poverty experience tremendous instability. They move and change jobs frequently and often the children change schools within a school year. Several different family dynamics are served from two parent household to grandparent raising grandchild and all in between. BRIDGE serves families where English is their second language as well as black, white, Hispanic, etc. Dual language families in poverty are even less inclined to be involved in the schools because of their language, cultural barriers, and fear. Many DLL participants are not literate in their home language and their capacity to support their children's learning is heavily challenged. Families have children who will attend school in Columbia, Ashland, Hallsville, or Centralia.

b. Why will these particular consumers be served? (1500 character limit)

These families transitioning from Head Start will be served in order to help close the achievement gap. Head Start students are at risk of falling behind their peers due to outside factors in their lives. These consumers mistrust the schools and are often intimidated by the school environment and structures. The instability described above makes it difficult to maintain educational achievement. One change to a new home and school often means missing weeks of school, for example. These consumers will be served because they are the most at risk of failing in school, need the most support, and too often fall between the cracks. By building and supporting their resiliency, they will better be able to manage the crises in their lives rather than be defined by it.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Family by-in at times is difficult due to distrust in systems. Families in poverty often work with several different helping agencies and can become overwhelmed at times. Within BRIDGE services families will learn how to appropriately cope and develop goal plans in order to address difficult areas of need. With cultural differences and language barriers some parents have difficulty interacting with schools and playing an active role in their child's education. Communication with families in poverty is also difficult as some cannot afford electronic communication.

d. Total number of unduplicated individuals to be served by the proposed program:

175

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

2885.33

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

175

City of Columbia

160

Other Counties

0

Residence Total

175

Record Lock

0

Race

White (alone)

87

Black or African American (alone)

70

Native American Indian or Alaskan Native

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

9

Some Other Race

9

Race Total

175

Ethnicity

Hispanic or Latino (of any race)

10

Not Hispanic or Latino

165

Ethnicity Total

175

Gender

Female

122

Male

53

Other

0

Gender Total

175

Income

At or below 200% of Federal Poverty Level

175

Over 200% of Federal Poverty Level

0

Income Total

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

0

Preschool (3 years – 5 years)

30

School Age (6 years – 11 years)

45

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

100

Age Total

175

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

100

b. Provide information on the types of training that will be offered. (1500 character limit)

Training will be offered to Public School teachers as a part of their PDP. This will assist them to better understand the family demographics the program serves. Teachers will be trained on compassion fatigue, home visiting, trauma informed practices, motivational interviewing, understanding poverty/poverty simulation, and FLIP It (addressing challenging behaviors, and counseling services). Other training's will be provided if needed or opportunity arises. Upon acceptance of this POS trainings will be open to all public school teachers to become trained if they chose one of the topics offered. Parents will be trained on variety of topics including but not limited to: nutrition, money management/budgeting, communication, fire safety, health, literacy, etc. All skills to help build more resiliency and emotionally and physically healthy individuals.

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

Program will typically run Monday-Friday with varying hours from 7am-9pm and occasionally Saturdays if community events occur for families. Hours will be flexible in order to accommodate the schedules of families/individuals served. Offices for program staff will be in CMCA Boone County offices and home visits with families will primarily occur in the families' home. If the home is not an option another location will be agreed upon by all parties. Public Schools will also be a frequent location utilized as meetings with teachers and school administrators are conducted for child/family success.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Eligibility criteria will be families leaving Head Start preschool programs entering into kindergarten in the Public School system. With program expansion families will also be eligible for the BRIDGE if they are referred by a public school administrator or teacher and discussed among an intervention committee. A preschool model to mirror BRIDGE pilot is currently in process to be implemented in partnership with the public schools.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Families who are already in poverty do not have the funds to pay for services. Services provided from the program are similar to case management services and will be teaching the families how to help themselves and access resources on their own. The program will gradually taper off services each

year to help build family skills to be more self sufficient. The program will also help families be more engaged in their child's education as well as the community by Parent Partners showing families how to advocate for themselves and access community information.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

For comprehensive services of the BRIDGE, formal partnerships with local school districts are needed to ensure the involvement of Teachers of the district in the program. School district agreements will include the provision of PD credit for training provided by the BRIDGE.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

CMCA has provided Head Start for the past 52 years. Head Start is a nationally renowned preschool program working with low income children and their families. Services are compatible with the Head Start Program Performance Standards 45 CFR Chapter XIII RIN 0970-AC63 and the Head Start Act (H.R. 1429 (110th): and Improving Head Start for School Readiness Act of 2007) CFR 1302.45 Child mental health and social and emotional well-being...and CFR 1302.46 Family support services for health, nutrition, and mental health. The BRIDGE will comply as required.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

BRIDGE program directly works with Head Start and Head Start administration to continue supporting at risk families. The families of the BRIDGE are very familiar with the structure and supports offered in Head Start and they, therefore, are more easily transitioned into the BRIDGE with similar support services.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

Evidence-based family involvement strategies such as parent engagement (McKay et al., 2004) and motivational interviewing are a part of the BRIDGE intervention (see Dishion & Kavanagh, 2003; Dishion & Stormshak, 2007) Most studies that examine the influence of socioeconomic disadvantage are based on the perspective that the effects are mediated by school (e.g., ineffective classroom management) and family processes (e.g., parenting practices and cognitive stimulation in the home) (Brooks-Gunn, Klebanov, & Liaw, 1995; Stormshak et al., 2000). By virtue of their families' low economic status, children who are receiving early childhood education in Head Start programs are at greater risk for developing behavior problems and academic failure and are an important group for prevention efforts (Fomess et al., 2000; Kaiser, 2007). Focus areas that are targeted by the BRIDGE intervention during Head Start children's critical transition to public schools include the following: 1) support for cognitive and academic stimulation in the home, 2) use of effective parenting practices, 3) parent involvement in schooling, 4) teacher use of effective behavior management strategies, and 4) transitional support to Kindergarten. Mantzicopoulos (2003) found that Head Start children were less likely to be retained in public schools that provided educational as well as family services intended to support transition to public school.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

BRIDGE is unique and innovative by building the family and teacher relationship through home visiting. Teachers are required to conduct two home visits with each BRIDGE student/family. These visits are mirrored to parent teacher conferences but are extended in length and in the home of the family so they are comfortable. Teachers with a sense of their student's home life are better able to support them in their classroom. Teachers are also involved with the parent training activities to continue to build family and teacher/school relationships and increased engagement. BRIDGE program will also be piloted in a Title I preschool setting and funded through Head Start. This model will also work directly with the Columbia Public School early childhood to provide education services and family support services. Training's will be offered to other public school teachers in Boone County upon acceptance of proposal. This will help to continue to build educators understanding and knowledge of at risk populations. Discussions have started developing with Boone County school districts for the training's to become part of the schools approved PD programs.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Program planning days will occur at least once a year in order to evaluate tools, assessments, activities/trainings and program procedures. Regular staff meetings will occur to ensure there is a unified and team approach to serving at risk families. Program staff will encourage and welcome any and all feedback from all involved in the program. Participant feedback will be gathered via surveys and interviews and assessed to consider how best to maximize their experience. A school district partnership performance matrix will be also be used to gauge both the efficacy and efficiency of these partnerships.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

BRIDGE program feedback is always encouraged and welcomed from all involved in the program. A satisfaction survey will be given to both families and teachers by the program evaluator at the end of the program year. This data will be collected without program staff so all feel comfortable being open with feedback. The results will then be reported in a document put together by the evaluator. After all activities/trainings for families and teachers evaluations will also be given over content material and how activities/trainings can be improved. During this process participants will also be given the opportunity to share what they learned and how they can utilize it in their lives.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Formal Agreements will be developed with all school districts in which BRIDGE children are served. Currently, a formal agreement exists with the Columbia Public Schools (a signed copy is on file). Other agreements with Boone County schools will be developed within BRIDGE pilot program for the 2017-2018 school year and can be provided if proposal is accepted. The Superintendent of Schools has also provided a letter of support for the program attached within this application (attached below). A Contract will be executed with the Program Elevator, from MU, for ongoing impact/results the program provides. In addition to evaluation supports, the Program Evaluator serves as a liaison to FACE and other University of Missouri led programs funded by the Children's Services Board of Boone County.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500334178_40691_TeacherContract.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1500426456_40764_CMCABRIDGEProgramMOU.docx/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Program Administrator	MQ1 BA/BS	FTE1 0.15	SR1 FROM \$46,612.00	SR1 TO \$87,210.00
P2 Program Manager	MQ2 BA/BS	FTE2 1.00	SR2 FROM \$36,130.00	SR2 TO \$58,760.00
P3 Parent Partner	MQ3 BA/BS	FTE3 1.00	SR3 FROM \$31,512.00	SR3 TO \$51,418.00
P4 Parent Partner	MQ4 BA/BS	FTE4 1.00	SR4 FROM \$31,512.00	SR4 TO \$51,418.00

P5	MQ5	FTE5	SR5 FROM	SR5 TO
Parent Partner	BA/BS	1.00	\$31,512.00	\$51,418.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Program administrator oversees all early childhood programs. She provides support and guidance to the program manager. The program administrator also acts as a liason between other programs and partnerships for continued expansion and collaboration. The program administrator also is a part of the multi-disciplinary team for when the program has family staffing. Program Manager oversees the day to day of the program functions and mentors parent partners to better serve program participants. Program Manager also completes and implements all contracts needed for program success. The position involves the coordination of a variety of family-centered activities and facilitation of processes to enhance parent, teacher and community engagement in strategies to support strong social-emotional development and academic achievement and requires supervision of all parent partners. The Parent Partner acts as a primary advocate and service coordinator for children and families. The position involves case management, on-going interaction with high need families, home visitation services, referral coordination, collaborative meeting planning/facilitation, goal-directed strategy planning, outcomes measurement, data collection, presentations, analysis and reporting. Due to the high needs of the program participants, experience and knowledge is required for all positions. Having a minimum of Bachelors degree is required to best serve all.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Requesting funding to serve at risk families in Boone County. Funding request is based on	\$300,689.64	60

pilot program and need for program expansion.

B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
15 students will be supported through the federal office of Head Start grant to CMCA at a rate of \$13,616.26 per child mirroring the BRIDGE model.	\$204,243.90	40
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	504933.54	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$186,003.11	37

Personnel Narrative (300 character limit)

4 FTE full-time staff and 1 administrator 0.15 FTE (wages, social security and medicare, etc.) as allowable under the application guidance.
1 FTE full time staff for Head Start Program

2. Non-Personnel	2.	2. %
	\$318,930.43	63

Non-Personnel Narrative (300 character limit)

Administrative Cost (15% of Salaries only))
Travel
Office Space
Equipment
Office & Training Supplies
Printing and Copies
Program Evaluation
Contracts (teachers and interpreters)
Staff/Parent Training (BRIDGE and School)
Parent Travel
other-All HS charges
*Justification is available per item

TOTAL PROGRAM EXPENSES

**TOTAL
EXPENSES**
504933.54

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$300,689.64

Year 2 Total Request

\$296,689.64

Total Amount Request from CSF

597379.28

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

CMCA has seen the strong impacts of the BRIDGE program for transitioning families from HS to the public schools. To that end, in this proposal, Head Start (OHS) will fund the participation of 15 Head Start eligible children from CPS Preschool Program to serve using the BRIDGE model to wrap around the CPS ECE services assuring full access to services as they attend CPS Preschool and transition to Kindergarten.

CMCA intends to continue to explore alternative funding sources for sustainability.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

- Brooks-Gunn, J., Klebanov, P. K., & Liaw, F. (1995). The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 17(1-2), 251-276.
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Research in Child and Adolescent Psychopathology, 33(6), 723-733.

45 CFR Chapter XIII RIN 0970-AC63; Head Start Act (H.R. 1429 (110th):

Improving Head Start for School Readiness Act of 2007) CFR 1302.45 Child mental health and social and emotional well-being...and CFR 1302.46

Family support services for health, nutrition, and mental health.

INDEPENDENT CONTRACTOR AGREEMENT

The BRIDGE

This Independent Contractor Agreement (this "Agreement") is made effective as of June 1, 2016, by and between Central Missouri Community Action (CMCA) (the "Company"), of 807-B North Providence Road, Columbia, Missouri 65203, and Teacher Name (the "Contractor"), of Teacher Address. In this Agreement, the party who is contracting to receive the services shall be referred to as "BRIDGE Teacher", and the party who will be providing the services shall be referred to as "CMCA BRIDGE Program".

1. DESCRIPTION OF SERVICES. Beginning on July 1, 2017, Contractor will provide the following services (collectively, the "Services"): As described in the attached Exhibit A.

2. PAYMENT FOR SERVICES. Company will pay compensation to Contractor for the Services that will be rendered in the following manner:

<u>Milestone</u>	<u>Payment Amount</u>
Upon Completion of BRIDGE Summer Training	\$275.00
Attendance of three BRIDGE events (\$50 per event)	\$150.00
Home visit	\$50.00
At the End of the school year - for contract completion	\$50.00

*Additional training events and activities may be determined to be added with additional remuneration to the BRIDGE Independent Contractor Agreement.

**Payment will be given at the end of summer training and at other designated times per company fiscal year obligations.

No other fees and/or expenses will be paid to the BRIDGE Teacher unless such fees and/or expenses have been approved in advance by Jennifer Klosterman, BRIDGE Program Manager and/or Mernell T. King, BRIDGE Project Director, in writing. The BRIDGE Teacher shall be solely responsible for any and all taxes, Social Security contributions or payments, disability insurance, unemployment taxes, and other payroll type taxes applicable to such compensation.

3. TERM/TERMINATION. This Agreement may be terminated by either party upon 30 days written notice to the other party.

4. RELATIONSHIP OF PARTIES. It is understood by the parties that Contractor is an independent contractor with respect to the Company, and not an employee of the Company. Company will not provide fringe benefits, including health insurance benefits, paid vacation, or any other employee benefit, for the benefit of the Contractor.

5. WORK PRODUCT OWNERSHIP. Any works, ideas, discoveries, inventions, products, or other information, whether or not copyrightable or patentable (collectively, the "Work Product") developed in whole or in part by the Contractor in connection with the Services shall be the exclusive property of the Company. Upon request, Contractor shall sign all documents necessary to confirm or perfect the exclusive ownership of the Company to the Work Product.

6. CONFIDENTIALITY. Contractor may have had access to proprietary, private and/or otherwise confidential information ("Confidential Information") of the Company. Confidential Information shall mean all non-public information which constitutes, relates or refers to the operation of the business of the Company, including without limitation, all financial, investment, operational, personnel, sales, marketing, managerial and statistical information of the Company, and any and all trade secrets, customer lists, or pricing information of the Company. Contractor will not at any time or in any manner, either directly or indirectly, use for the personal benefit of the Contractor, or divulge, disclose, or communicate in any manner any Confidential Information. Contractor will protect such information and treat the Confidential Information as strictly confidential. This provision shall continue to be effective after the termination of this Agreement. Upon termination of this Agreement, Contractor will return to Company all Confidential Information, whether physical or electronic, and other items that were used, created, or controlled by the Contractor during the term of this Agreement.

7. NO CONFLICTS. Contractor hereby represents and warrants to Company that its execution and performance of this Agreement does not and will not breach any other agreement and does not require the consent of any other person or entity.

8. ENTIRE AGREEMENT. This Agreement constitutes the entire contract between the parties. All terms and conditions contained in any other writings previously executed by the parties regarding the matters contemplated herein shall be deemed to be merged herein and superseded hereby. No modification of this Agreement shall be deemed effective unless in writing and signed by the parties hereto.

9. WAIVER OF BREACH. The waiver by Company of a breach of any provision of this Agreement by Contractor shall not operate or be construed as a waiver of any subsequent breach by Contractor.

10. SEVERABILITY. If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

11. APPLICABLE LAW. This Agreement shall be governed by the laws of the State of Missouri.

12. IRS form W-9, which is attached to the BRIDGE Contract, must be completed and presented to Central Missouri Community Action prior to being paid for Services.

13. SIGNATORIES. This Agreement shall be signed by Darin Preis, CEO on behalf of Central Missouri Community Action and by Teacher Name, BRIDGE Teacher.

This Agreement is effective as of the date of signature by the BRIDGE Teacher.

Central Missouri Community Action Copies:

Chief Financial Officer, Executive Director and Early Childhood Programs
Director/BRIDGE Director

*****Contracts are valid on the availability of ongoing grant funding**

Signature Page:

Central Missouri Community Action:

By: _____
Darin Preis Date
Executive Director
Central Missouri Community Action

CONTRACTOR:

By: _____
Teacher Name Date
BRIDGE Teacher
_____Public Schools

EXHIBIT A

The BRIDGE Teacher signing this Independent Contractor Agreement with Central Missouri Community Action—The BRIDGE hereby agrees to the following requirements of the program as required.

Professional Development and Training:

Training for the BRIDGE (BRIDGE Teachers and Parent Partners) –July 25-27. (See exhibit B)

Home Visits with Parent Partner:

Complete a minimum of two home visits with the Parent Partner for each child in the BRIDGE. BRIDGE Teacher must attend home visit training prior to conducting home visits with BRIDGE families/students.

Family Events:

Attend a minimum of three events–

REQUIRED: The required events are the “Kick-Off” and The Family Dinner. You may choose one additional event to complete the three event requirement. (See exhibit C for list of events) More events may be attended if desired, but are not required, and will not be paid. There will be an end of year awards ceremony that is recommended to attend, but is not required and will not be paid.

Family Dinner- The Family Dinner is for family engagement and dinning with BRIDGE student(s) and their family. It is an opportunity for small group discussions and open communication between all parties for the success of the BRIDGE student(s).

Communication with Parent Partner:

Either party may request meetings, as needed. This will keep open communication and ability to express concerns or achievements about BRIDGE students and their families.

Child Success Plan:

BRIDGE Teachers will assist in developing a plan for each child in the BRIDGE. This will involve a planning meeting based off the DESSA (Devereau Student Strengths Assessment) that is completed by both the parents and the teacher. The Parent Partner and the teacher will work together to present and explain the plan to the families and include input they may have. During the discussion there will be explanation on how the family can work in partnership with the teacher. The Teachers will communicate monthly updates to the Parent Partners about the Child Success Plan. The Success Plans will be reviewed during home visits made by the Parent Partners.

Assessments & Evaluation Material (including, but not limited to):

- Teacher stress survey-** (pre and post)
- DESSA** (Devereau Student Strengths Assessment) (Fall & Spring)
- Attendance reports** (quarterly)
- Office referrals**
- Program feedback**
- Visit report (per home visit)**

EXHIBIT B

Required Training provided by CMCA to teacher of the BRIDGE

(If trainings were attended in previous years, the trainings are optional for attendance. Note that materials and content can change, but the subjects remain the same.)

- Culture of Poverty & Mini-Poverty Simulation
- Motivational Interviewing
- FLIP It
- Compassion Fatigue
- Home Visit Training
- Trauma Informed Training
- BRIDGE Overview

EXHIBIT C

The following list of events are subject to change:

July 2017- Community Event Calendar

August 5, 2017- Back to School Fair

August 28, 2017-Kick off Event

September 2017- Community Event Calendar

October 2017- Community Event Calendar and Holiday Event Packet

November TBA- Family Dinner & Family Picture

December 2017- Community Event Calendar and Holiday Event Packet

January 22, 2018- Nutrition Bingo

February 2018- Community Event Calendar

March 15, 2018- Build Your Budget

April 2018- Community Event Calendar

May 7, 2018- Awards Ceremony

**Memorandum of Understanding
Between
Columbia Public Schools
And
Central Missouri Community Action
For the period March 15, 2016 through June 30, 2018**

Purpose

The purpose of this Memorandum of Understanding is to describe the agreed upon responsibilities and expectations between Columbia Public Schools (CPS) and Central Missouri Community Action (CMCA) for the implementation of the BRIDGE Program. The BRIDGE is funded by the Boone County Children's Services Fund. It is designed to develop resiliency in both children and their parents so that they are ready to succeed in school and in life. The BRIDGE intends to engage teachers in activities that lead to classroom success for students and to deepen relationships between families and their schools. The BRIDGE also connects a community of supports to both parents and their children while creating home environments that are supportive of social and emotional health.

This MOU represents mutual commitment between CPS and CMCA to work together on behalf of students and their parents/families/guardians for their social/emotional and academic success. NOTE: This agreement suspends all past agreements and extends the collaborative agreement/MOU for the duration of the BRIDGE project.

Background and Goals

Central Missouri Community Action's mission is to empower individuals and families to achieve self-reliance. CMCA provides programs and services for people with low income ranging from utility and housing assistance to employment assistance and starting small businesses. CMCA has been working with families through Head Start and Early Head Start for five decades.

The BRIDGE is being implemented with CPS because the level of family support available to our target population drops dramatically when they exit the Head Start program. Head Start is designed to serve the most at-risk families within the low-income population. The families we serve exhibit a low level of resiliency factors and the children have relatively low social and emotional competencies. CMCA staff often makes dramatic progress with these families to get them ready for school but these supports go away as soon as they "graduate" from Head Start.

By leveraging our existing relationships with these families and maintaining family supports while supporting their transition into kindergarten, they will be more successful and require far fewer ongoing supports throughout their school careers. Our approach is multi-model and requires a variety of deep and meaningful partnerships to achieve our outcomes.

The BRIDGE Parent Partners will work with families, BRIDGE teachers, and the entire community to achieve the outcomes of the BRIDGE:

Outcome 1: Children participating in the BRIDGE will show increased social and emotional competence.

- Outcome 2:** Parents participating in the BRIDGE will increase their resilience and their ability to support the social and emotional competence of their children.
- Outcome 3:** Teachers engaged with the BRIDGE will have deeper relationships with parents and implement classroom strategies that support the social and emotional competency of students.
- Outcome 4:** Parents, professionals, community members will enhance their capacities for supporting the social and emotional competency of children.

Definitions:

This MOU makes reference to terms and definitions that are described below:

- BRIDGE – Acronym for Building Resilience through Interdisciplinary Developmentally Guided Experiences. This is a pilot project funded by the Boone County Children’s Services Commission and implemented by CMCA.
- BRIDGE Students – Students enrolled in the BRIDGE program and Columbia Public Schools.
- BRIDGE Teachers –CPS Teachers at various CPS elementary schools contracted by CMCA to participate in the BRIDGE.
- Parent Partners – CMCA staff assigned to work with families in the BRIDGE and to serve as the “connector” between participating families and BRIDGE teachers.

Article I –CMCA Responsibilities:

For the Program, CMCA is responsible for and agrees to:

1. Confirm enrollment in the BRIDGE. The BRIDGE is expected to enroll approximately 20-30 students in each of the three school years (15-16, 16-17 and 17-18) of the project. CPS will be notified of any change in participant numbers.
2. Contract with each of the BRIDGE Teachers who have contracted with CMCA to participate in the BRIDGE for the individual school years (15-16, 16-17 and 17-18). Teachers who contract with CMCA will re-contract annually. Contracts and payment to teachers will be the responsibility of CMCA.
3. Designate two (2) Parent Partners to function as the liaisons to the school from the family, work with the family on development of resiliency in both children and parents. NOTE: Additional Parent Partners may be hired if need is identified and funding allows.
4. Provide a list of BRIDGE students and the assigned BRIDGE Teachers, Parent Partners and any other school staff who will participate in the Program.
5. Training regarding teacher home visits will be conducted annually (at summer pre-service training) and will be consistent with strategies used in the PAT (Parents As Teachers) home visiting program and the Head Start home visiting program of CMCA Head Start. The curriculum will be developed locally. Parent Partners will make additional home visits to families in the BRIDGE (as determined on a case-by-case

basis). The Parent Partners will also coordinate monthly parent activities and/or training events. CPS teachers will be encouraged to attend these meetings, activities and/or training events.

6. A kick off for the BRIDGE will be held each summer/fall as a way to introduce the teachers and families to each other. The kick off will be arranged by the Parent Partners and will include a light meal or snacks and activities. Parents and teachers will all receive individual notifications and/or phone calls regarding this important event.
7. The Parent Partners, representatives from CMCA, will take part in the all trainings offered to the teachers of the BRIDGE to include:
 - a. Preservice training (each summer – approximately 2.5 days to 1 full week)
 - b. Other local trainings and professional development opportunities made available to teachers of the BRIDGE. CMCA will coordinate to be considerate of teacher time constraints and CPS training calendars.
8. BRIDGE will be responsible for the set up of training calendar, set up of training events and all costs associated with events (payment to trainers, honoraria, cost for training locations, cost for meals/snacks, etc.)
9. BRIDGE trainings will be held at times convenient to Columbia Public Schools whenever possible. CMCA is responsible for determining the schedule to train any BRIDGE Teacher who misses a required training. CMCA is responsible for any payments to BRIDGE teachers for attending trainings.
10. BRIDGE will also host community-wide training events on relevant topics (mental health, behavioral health, emotional health, etc.) will be held within the community. CPS administrators and teachers in the BRIDGE will receive information regarding these community events via the BRIDGE Parent Partners and CMCA.
11. Assume total cost of Program Evaluation.
12. Share findings of the BRIDGE with CPS.
13. Publish a “BRIDGE Notes” newsletter on a minimum of a quarterly basis. This will be made available to the teachers of the BRIDGE and to the administration of CPS.
14. Collect and maintain “Release of Information” allowing for communication and release of data between the BRIDGE and CPS. All Releases of Information will be compliant with all laws associated with the sharing of such documents.

Article II –CPS Responsibilities:

1. Work with CMCA to resolve any program issues or concerns and any changes that may be needed during implementation of the MOU.

2. Provide access to data needed by the evaluators of the BRIDGE on enrolled children in the BRIDGE. This includes, but is not limited to, CPS identification numbers for all enrolled children in the BRIDGE.
3. Provide a time to discuss the BRIDGE with CPS principals in the district to explain the program and allow for discussion.
4. Provide information to prospective BRIDGE teachers regarding the program complete with contact numbers and addresses of prospective BRIDGE teachers.
5. Advise CMCA of any problems that could compromise implementation of the BRIDGE.
6. Monitor and support building level communications with CPS Administration to build on successes and minimize barriers.
7. Provide opportunities for administrative staff of CPS to meet with the administration and staff of CMCA and the BRIDGE on an ongoing basis to assure smooth operations, recruit teachers for the project and to share results of ongoing assessment.

Effective Dates

This Memorandum of Understanding shall remain in place from March 15, 2016 through June 30, 2018. Renewal after the 3 year pilot project period will be contingent upon CMCA's annual evaluation of the BRIDGE by CPS and CMCA and funding from the Boone County Children's Services Commission.

Termination

CPS or CMCA may terminate this MOU at will with 60 days written notice. Written notice of termination shall be mailed to Ben Tilley at CPS and Mernell King at CMCA. Failure to honor any of the obligations stated above may also result in termination of this MOU, upon 30 days' written notice.

Other MOUs

There are no superseding MOUs or grant agreements on this topic between stated parties.

Intellectual Property

CMCA is the owner or licensee of all training manuals, text, images, designs, artwork and other content associated with the BRIDGE, including without limitation the copyright of the BRIDGE logo. Other than what may be required to participate in the BRIDGE, no copying, distribution, or other use of any of the materials of the BRIDGE is permitted, absent the express written consent of CMCA.

Acceptance by Authorized Representatives

IN WITNESS WHEREOF, the parties hereto have duly executed this Memorandum of Understanding on the date first above written and agree to be bound by the terms and conditions set forth herein:

On Behalf of Columbia Public Schools

By: _____
Ben Tilley
Assistant Superintendent
Columbia Public Schools

(Date)

On Behalf of the Central Missouri Community Action

By: _____
Mernell T. King
Early Childhood Programs Director
Central Missouri Community Action

(Date)

By: _____
Jason Ramsey
Board President
Central Missouri Community Action

(Date)

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$4,000.00

b. Describe how the funds will be utilized. (600 character limit)

Funds will be utilized to purchase equipment for a new Parent Partner. A laptop and docking station will be needed in order to complete regular job duties. Two Ipads will be purchased with protective cases to utilize in home visits with program participants.

c. Provide justification for the request for one-time funding. (600 character limit)

A laptop and docking station will only be a one time cost due to adding another Parent Partner to serve families in the program as the program expands in the rural areas of Boone County. The added Parent Partner will also be utilized to support families referred to the program from the public schools.

Two Ipads will be purchased for Parent Partners to conduct assessments and other program intake documents in the families homes. BRIDGE will be utilizing an online management system for BRIDGE participants. Ipads will be utilized to help with converting to an electronic filing system.

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Supportive Services-Case Management

b. Service #1 - Taxonomy Definition of Service (300 character limit)

A collaborative process that assesses, plans, implements, coordinates, monitors, & evaluates the options & services required to meet an individual's health & human services needs. It is characterized by advocacy, communication, & resource management & promotes quality cost-effective interventions

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Each child participant will be evaluated by their parents and teachers utilizing the Deveroux Student Strengths Assessment (DESSA) twice a year. DESSA will be given in the fall and the spring semesters. Once a DESSA is completed by both parties the BRIDGE Parent Partner will input the answers into Deveroux online system to see the results for each child. Once social-emotional characteristics are identified the parents and teachers work together to create a child success plan which is facilitated by the BRIDGE Parent Partner. Based on the child success plans teachers and parents will work together to work on goals in two different environments (school & home) for increased success of the child. Only two goals will be in progress at a time to ensure children are not overwhelmed with change. The DESSA and child success plans will also be utilized to create needed referrals to other service organizations. BRIDGE will be collaborating with FACE for those in need of direct mental health services. A referral system between the two programs will be created and utilized when needed. The DESSA results will also be utilized to gauge student growth and sustainability over the school year. Collaboration with the public schools will be used to help identify behavioral problems by reporting all disciplinary referrals to BRIDGE program. Regular check-ins during home visits with families and regular communication/meetings with teachers will be conducted by Parent Partners to track progress and completion. As child success plans are completed new plans will be developed to continue progress of the child. Regular home visits will be conducted with family participants. Initial visits will start with providing basic organization and community resources as well as Public school information. After the initial home visit assessments are conducted with the families to better gauge types of supports and services the family will need. Parent Partners develop an ecomap with every family to identify areas of different levels of supports. These are then utilized to keep track of family progress. Other assessments are also administered in order to better support the family and analyze growth through their participation. Based on assessments families all create family success plans. These plans will be individualized goals for parents and families as a whole. These success plans will be evaluated during home visits. Parent Partners will help provide resources to families and coach them on how to access resources and advocate for themselves and children. Trainings will be provided to build Parent skills, increase community engagement and build relationships between schools and families.

Record Lock

0

Service #1 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)**

One month of BRIDGE comprehensive services and supports

b. Unit Rate (#1)

\$412.07

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

Rates from the Missouri Department of Social Services were utilized to determine rates for intervention services with families and children. Entry level workers have an average salary of \$13/hour. Due to experience of BRIDGE staff and intensive services the rate is increased. Rate of Head Start Home Base services were also considered at \$13,616.26/child to develop the rate of BRIDGE services.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

d. Total Number of Units of Service to be Provided (#1)

60

e. Total Number of Unduplicated Individuals (#1)

60

f. Average Number of Units of Service per Unduplicated Individual (#1)

1

g. Average Cost of Service per Individual (#1)

412.07

Service #1 - Service Fee**a. Will the proposed service (#1) consumers be charged a fee?**

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Due to program serving families experiencing poverty and the services taking place in the home no fees will be charged. The service is to build adult resiliency and coach families to advocate for themselves and children. Service gives families support to be more engaged in the community and their own lives.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

Program is not through any health or mental health services or licensed clinicians. Program is a voluntary service for families to participate.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$266,804.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$296,689.64

b. Proposed Number of Units of Service (#1)

720

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

Level of funding is requested to ensure BRIDGE is able to serve all of Boone County including rural areas outside of Columbia. Last year of BRIDGE pilot program the program started expanding into the rural communities of Boone County. Also funding is requested for program expansion within the school system as a referral process will be implemented for school systems to refer families and students in need to BRIDGE services.

Service #1- Performance Measures

Outcome (1-1)

Children participating in the BRIDGE will show increased social and emotional competence.

Indicator (1-1)

60 children will be enrolled and served in the Bridge by 6/30/18. 85% of children enrolled will show sustainability and/or increased competency in all domains on the DESSA by participating in the BRIDGE. There will be a drop in behavioral referrals for children in the BRIDGE by the end of the year.

Method of Measurement (1-1)

Enrollment records for the BRIDGE. Devereux Student Strengths Assessment (DESSA) Behavioral referral and classroom performance records from Public Schools. Evaluation Analysis will be conducted by program Evaluator at the end of program years one and two. Results will be shared with all stakeholders

Additional Outcome (1-2)

Parents participating in the BRIDGE will increase their resilience and their ability to support the social and emotional competence of their children

Additional Indicator (1-2)

parents participating in the BRIDGE will show increased resilience and social connections. parents will use strategies that compliment those being incorporated into their child's classroom for supporting the social and emotional competence of their children

Additional Method (1-2)

Devereux Adult Resiliency Scale (DARS), Depression, Anxiety and Stress Scale (DASS), Sign-in records from BRIDGE activities, ECO-Map Family success Plan, Parent Passport, Child Success Plan, Student performance reports, parent/teacher conference records, and referral tracking.

Additional Outcome (1-3)

Teachers engaged with the BRIDGE will have deeper relationships with parents and implement classroom strategies that support the social-emotional competency of participating students.

Additional Indicator (1-3)

teachers will report increased understanding of poverty and toxic stress' impact on student development and behavior. Teachers will work collaboratively with Parent Partners to coordinate and implement classroom strategies to support enhances social-emotional competencies of students

Additional Method (1-3)

Pre Post training assessments, Parent partner/teacher success plan, Devereux Adult Resiliency Scale

Additional Outcome (1-4)

Additional Indicator (1-4)

Additional Method (1-4)

Additional Outcome (1-5)

Additional Indicator (1-5)

Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Enrolling families in the BRIDGE from Head Start is the first step in serving families in poverty. Head Start families are eligible for Head Start based on income and a families poverty level as the main indicator. By helping and supporting parents to become more resilient and build on their own social-emotional skills we are creating stronger family units. Strong parents=Stable children. Engaging public schools is a way to engage parents and give them an active role in their child's education. This program also promotes more awareness into the lives of the at risk populations served.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Potential variables for children and families are their environments in which they live and crisis that occur within the at risk populations. This includes access to available resources and ensuring they are able to follow through with success plans. Teacher variables include practicing school policies, regulations and other techniques utilized and those utilized by the program could alter the validity of program training.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Research based tools/scales will be utilized to measure each indicator. These tools/scales were utilized during the BRIDGE pilot program to measure outcomes. The BRIDGE program evaluator then compiles data from designated tools/scales to show data and effectiveness of the program.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

BRIDGE will use evidence and/or research based assessment in all aspects of the program. An evaluator has been secured to assure program fidelity to all protocols.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

b. Service #2 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

b. Unit Rate (#2)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

0

e. Total Number of Unduplicated Individuals (#2)

0

f. Average Number of Units of Service per Unduplicated Individual (#2)

0

g. Average Cost of Service per Individual (#2)

0

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Due to program serving families experiencing poverty and the services taking place in the home no fees will be charged. The service is to build adult resiliency and coach families to advocate for themselves and children. Service gives families support to be more engaged in the community and their own lives.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

Program is not through any health or mental health services or licensed clinicians. Program is a voluntary service for families to participate.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

Funders (#2)

Unit Rate (#2) # of Units Funded (#2) Total Amount Contracted (#2)

a Boone County - Children's Services Funding (#2)	2a1. \$0.00	2a2. 0	2a3. \$0.00
b. Boone County - Community Health Funding (#2)	2b1. \$0.00	2b2. 0	2b3. \$0.00
c. City of Columbia - Social Services Funding (#2)	2c1. \$0.00	2c2. 0	2c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)
\$0.00

b. Proposed Number of Units of Service (#2)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)
- Provide a rationale for each method of measurement (2). (600 character limit)

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

Funders (#3)

Unit Rate (#3) # of Units Funded
(#3)

Total Amount Contracted
(#3)

a Boone County - Children's Services Funding (#3)	3a1. \$0.00	3a2. 0	3a3. \$0.00
b. Boone County - Community Health Funding (#3)	3b1. \$0.00	3b2. 0	3b3. \$0.00
c. City of Columbia - Social Services Funding (#3)	3c1. \$0.00	3c2. 0	3c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	3d1. \$0.00	3d2. 0	3d3. \$0.00
e. Heart of Missouri United Way Funding (#3)	3e1. \$0.00	3e2. 0	3e3. \$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)
\$0.00

b. Proposed Number of Units of Service (#3)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)
- Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

- Service #4 - Taxonomy of Service Name (150 character limit)
- Service #4 - Taxonomy Definition of Service (300 character limit)
- Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other

activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00

b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)
\$0.00

b. Proposed Number of Units of Service (#4)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)**
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)**
- c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)**
- d. Provide a rationale for each method of measurement (#4) (600 character limit)**

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
	5a1.	5a2.	5a3.
a. Boone County - Children's Services Funding (#5)	\$0.00	0	\$0.00
	5b1.	5b2.	5b3.
b. Boone County - Community Health Funding (#5)	\$0.00	0	\$0.00

c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00

b. Proposed Number of Units of Service (#5)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)**
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)**
- c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)**
- d. Provide a rationale for each method of measurement (#5) (600 character limit)**

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5
300689.64



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Program Information and Requirements
- 4) Application Information
- 5) Attachment A - Organization Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14



CENTMIS-06

MDAVIDSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/08/2017

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

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

PRODUCER TIG Advisors-Col 200 East Southampton Drive Columbia, MO 65203	CONTACT NAME: Mary D. Davidson		
	PHONE (A/C, No, Ext): (573) 875-4800	FAX (A/C, No): (573) 875-4514	
	E-MAIL ADDRESS: mdavidson@theinsurancegrp.com		
INSURED Central Missouri Community Action Action 807 B N. Providence Road Columbia, MO 65203	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company		18058
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER: 1

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	PHPK1613093	02/15/2017	02/15/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Liability Deluxe					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
						Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY		PHPK1613093	02/15/2017	02/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident) \$				
		PROPERTY DAMAGE (Per accident) \$				
		\$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		PHUB573275	02/15/2017	02/15/2018	EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 1,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
A	Directors/Officer		PHSD1174852	08/25/2016	08/25/2017	D&O \$ 1,000,000
A	EmploymentPractice		PHSD1174852	08/25/2016	08/25/2017	EPL \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an additional insured as their interest may appear for general liability. 30 day notice of cancellation except 10 day non payment.

CERTIFICATE HOLDER

CANCELLATION

County Of Boone
613 E Ash St.
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mary D. Davidson



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2017

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

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

PRODUCER Gallaher Insurance Group LLC PO Box 798 Mexico MO 65265-0798		CONTACT NAME: Nellie Caldwell PHONE (A/C, No, Ext): (573) 581-8330 FAX (A/C, No): (573) 581-8372 E-MAIL ADDRESS: nellie@gallaherinsurance.com	
INSURED Central Missouri Community Action Agency Central Missouri Community Ventures, LLC 807 N Providence Columbia MO 65202		INSURER(S) AFFORDING COVERAGE INSURER A: Missouri Employers Mutual NAIC # 10191 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 17/18 Master Certificate **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER:
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER:
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER:
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	MEM201244103	2/15/2017	2/15/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

(573) 886-4390 mbobbitt@boonecountymo.org

County of Boone
Melinda Bobbitt
801 E Walnut
Columbia, MO 65201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John Gallaher/CALDNE

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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract *Boone County Respite Program*

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Central Missouri Foster Care & Adoption Association**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **CMFCAA**.

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

WHEREAS, CMFCAA has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY CMFCAA

CMFCAA is expected to the greatest extent possible to maximize funding from all other sources. CMFCAA shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CMFCAA shall only request reimbursement for services not reimbursable by any other source. CMFCAA shall not invoice the Children's Services Fund for units of service invoiced to another funding source. CMFCAA shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** CMFCAA will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal **#30-20JUL17** (Purchase of Service Contracts), any addenda, and CMFCAA's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over CMFCAA's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from CMFCAA and CMFCAA agrees to furnish the **Boone County Respite Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in CMFCAA's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$20,532.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. CMFCAA agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of CMFCAA be renewed for **an additional one (1), one-year period**. CMFCAA agrees and understands that the BCCSB may require supplemental information to be submitted by CMFCAA prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Out of Home Respite Care – Child	One hour	\$17.11	1,200	\$20,532.00

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

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

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by CMFCAA to monitor service delivery and program expenditures. CMFCAA agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by CMFCAA and, if so stipulated, are noted on this contract document. Payments may be withheld from CMFCAA if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CMFCAA agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

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

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

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

requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. BCCSB may terminate this agreement should CMFCAA fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, CMFCAA shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the CMFCAA for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

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

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

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

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

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

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

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

Any written notice or communication to CMFCAA shall be mailed or delivered to:

Central Missouri Foster Care & Adoption Association

DeAnna C. Alonso
2401 Bernadette Dr., Suite 201
Columbia, MO 65203

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

Central Missouri Foster Care & Adoption Association

By: DeAnna Alonso
Signature

By: DeAnna Alonso / President / CEO
Printed Name/ Title

APPROVED AS TO FORM:

[Signature]
County Counselor

Boone County, Missouri

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

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

ATTEST:

[Signature]
Taylor W. Burks, County Clerk
DKB

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

June Pitchford by jg 12/20/17 (2161/71106/\$20,532.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 1, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Central Missouri Foster Care and Adoption Association

Address: 2401 Bernadette Dr., Suite 201
Columbia, MO 65203

Telephone: 573-298-0258 Fax: 573-616-1202

Federal Tax ID (or Social Security #): 80-0519145

Print Name: DeAnna Alonso Title: President/CEO

Signature: *DeAnna Alonso* Date: 10/31/17

E-mail: deanna@mofosteradopt.com

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Central Missouri Foster Care & Adoption Association (CMFCAA)
Name of Program	Boone County Respite Program

Organization Profile	
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1. Contact information is missing for the following board members: Cherie Cook, Carol Fischer, Darin Keim, Linette Sommerer, Jessica Diestel, Michael McCoy and Tracy Johnson.

Action Required: Provide contact information in Apricot for all board members.

Contact information has been updated in Apricot for all of the above listed Board members with the exception of Tracy Johnson. Ms. Johnson resigned from the Board in October 2017. This has also been updated in Apricot.

2. It is noted that in the 2016 Audit that the organization was recommended in the 2015 audit to convert from the online QuickBooks to a more robust version, however, the organization was still using online QuickBooks when the 2016 Audit was completed. We would anticipate that any further audit recommendations would be addressed more urgently. We also note that the 990 form indicates that there was \$20,572 worth of professional development spent in 2016. This number seems extraordinarily high considering the organization budget and number of staff. The cost of rental cars and plane tickets were extremely high. We would anticipate that the most cost effective travel and lodging would be sought when attending these events.

Action Required: Please, indicate what corrective actions will be taken.

CMFCAA has purchased the desktop version of Quickbooks. At the time of purchase, the more robust version was too advanced for the existing computer equipment. Funding has come available to purchase upgraded computer equipment. CMFCAA has contracted with a local CPA firm to assist with the proper transition of information from online Quickbooks to the desktop version beginning November 15, 2017. The delay was not due to the lack of desire to comply with the audit request, but the lack of funding to purchase the necessary upgrades. That has been accomplished now.

The unusually high expense of professional development in 2016 was due to the hiring of a strategic plan consulting firm and a fund development consultant during 2016 for the CMFCAA Board and staff to develop their current strategic plan. This will not be a recurring annual cost. CMFCAA makes every effort and will continue to do so in purchasing the most cost effective transportation methods available at the time of purchase for professional development training and conferences.

Program Overview Form

3. The Statement of Issue Being Addressed provided an overview of the CMFCAA rather than providing data describing the community-level issue.

Action Required: Describe and document the community-level issue to be addressed by the proposed program utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID).

Individual studies of the prevalence of disability and need among children in foster care in various states and localities have highlighted a range of potential challenges. These studies have found the following:

- 40% born low birth weight or premature
- 80% prenatally exposed to substances
- 30-80% with at least one chronic medical condition [e.g., asthma, HIV, TB]
- 25% with three or more chronic health problems
- 30-60% with developmental delays
- 50-80% with mental and behavioral health problems
- 20% fully handicapped
- 30-40% receiving special education services.

(<http://www.childrensrights.org/wp-content/uploads/2008/06/forgotten-children-children-with-disabilities-in-foster-care-2006.pdf>)

While no documented study has been completed by CMFCAA, there is the understood potential that the above concerns may be foster or adopted youth represented in portion of the Boone County population that are included in the Boone County Indicators statistics regarding the following populations.

- 8.7% of births are preterm births
- 2,126 children are receiving special education services in Boone County

The need for support services for families who care for children who may have the above mentioned challenges require agencies to be creative by removing barriers and providing free programs to families already caring for multiple placement in their homes. Respite is one form of stabilization service that can benefit both the youth and the family unit as a whole.

4. The Statement of Issue Being Addressed only used data from CMFCAA. Data should be utilized from other reliable sources. The information did not provide specific details on the types of trauma and problems that children experience while in foster care and the struggles that parents and/or care givers experience.
Action Required: Provide more information on the population to be served by utilizing additional outside sources. Provide information regarding issues children in foster care and parents and/or care givers experience.

Trauma is defined by the United States Children's Bureau as an emotional response to an intense event that threatens or causes harm. The harm can be physical or emotional, real or perceived, and it can threaten the child or someone close to him or her. Trauma can be the result of a single event, or it can result from exposure to multiple events over time. Potentially traumatic events may include

Abuse (physical, sexual, or emotional), neglect, effects of poverty (such as homelessness or not having enough to eat), being separated from loved ones, unpredictable parental behavior due to addiction or mental illness. For many children, being in the foster care system becomes another traumatic event. This is true of the child's first separation from his or her home and family, as well as any additional placements.

Trauma can affect the body through the inability to control physical responses to stress and through chronic illness, even into adulthood. According to the study of Adverse Childhood Experiences (ACEs), a child who has experienced the trauma of ACEs The number of ACEs was strongly associated with adulthood high-risk health behaviors such as smoking, alcohol and drug abuse, promiscuity, and severe obesity, and correlated with ill-health including depression, heart disease, cancer, chronic lung disease, and shortened lifespan.

Trauma can affect the brain through difficulty thinking, learning, and concentrating, impaired memory, or difficulty switching from one thought or activity to another.

According to the Beacon House Therapeutic Services and Trauma Team study, the brain is organized in a hierarchical way. Here is the order that the brain develops as the child grows from birth to adolescence:

1. Brain stem/mid brain: sensory. motor skills and survival
2. Limbic brain: attachment and emotional development
3. Cortical brain: thinking, planning, rationalizing, and learning

The brainstem – the primitive part of the brain – is responsible for keeping us safe. It is the part of the brain that makes us run away from danger, and it keeps us alive. This is very helpful for a child living in a dangerous environment. Their brainstem will constantly be on high alert, ready to keep them safe and to prevent danger. The problem for traumatized children is that when they transition into a safe environment, the primitive brain does not turn off, so the child stays continuously in survival mode. The child is developmentally stuck in their brain-stem, very little information can get passed up to the higher parts of their brain.

Trauma can affect the emotions by creating feelings of low self-esteem, feeling unsafe, inability to regulate emotions, depression, or anxiety. Trauma can affect behaviors by inhibiting the ability to control impulses, fighting or aggression, substance abuse, and suicide.

The Beacon House Therapeutic Services and Trauma Team has suggested that the resiliency that children are capable of can be increased with the proper understanding and healing approach. A few of the suggestions for stabilizing and providing an opportunity for healing are:

- Stabilize the child's home and school environment
- Provide support for the child's caregiver (birth parent, foster parent, adoptive parent or family member)
- Provide repetitive age appropriate physical activities to re-organize and regulate the brain-stem (such as play, dance, music, etc.)

CMFCAA believes that the respite program offers the opportunity to provide the platform to encourage healing and the support structure for the family caring for the traumatized child.

<https://www.childwelfare.gov/pubPDFs/child-trauma.pdf>

<https://www.cdc.gov/violenceprevention/acestudy/>

<http://beaconhouse.org.uk/developmental-trauma/the-repair-of-early-trauma-a-bottom-up-approach/>

respite events. The service description also mentions that youth receive four hours of respite six times per year. *Action Required:* Provide clarification on the number and frequency of respite events during one year of services. Provide information on the themes and why there are only six.

CMFCAA's current overall model of Respite programming is for families in 13 mid-Missouri counties. CMFCAA's goal is to provide at least one respite per month in at least one of our counties. However, in Boone county CMFCAA partners with the Activities and Recreation Center (ARC) to provide 6 respite events per year specifically for Boone county foster and adoptive families. The Boone county respite is not a monthly respite, but a semi-monthly respite. One respite event will be four hours long at the ARC (usually 5:00-9:00pm on a Friday evening). The ARC determines the theme of the event. Some examples of past themes are: Outdoor Carnival, Fall Festival, Martial Arts night, etc.

In summary, in 2018, the Boone respite will be six respite events. Each event will be four hours long and will be held at the Activities and Recreation Center. Each youth who attends will receive four hours of respite for each event that they attend.

6. The proposal mentions several times that children with "special needs" will be served but is never sufficiently explained.

Action Required: Provide clarification on what qualifies a child with special needs. How does this relate to program eligibility? Does this include behavior problems or just cognitive and/or developmental disabilities?

In national foster care language, the term "special needs" is used by each state to describe all foster children. However, it is defined broadly and varies by state. It specifically is defined in Missouri as a child with a disability that may include mental, physical, or behavioral challenges and is at risk for developing learning, emotional, behavioral, or physical disabilities in the future.

"On any given day, there are more than half a million children and youth in foster care in the United States, and studies suggest that at least one-third have disabilities, ranging from minor developmental delays to significant mental and physical disabilities. Evidence suggests that the special needs of this population are not being met in foster care systems across the country, and that these children experience worse outcomes than other children in foster care."(<http://www.childrensrights.org/wp-content/uploads/2008/06/forgotten-children-children-with-disabilities-in-foster-care-2006.pdf>)

The status of "special needs" does not determine eligibility for the youth who participate in the CMFCAA respite events. However, it does provide the rationale for the need for services designed to improve the lives and increase the potential for healing through positive play interaction with the population of foster and adoptive youth in central Missouri.

7. The total number of unduplicated individuals to be served has increase by 100 people compared to services provided in 2016.

Action Required: Provide information on how this number was determined and efforts that will be made to increase the number of program consumers.

CMFCAA's goal is to host 50 youth at each respite event. By offering six events, the goal would be to host 300 youth during the course of the year.

At this time, CMFCAA's Program Coordinator is working with Children's Division and Great Circle to increase awareness of the respite opportunity for foster and adoptive families. The Program Coordinator is also working with graduate students from University of Missouri who are determining a marketing course of action to increase awareness, recruitment, and participation in respite events in Boone County.

8. The rationale provided on fees for service not being collected does not make sense in relation to the program.

CMFCAA does not charge fees for any program or service to our foster and adoptive families. This has always been the standard of service for CMFCAA. One of the goals of CMFCAA is to provide stabilization services by removing all possible barriers that may keep families from utilizing services. Families who care for traumatized children already accept extra financial burdens that come with caring for a child. Missouri's subsidized rate of pay to care for these children is one of the lowest in the United States (48th out of 50 states). In order to adequately pay foster parents to care for the needs of the children in their home, Missouri would have to increase their foster care subsidy by 119%. This is based on the study Hitting the M.A.R.C., (2007). Establishing Minimum Adequate Rates for Children.

Because of the low subsidy rate paid to foster parents, CMFCAA does not charge a fee for respite services in order to remove the barrier of financial cost in order for families to benefit from respite.

Action Required: Provide clarification on the rationale for no fees being charged for services.

9. The Program Quality section explains that the program utilizes best practices from AdoptUSKids. The three strategies include: strong collaboration, involvement of stakeholders, and leadership and commitment. These three strategies seem tied to organization level operations rather than on a client-based level.

Action Required: Provide clarification on the AdoptUSKids best practices. How does this relate to the Boone County Respite Program and how that benefits the kids attending the events?

AdoptUSKids explains the keys to success and best practices are keys to the success of respite programming (Lessons From the Field, 2012). These best practices include:

-Strong collaboration with community businesses, leaders, and volunteers who will be able to provide the safety net of support through personal or financial involvement to provide the respite opportunity

-Involvement of stakeholders, including the financial supporters in order to maintain accountability in resource use. Involvement of stakeholders also including the families utilizing the respite opportunity in order to determine effectiveness of program.

-Leadership and commitment of CMFCAA, volunteers, and additional stakeholders who are able to commit the time and resources in order to make the respite programming effective.

10. The FTE for the CEO, Operations Director, and Program Coordinator are listed as 1.0. This means that the Boone County Respite Program is their only responsibility. There must be other organizational responsibilities for these employees that are not exclusively related to this program. The Funding Request narrative lists that 15% of staff salary is being charged to this program. The minimum qualifications were not provided for the Operations Director. There also appears to be a mistake in the minimum qualification for the President/CEO.

Action Required: Complete the table below with the minimum qualifications and correct FTE amounts.

Position/Title	Minimum Qualifications	FTE
President/CEO	Bachelor of Science in Social Work	.015
Operations Director	Associates Degree	.015
Program Coordinator	Bachelor of Science	.12

11. The Personnel Expenses seem low for 15% of the salary for the three employees being charged to this program. Also, 15% conflicts with the FTE amount listed on the Program Personnel table.

Action Required: Provide clarification on why 15% of the salary will be charged to the program. Provide clarification on how \$2,100 was calculated.

The Personnel Expenses of CMFCAA staff are divided among administrative duties and eight additional program categories within CMFCAA structure. The annual amount of salary budgeted in the CMFCAA respite salary line item for the 3 staff members listed above as a whole is \$14,000. It is estimated that the three staff work a combined average of 15% of their annual respite time specifically on the Boone County respite events. This is how CMFCAA calculated the amount.

$\$14,000 @ 15\% = \$2,100$

Program Services Form (1-5)

12. The Funding Request section mentions that 25% of the rent for the Boone County satellite office is being charged as an Indirect Cost for this program. The indirect costs charged to Boone County Children's Services can only be up to 15% of the salary costs for the program. According to the Funding Request narrative, staff salary equals \$2,100 but indirect costs equal \$1,650. This calculates to 79%. *Action Required:* Provide clarification on 25% of rent being charged for this program.

The below is the calculation of how we are understanding our budget for the respite programming:

Item	Unit Cost	Annual Cost	Notes
Staff	\$1.75	\$2,100.00	3 staff @ .15 FTE
Material	\$0.25	\$300.00	\$50 per event
Unit ARC cost	\$14.85	\$17,820.00	300 youth @ 4 hours each
Indirect Expenses	\$0.26	\$315.00	rent @ 15% of salary request
Total	\$17.11	\$20,535.00	

CMFCAA will reduce the indirect expenses request to 15% of the salary costs for the program. CMFCAA misunderstood the original guidelines to mean that the indirect costs had to be less than 15% of the entire request.

CMFCAA still intends to use the indirect costs to subsidize the rent of office space in the area that we are providing services for.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

13. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Central Missouri Foster Care and Adoption Association				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Out of home respite care – child	One Hour	17.11	1,200	300

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Out of home respite care – child	\$20,535.00	1,200
Development/Start Up Service Funding		
Total Amount Requested to Boone County:	\$20,535.00	

Melinda Bobbitt

From: Leasa Quick
Sent: Thursday, November 02, 2017 8:12 AM
To: Melinda Bobbitt
Subject: RE: copier maintenance

Yes, please.

From: Melinda Bobbitt
Sent: Wednesday, November 01, 2017 5:04 PM
To: Leasa Quick <LQuick@boonecountymo.org>
Subject: copier maintenance

Leasa,

Do you want me to renew the maintenance on the attached copiers?

Thanks,

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, MO 65201

E-mail: mbobbitt@boonecountymo.org

Phone: (573) 886-4391

Fax: (573) 886-4390



Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 23, 2017

Central Missouri Foster Care and Adoption Association
Attn: DeAnna Alonso, President/CEO
809 Swifts Hwy
Jefferson City, MO 65109
deanna@mofosteradopt.com

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Alonso:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

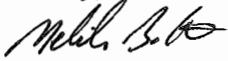
If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Amanda Towns – amanda@mofosteradopt.com

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Central Missouri Foster Care & Adoption Association (CMFCAA)
Name of Program	Boone County Respite Program

Organization Profile	
-----------------------------	--

1. Contact information is missing for the following board members: Cherie Cook, Carol Fischer, Darin Keim, Linette Sommerer, Jessica Diestel, Michael McCoy and Tracy Johnson.

Action Required: Provide contact information in Apricot for all board members.

--

2. It is noted that in the 2016 Audit that the organization was recommended in the 2015 audit to convert from the online QuickBooks to a more robust version, however, the organization was still using online QuickBooks when the 2016 Audit was completed. We would anticipate that any further audit recommendations would be addressed more urgently. We also note that the 990 form indicates that there was \$20,572 worth of professional development spent in 2016. This number seems extraordinarily high considering the organization budget and number of staff. The cost of rental cars and plane tickets were extremely high. We would anticipate that the most cost effective travel and lodging would be sought when attending these events.

Action Required: Please, indicate what corrective actions will be taken.

--

Program Overview Form	
------------------------------	--

3. The Statement of Issue Being Addressed provided an overview of the CMFCAA rather than providing data describing the community-level issue.

Action Required: Describe and document the community-level issue to be addressed by the proposed program utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID).

4. The Statement of Issue Being Addressed only used data from CMFCAA. Data should be utilized from other reliable sources. The information did not provide specific details on the types of trauma and problems that children experience while in foster care and the struggles that parents and/or care givers experience.

Action Required: Provide more information on the population to be served by utilizing additional outside sources. Provide information regarding issues children in foster care and parents and/or care givers experience.

5. The Program Overview states that the program offers monthly respite events but also mentions six themed respite events. The service description also mentions that youth receive four hours of respite six times per year.

Action Required: Provide clarification on the number and frequency of respite events during one year of services. Provide information on the themes and why there are only six.

6. The proposal mentions several times that children with “special needs” will be served but is never sufficiently explained.

Action Required: Provide clarification on what qualifies a child with special needs. How does this relate to program eligibility? Does this include behavior problems or just cognitive and/or developmental disabilities?

7. The total number of unduplicated individuals to be served has increase by 100 people compared to services provided in 2016.

Action Required: Provide information on how this number was determined and efforts that will be made to increase the number of program consumers.

--

8. The rationale provided on fees for service not being collected does not make sense in relation to the program.

Action Required: Provide clarification on the rationale for no fees being charged for services.

--

9. The Program Quality section explains that the program utilizes best practices from AdoptUSKids. The three strategies include: strong collaboration, involvement of stakeholders, and leadership and commitment. These three strategies seem tied to organization level operations rather than on a client-based level.

Action Required: Provide clarification on the AdoptUSKids best practices. How does this relate to the Boone County Respite Program and how that benefits the kids attending the events?

--

10. The FTE for the CEO, Operations Director, and Program Coordinator are listed as 1.0. This means that the Boone County Respite Program is their only responsibility. There must be other organizational responsibilities for these employees that are not exclusively related to this program. The Funding Request narrative lists that 15% of staff salary is being charged to this program. The minimum qualifications were not provided for the Operations Director. There also appears to be a mistake in the minimum qualification for the President/CEO.

Action Required: Complete the table below with the minimum qualifications and correct FTE amounts.

Position/Title	Minimum Qualifications	FTE

11. The Personnel Expenses seem low for 15% of the salary for the three employees being charged to this program. Also, 15% conflicts with the FTE amount listed on the Program Personnel table.

Action Required: Provide clarification on why 15% of the salary will be charged to the program. Provide clarification on how \$2,100 was calculated.

--

Program Services Form (1-5)	
------------------------------------	--

12. The Funding Request section mentions that 25% of the rent for the Boone County satellite office is being charged as an Indirect Cost for this program. The indirect costs charged to Boone County Children's Services can only be up to 15% of the salary costs for the program. According to the Funding Request narrative, staff salary equals \$2,100 but indirect costs equal \$1,650. This calculates to 79%. *Action Required:* Provide clarification on 25% of rent being charged for this program.

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

13. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.
Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Organization Profile

Boone County Respite Program

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Central Missouri Foster Care & Adoption Association(CMFCAA)

DBA:

Federal EIN Number:

80-0519145

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

2401 Bernadette Drive

City

Columbia

State

Missouri

County

Boone County

Zip

65203

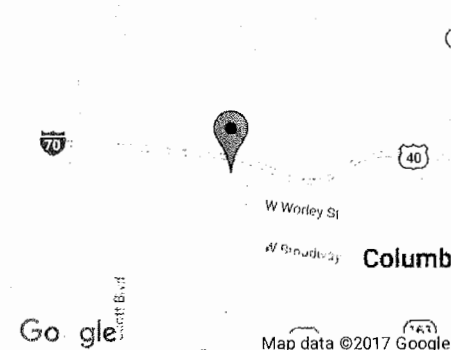
Address

City

State

County

Zip



Organization Phone Number:

573-476-6039

Organization Fax Number:

573-616-2031

Website:
<http://www.mofosteradopt.com>

Head of Organization
DeAnna C. Alonso

Head of Organization Phone:
573-353-0574

Email:
deanna@mofosteradopt.com

Head of Organization Title (e.g. Director, President, CEO)
President, CEO

Head of Organization Email:
deanna@mofosteradopt.com

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization
Mission
Statement
(Purpose):

Provide your organization's mission statement. (600 character limit)

Central Missouri Foster Care and Adoption Association creates stability and permanence for abused and neglected children by empowering and advocating for foster and adoptive families in Central Missouri.

Organization
History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Founded in 2007 by a former foster youth, foster parents, and adoptive parents, the CMFCAA is the only community service organization in the Central Missouri area that provides for the needs of our foster and adoptive children, youth and families beyond what the state provides. Currently, we are assisting over 640 foster families, over 1400 foster children, over 400 adopted children and over 200 adoptive families in the Central Missouri area. Our goal is to be a support to the families, children and youth in this area, and we work tirelessly to provide much needed services to them.

Brief Statement
of Organization's
Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

The CMFCAA major goals:

- Assist in finding adoptive homes for foster children lingering in the states foster care system and
- Educate, support and advocate for foster, kinship, adoptive (both domestic and international) children, youth and families. We do this by providing a multi-faceted program model in order to reduce stress, eliminate barriers, and provide support in order to deter disruptions in the home. CMFCAA offers respite services, professional training, in-service training, older youth services, advocacy and crisis services, direct servicing (food and clothing) and much more.

Articles of
Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1432159573_30405_ArticlesofIncorporation.pdf/

**Provide a copy
of the
organization's
Articles of
Incorporation.**

Bylaws:
**Provide a copy
of the
organization's
Bylaws.**

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1472245155_34051_CMFCAABylawsUPDATEJuly2016.pdf/

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1489775614_30406_OrganizationalChart2017.pdf/

Organizational
Chart
(must be for the
entire
organization):

Strategic
Plan:

Strategic Plan (MUST BE IN PDF FORMAT)

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

The CMFCAA serves the central region of Missouri. Counties currently served are: Boone, Audrain, Callaway, Osage, Cole, Miller, Morgan, Moniteau, Camden, Laclede, Phelps, Pulaski and Maries counties.

Population
Served:

Briefly describe the population(s) served by your organization. (600 character limit)

The CMFCAA provides services to a targeted population. The target population includes kinship, foster, guardianship and adoptive children, youth and families.
The children assisted through CMFCAA services range from 0-19 years of age.

Conflict of
Interest Policy:

Does your organization have a written Conflict of Interest policy?

yes

Whistleblower
Policy:

Does your organization have a written Whistleblower policy?

yes

Business
Continuity
Plan:

Does your organization have a written Business Continuity plan?

no

Records
Retention
Policy:

Does your organization have a written Records Retention policy?

no

If yes, does the Records retention policy include a Records Retention Schedule?

Governing Board

Length of Board Term (e.g. "2 years"):

No Term limits per Bylaws Article VII, Sect. 6

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member						Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:		Active	Date
Heidi N Lucas	President	04/01/2012		1927 Hayselton Dr. Jefferson City, MO 65109		✓	Added on 06/11/2015
Cherie Cook	Treasurer	01/01/2016		2505 Orchard Lane Jefferson City, MO 65109		✓	Added on 01/26/2016
Carol Fischer	Member	01/01/2017		1025 Carol St. Jefferson City, MO 65102		✓	Added on 01/12/2017

Governing Board Member**Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Darin Keim	Member	01/01/2017		280 Palmer Dr. Lake Ozark, MO 65049	✓	Added on 01/12/2017
Linette Sommerer	Member	01/01/2017		2705 Cassidy Rd. Jefferson City, MO 65109	✓	Added on 01/12/2017
Jessica Diestel	Member	01/01/2017		1817 E. Pointe Dr. Columbia, MO 65201	✓	Added on 01/12/2017
Michael McCoy	Member	01/01/2017		1733 Engelwood Dr. Jefferson City, MO 65101	✓	Added on 01/12/2017
Scott Hamblin	Member	03/01/2011		PO Box 456 Jefferson City, MO 65102	✓	Added on 06/11/2015
Bunnie Trickey Cotten	Member	06/01/2014		2509 Plymouth Rock Jefferson City, MO 65109	✓	Added on 06/11/2015
Kirk Duncan	Member	02/01/2012		205 Kent St. Jefferson City, MO 65109	✓	Added on 06/11/2015
Joy Sweeney	Member	01/01/2015		2842 Foxdale Dr. Jefferson City, MO 65109	✓	Added on 06/12/2015
Tisha Spencer	Member	01/01/2015		1140 Booneville Rd. Jefferson City, MO 65109	✓	Added on 06/12/2015
Carlos Graham	Member	01/01/2015		2304 Liberty Lane Jefferson City, MO 65109	✓	Added on 06/12/2015
Tracy Johnson	Member	01/01/2016		PO Box 2320 Jefferson City, MO 65102	✓	Added on 01/26/2016
Sarah Little	Secretary	08/01/2011		1409 Chestnut St. Jefferson City, MO 65101	✓	Added on 06/11/2015
Larry Lambert	Vice-President	01/01/2015		111 W. Texas Ave. Columbia, MO 65202	✓	Added on 06/12/2015

Total Active Links:16, Total Deactivated Links:5, Current Active Links:16, Current Deactivated Links:5

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")****Describe the function of the Advisory Board as it relates to the work of your organization:**

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member**Financial Information****Organization Fiscal Year:**

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1466713681_29953_501%28c%29%283%29.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1472246158_29954_2015Audit.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1472575793_29955_2015990signed.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

CMFCAA Finances are overseen by the CMFCAA Board Treasurer and the Executive Director. At this time, the Office Manager maintains records utilizing Quickbooks. The Executive Director verifies paid invoices. The Board Treasurer verifies deposits, expenses, account balances, bank reconciliation, and other financial needs. CMFCAA Board of Directors is currently creating a specific financial policies and procedures.

Employees Compensation**Top Five Compensated Employees:**

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation			Link Info			Active	Date
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:			
Operations Director	Associates/Certifications	1.00	\$40,000.00	\$4,200.00	✓		Added on 06/12/2015
Executive Director	B.S.	1.00	\$50,000.00	\$5,400.00	✓		Added on 06/12/2015
Program Coordinator	B.S.	1.00	\$30,000.00	\$4,200.00	✓		Added on 06/12/2015

Total Active Links:3, Total Deactivated Links:0, Current Active Links:3, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1472578231_32839_Org.BudgetTemplate_For_Apricot_Upload_16-17_ReviewTeam.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1493645703_32678_Generalliabilitydecpage.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1472662676_32841_HMUWCAAPA2017.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Central Missouri Foster Care & Adoption Association(CMFCAA)	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/07/2017
2017 Health RFP (Open ends 02/03/2017 11:59 PM CST)	Central Missouri Foster Care & Adoption Association(CMFCAA)	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018	✓	Added on 01/12/2017
Community Impact Fund (Unresponsive)	Central Missouri Foster Care & Adoption Association(CMFCAA)	Community Impact Fund	Heart of Missouri United Way	JUL2016 - Safety Net, Income	✓	Added on 01/21/2016
Children's Services Fund - POS RFP #25-15JUN15 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	Central Missouri Foster Care & Adoption Association(CMFCAA)	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	✓	Added on 05/21/2015

Total Active Links:4, Total Deactivated Links:0, Current Active Links:4, Current Deactivated Links:0

System Fields

Record ID

15531

Modification Date

05/01/2017 8:35 AM CDT

Modified By

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Central Missouri Foster Care & Adoption Association(CMFCAA)

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Boone County Respite Program

Amount of Request

\$21,870.00

County-Children's Services - Service Type (check all that apply)

Respite care services

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)

<http://www.mofosteradopt.com>

Address

2401 Bernadette Drive

City

Columbia

State

Missouri

County

Boone County

Zip

65203

Address

809 Swifts Hwy

City

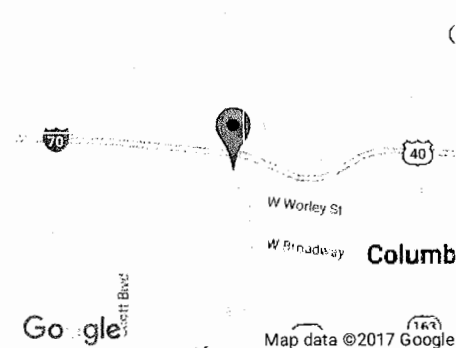
Jefferson City

State

Missouri

County**Zip**

65109

**Program Administrator Name**

DeAnna Alonso

Phone Number

573-298-0258

Program Administrator Title

President/CEO

Email

deanna@mofosteradopt.com

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500496381_30421_attacha.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500496381_30420_attachb.pdf/


Attachment C Work Authorization Certification

/document/download/filename/1500496657_30419_Everifynotarized.pdf/

Signed Addendums

/document/download/filename/1500496381_30418_addendums.pdf/

Link to Organization Profile Record**Link to Organization Records**

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Central Missouri Foster Care & Adoption Association(CMFCAA)		DeAnna C. Alonso		Added on 06/07/2017
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0				

Federal EIN Number (will auto-populate)

80-0519145

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

DeAnna Alonso

Printed Name - Organization Executive Director/President/CEO

7-17-17

Date

DeAnna Alonso

Signature - Organization Executive Director/President/CEO

7-17-17

Date

Heidi N. Lucas

Printed Name - Organization Board Chair

7-17-17

Date

Heidi N. Lucas

Signature - Organization Board Chair

7-17-17

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

DeAnna Alonso, President / CEO
Name and Title of Authorized Representative

DeAnna Alonso
Signature

7-17-17
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Cole)
)ss
State of Missouri)

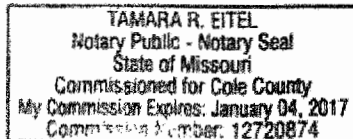
My name is DeAnna Alonso I am an authorized agent of CMFCAA
_____ (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

DeAnna Alonso 6-12-15
Affiant Date

DeAnna Alonso
Printed Name

Subscribed and sworn to before me this 12th day of June, 2015.



Tamara R. Eitel
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

Company ID Number: 728166

**THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION
MEMORANDUM OF UNDERSTANDING**

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Central Missouri Foster Care and Adoption Association (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed

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by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and

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Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo

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and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation, and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer

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may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

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12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time

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of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form

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I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

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B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

ARTICLE IV

SERVICE PROVISIONS

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SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity.

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regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



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To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Central Missouri Foster Care and Adoption Association

Mary Towns

Name (Please Type or Print)

Title

Electronically Signed

Signature

11/15/2013

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

11/15/2013

Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: **Central Missouri Foster Care and Adoption Association**

Company Facility Address: **1119 Jefferson St.**

Jefferson City, MO 65101

Company Alternate

Address:

P.O. Box 1506

Jefferson City, MO 65102

County or Parish:

COLE

Employer Identification

Number:

800519145



Company ID Number: 728166

North American Industry
Classification Systems
Code: 624

Administrator:

Number of Employees 1 to 4

Number of Sites Verified
for 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- MISSOURI 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: Mary A Towns
Telephone Number: (573) 298 - 0258
E-mail Address: ccfostreradopt@gmail.com

Fax Number:

Name: DeAnna C Alonso
Telephone Number: (573) 298 - 0258
E-mail Address: ccfostreradopt@gmail.com

Fax Number:



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.
 - b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.
 - c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Vaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:

<https://www.showmcboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- nl. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:
<http://www.showmecoone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- ♦ Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Central Missouri Foster Care and Adoption Association

Address:

2401 Burnadette Dr. Suite 202, Columbia, MO 65203

Phone Number: 573-248-0258

Fax Number: 573-666-1202

E-mail: deanna@mofofosteradopt.com

Authorized Representative Signature:

DeAnna Alonso

Date:

7-17-17

Authorized Representative Printed Name:

DeAnna Alonso

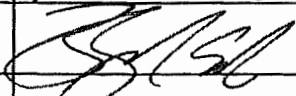
PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Cullen	Hardy Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank K.C.	874-8506	874-8432
8.	Bob Hull	U.S. Bank	446-3394	446-2061
9.	Joe Ritter	Landmark Bank	441-2818	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

23.	Bonnelayler	Central Bank		874-8501
24.	Jennifer Hedman	US Bank		446 6736
25.	Eric Wright	US Bank		673-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

46.	Julia Lutz	IT		
47.	Aron Gas	IT		
48.		COLLECTOR		
49.	Denise Abney	Collector		
50.	TOM DARROUGH	TREAS		
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

a. You included the following requested attachments:

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:
<https://www.showmeboone.com/CommunityServices/commotw/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Central Missouri Foster Care and Adoption Association

Address: 2401 Barnadette Dr. Suite 202, Columbia, MO 65203

Phone Number: 573-298-0258

Fax Number: 573-616-1202

E-mail: deanna@mfosteradopt.com

Authorized Representative Signature: DeAnna Alonso Date: 7-17-17

Authorized Representative Printed Name: DeAnna Alonso



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

1. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Central Missouri Foster Care and Adoption Association

Address: 2401 Bernadette Dr. Suite 202, Columbia, MO 65203

Phone Number: 573-298-0258 Fax Number: 573-666-1207

E-mail: deanna@mofofosteradopt.com

Authorized Representative Signature: Deanna Alonso Date: 7-17-17

Authorized Representative Printed Name: Deanna Alonso

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Tim Arttag	U of Mo CFPR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Paulay	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFC'S	573-815-9955	
14.	Kelsey Luck	Rainbow House	573-473-2963	
15.	Ron Rome	YC2	573-554-7011	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20 JUL 17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	John J. [unclear]	THE TOWNE LLC	573-441-1000	
3.	Ernestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klosterman	CMCA BRIDGE	573-427-7897	
5.	Mernell King	CMCA Bridge	573-999-4119	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madeline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	uma-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vikki Dawett	EC-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Quik Kriesling	Kriesling & Assoc.	573-554-2122	
15.	Tara Luby	Kriesling & Assoc.	573-821-5370	
16.	Melody Baling	SOAR	573-884-6384	
17.	Carole Schick	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Thomas Society	(777) 607-5215	
19.	Becky Markt	CHA Low-Income Svcs	573-443-2554	0551
20.	Gay Litken	MLJ LLC	573-449-5600	573-815-1535
21.	Minam Markov	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Eppins	13 th Circuit	886-4058	886-4070
23.	Cheryl	WV Bridge	265-5129	
24.	Billy Polansky	CCWA	514 4174	
25.	Beatrice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys & Girls Club	268 8549	
28.	Mark Breidel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dimmitt	H. Fletcher, ZPPS	573-874-3677	
31.	Laine Long-Walker	Rep of Ryck	884-6136	
32.	Michelle Shiller	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Nelly H71	Heart of MO CASA	442-4670	N/A
23.	Jim Trust	Grade A Plus	573-268-4122	
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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Central Missouri Foster Care & Adoption Association(CMFCAA)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Boone County Respite Program
Amount of Request	\$21,870.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

CMFCAA's monthly respite program in partnership with the Activity and Recreation Center (ARC) is a whole family approach that addresses the ongoing stress and disruption issues that cause barriers to kinship, guardianship, foster care and adoption families. Families offered the following reasons when asked why they do not use respite care:

- The type of respite services offered does not match families' needs,
- Families may fail to take advantage of respite because they do not trust stranger respite providers (traditional respite),
- Parents who used respite services found that caregivers are not properly trained to care for their children. (Taking A Break, 2008, p.10)

CMFCAA provides training on trauma to volunteers and staff. The monthly respite is a unique respite program that partners with an agency already trusted by Boone County residents. ARC provides healthy play and enrichment programming, including sports and aquatics. This type of respite program is an innovative approach to building strong relationships and reducing stress for the whole family. Support systems are small within the foster care and adoptive world. The respite program offers a consistent support system for foster and adoptive families in Boone County. This program has currently been operating in Boone County since 2015.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The target population served through the monthly respite program is children between the ages of 4-18 that are currently in the custody of the Missouri Department of Social Services, or Foster Care case management agency, or adopted (domestic or internationally). The target population is considered "special needs" and have complex trauma, developmental delays and have experienced abuse or neglect. Foster and adopted children, by no fault of their own, enter a system that is riddled with funding cuts and exhausted workers Missouri's foster care system is steadily increasing and currently cares for over 14,300 kids in out of home resource care. The need for support services require agencies to be creative by removing barriers and providing

free programs to families already caring for multiple placement in their homes and age/policy restrictions to current community programs.

CMFCAA conducted a respite survey regarding the benefits of the monthly respite programming in 2016. The survey indicated:

- 95% of foster and adoptive families reported that they are better able to manage stress and anxiety related to emotions more effectively
- 65% of children and youth were able to build trust and develop secure attachments with peers and adults
- 100% of foster and adoptive families were able to express that the increased support system (respite program) allowed them to maintain healthy family relationships without the threat of disruption of child placement in the home

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The monthly respite program goal is to decrease family stress and disruption and increase social skills and relationship building. Children and youth served will be able express emotions and feelings non-violently in a healthy environment, while families will be decreasing stress levels.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The monthly respite program in partnership with the Activities and Recreation Center (ARC) in Boone county will offer:

- Six themed respite events (including a meal, games gymnasium sports, arts and crafts, swimming, and physical activities)
- The program will offer 50 maximum spaces for foster and adoptive children/youth between the ages of 4-18 per event

Each event will be held on a Friday evening between the hours of 5:30-9:30.

Each volunteer assisting with the respite program will undergo a background check and training in trauma related behaviors of children. CMFCAA Program Coordinator will manage the program in partnership with staff from the Activities and Recreation Center.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

CMFCAA consumers served through the monthly respite program are children/youth ages 4-18 who are currently in foster care, kinship care, guardianship, relative placement, or are adopted.

Each individual served through the program is currently under the care of the Missouri Department of Social Services or foster care case management agencies in Boone County, or are adopted residents of Boone County. These individuals have experienced abuse, neglect, abandonment, poverty, trauma, or any combination of the before mentioned.

b. Why will these particular consumers be served? (1500 character limit)

Foster and adoptive children often bear the burden of the types of traumatic events that grip poor rural communities such as drug use, incarceration, and physical abuse; and these traumatic events can be directly correlated to higher than average rates of adolescent pregnancy, alcoholism and alcohol abuse, depression, early initiation of sexual activity, illicit drug use, unintended pregnancy, suicide and others. (Centers for Disease Control and Prevention Adverse Childhood Experiences (ACE) Study). According to the CDC report cited, as the number of Adverse Childhood Experiences (ACE score) increase, so does the risk for certain health and mental health disorders that continue the cycle of poverty, and drug abuse. These additional traumatic experiences create a pattern of abuse that endangers their health, as well as their community, for a lifetime.

Research has proven that providing positive, healthy experiences can prevent additional trauma associated with these negative health outcomes. Reducing the stress for foster and adoptive families by providing healthy breaks and energy outlets can also prevent disruption of placement which could be an additional traumatic move. The respite program is a part of the CMFCAA strategic plan to reduce the ACE score of youth entering adulthood and therefore benefit the community by lowering the number of negative outcomes.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

At this time, CMFCAA's respite programming in Boone County is the only foster/adoptive specific respite program that provides out-of-home respite services at the same location that includes a meal and enrichment programming at no cost to the families.

d. Total number of unduplicated individuals to be served by the proposed program:

300

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

72.9

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. **No individual should be counted twice under any sub-section.**

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

300

City of Columbia

250

Other Counties

0

Residence Total

300

Record Lock

0

Race

White (alone)

150

Black or African American (alone)

85

Native American Indian or Alaskan Native

0

Asian (alone)

5

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

60

Some Other Race

0

Race Total

300

Ethnicity

Hispanic or Latino (of any race)

0

Not Hispanic or Latino

300

Ethnicity Total

300

Gender

Female

145

Male

155

Other

0

Gender Total

300

Income

At or below 200% of Federal Poverty Level

245

Over 200% of Federal Poverty Level

55

Income Total

300

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

40

School Age (6 years – 11 years)

110

Middle School (12 years – 14 years)

110

High School (15 years – 19 years)

40

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

300

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

20

b. Provide information on the types of training that will be offered. (1500 character limit)

The volunteers who serve in the respite programming will be provided with trauma specific behavior training in children by CMFCAA.

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

The CMFCAA respite program will be provided six times per year (January, March, April, June, September, and October). The program venue will be the Activity and Recreation Center (ARC) located at 1701 W. Ash Street, Columbia, Missouri. Each event will be held on a Friday evening between the hours of 5:30-9:30 pm.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Eligibility for individuals utilizing respite programming include:

-Currently under the custody of the Missouri Department of Social Services, foster care case management agency, and/or currently adopted

-Ages of 4-18

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)**If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)**

The State of Missouri is currently 49th in comparison with all the states in meeting adequate financial rates of support for children. In order to meet adequate rates the state would need to increase 130% to meet the national average of ongoing support for children and youth with "special needs." (Hitting the M.A.R.C., 2007). CMFCAA does not currently have any programming that requires a fee for any service by the families served. All funding for the respite programming is requested through this grant request.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Each volunteer assisting with the monthly respite program will complete a background check and a Division of Family Services records check. The volunteers will also be trained in trauma specific behavior training by CMFCAA.

The ARC supervision/staff have bachelor and master degrees in recreation, administration, program management and are certified in CPR and First Aid.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

AdoptUSKids explains the keys to success and best practices are keys to the success of respite programming (Lessons From the Field, 2012). These best practices include:

- Strong collaboration,
- Involvement of stakeholders, and
- Leadership and commitment

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

CMFCAA provides all three levels of best practices as outlined by AdoptUSKids. These best practices allow CMFCAA to wrap around families who are caring for children with "special needs" and offer them an opportunity for families to reduce stress, reconnect with their spouse, increase families preservation and encourage attachment.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

AdoptUSKids a recognized expert in the field of child welfare. Their information is cited by the Children's Bureau, which is a division of the U.S. Department of Health and Human Services. Goals for the Boone County Respite program are modeled from the AdoptUSKids published guides to assist parent group leaders on how to fully implement respite program: Taking a Break and Lessons From the Field.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

The monthly respite program promotes healing through stress reduction and improves the overall family cohesiveness. Having a short-term break allows caregivers to take a deep breath, reflect on their opportunities, and can create a deeper sense of gratitude. The short term break also promotes family preservation while decreasing the inability to navigate the struggles of caring for abused and neglected children. CMFCAA's respite programming also promotes self-esteem and the ability to remove the stigma surrounding children in foster care. The opportunity for children to connect with peers of similar understanding validates their worth. These kids are able to express the same type of experience, strength and hope.

Often sibling groups in foster care are separated from siblings in order to be placed in adequate homes. The respite programming has provided multiple opportunities for siblings to be together in an environment that provides the opportunity for healthy play and interaction.

Consistent volunteers have also provided a measure of security for families participating in the respite programming. Families are more secure in leaving their child/youth with familiar volunteers. Children are able to create additional healthy bonds and responses to safe and predictable adults. These additional healthy positive interactions allow for the reduction of the ACE score for each child/youth.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

CMFCAA provides the following surveys to families who utilize the respite programming:

- Family Support Outcome Survey
- Protective Factors Survey
- Child Behavior Checklist

The surveys are provided in paper form and electronically. They are used primarily to provide feedback to CMFCAA for continuous improvement and evaluation of the respite program. They are also designed to provide information about the increased knowledge, effectiveness of the services provided as well as the elimination of disruption of child placements in families.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

The Family Support Program Outcome survey is provided to each family in order to gauge the level of support needed from CMFCAA. It is provided multiple time throughout the year. The Protective Factors Survey is provided at each respite event. The Child Behavior Checklist is provided electronically to families who participate in the respite program. These surveys measure stress reduction, positive behavior responses, support system implementation, and reduction of disruption of child placement. The families who participate in the respite program share their experience through these surveys. The primary purpose of the surveys are to provide feedback to CMFCAA for continuous improvement and evaluation purposes of the respite program.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

CMFCAA's monthly respite program collaborates with the Activities and Recreation Center (ARC) in Columbia, the Missouri Department of Social Services, Boone County Children's Division, Great Circle, and other licensing agencies to provide out of home respite programming unique to the current type of respite services provided in the Boone county area. The strong collaboration with the above mentioned agencies brings years of experience, expertise and safety for the children we serve. The program also provides respite that is packed with positive play experiences, peer-to-peer connections, new experiences, stress reduction, increasing social skills and increasing healthy relationships.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500487043_40691_ARCMOU2018.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 President/CEO	MQ1 BSSW	FTE1 1.00	SR1 FROM \$50,000.00	SR1 TO \$55,000.00
P2 Operations Director	MQ2	FTE2 1.00	SR2 FROM \$40,000.00	SR2 TO \$45,000.00
P3 Program Coordinator	MQ3 BA	FTE3 1.00	SR3 FROM \$30,000.00	SR3 TO \$35,000.00
P4	MQ4	FTE4 0.00	SR4 FROM \$0.00	SR4 TO \$0.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO

		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The respite program will be managed directly by the Program Coordinator. The Program Coordinator is specifically responsible for the partnership with the ARC, development of respite programming, recruitment and training of volunteers, communication with foster/adoptive families and distribution of surveys and tracking of outcomes. The current Program Coordinator hold a Bachelors degree and is a former foster/adoptive youth herself.

The President/CEO supervises the Program Coordinator. The President is also responsible for the fund development and community support requests that support the program. The President/CEO holds a Bachelors degree and is a former foster youth and a current foster and adoptive parent.

The Operations Director assists the Program Coordinator with tracking outcomes, communicating events, marketing of events, and training volunteers. The Operations Director assists the President/CEO with fund development and community support requests that support the program. She is currently a foster and adoptive parent as well.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
-----------------	----------	------------------------

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Request for support of Boone County Respite Program	\$21,870.00	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %

C. Boone County- Other Funding (300 character limit)

\$0.00 0

2C 2C %

\$0.00 0

D. Funding from Other Counties (300 character limit)

2D 2D %

\$0.00 0

E. City of Columbia - Social Service Funding (300 character limit)

2E 2E %

\$0.00 0

F. City of Columbia - CDBG/Home Funding (300 character limit)

2F 2F %

\$0.00 0

G. City of Columbia - CHDO Funding (300 character limit)

2G 2G %

\$0.00 0

H. City of Columbia - Other Funding (300 character limit)

2H 2H %

\$0.00 0

I. Funding from Other Cities (300 character limit)

2I 2I %

\$0.00 0

J. Federal (Medicaid, Title III, etc.) (300 character limit)

2J 2J %

\$0.00 0

K. State (Purchase of Service, Grants, etc.) (300 character limit)

2K 2K %

\$0.00 0

L. Other (Schools, Courts, etc.) (300 character limit)

2L 2L %

\$0.00 0

3. Program Service Fees (300 character limit)

3. 3 %

\$0.00 0

4. Investment Income (realized & unrealized) (300 character limit)

4. 4 %

\$0.00 0

5. Other Revenue Items (300 character limit)

5. 5 %

\$0.00 0

TOTAL REVENUE

21870

TOTAL PROGRAM REVENUE

PROGRAM EXPENSES

1. Personnel

1. 1. %

\$2,100.00 10

Personnel Narrative (300 character limit)

15% of respite specific salary for the following FTEs:
President/CEO
Operations Director
Program Coordinator

2. Non-Personnel

2. 2. %

\$19,770.00 90

Non-Personnel Narrative (300 character limit)

Unit ARC cost (\$14.85 per hour) (50 youth @ 4 hours each event x 6 events =
\$17,820)
Materials (\$300)
Indirect expenses (25% of 12 month Boone office rent = \$1,650)

**TOTAL
EXPENSES**

21870

TOTAL PROGRAM EXPENSES

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$21,870.00

Year 2 Total Request

\$21,870.00

Total Amount Request from CSF

43740

Program Budget Narrative**Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)**

CMFCAA staff and Board of Directors designed a strategic plan with a detailed fund development section in April of 2016. The fund development plan has specific strategies to diversify funding streams via mailings, Board of Director relationships, church matching campaigns, and increased special fundraising events. Strategic plan is available upon request.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

CDC-Kaiser ACE Study (<https://www.cdc.gov/violenceprevention/acestudy/about.html>)
Hitting the M.A.R.C., (2007). Establishing Minimum Adequate Rates for children. 1, 5-9.
Lessons From the Field, AdoptUSKids, (2012). Respite Lowers Parents' Stress, Creating and Sustaining Effective Respite Services. 1, 11-12.
St. Louis Children's Service Fund, (2016-17). List of Approved Units of Service. 1, 57-58.
Taking A Break, AdoptUSKids, (2013). Creating foster, Adoptive and Kinship Respite Care in Your Community. 1, 3-41.



City of Columbia, Activity & Recreation Center Proposal to CMFCAA for Respite Care

The City of Columbia's Activity & Recreation Center (ARC) is a state-of-the-art community facility which opened to the citizens in December of 2002. The facility features meeting rooms, a large indoor leisure pool, gymnasium, indoor track and cardio/strength training zones.

In its 14 years of operation, the ARC has served millions of guests, offering a variety of programs for patrons of all ages. The Water Zone leisure pool, offers swimming lessons, lap swimming, little swimmers playtime and recreational swim, as well as water aerobics. The Cardio/Strength Zones are equipped with top of the line cardio and strength training equipment. ARC staff delivers a variety of group fitness classes including Zumba, Knock-out, Silver Sneakers, Body Conditioning, and Power Pump. Youth and adult patrons utilize the gymnasium-two full size courts, on a daily basis to play basketball. Throughout the week, the courts will also be used for pickleball, volleyball, boot camp and little gymmers playtime.

While the vision for the facility is that it will collect income to pay for all expenses, the city has set aside funds for those city residents who cannot afford membership fees or activity registration fees. Youth, family and adult scholarships are available to assist with costs, however, a percentage of the fee is still paid by the participant. Scholarship awards are based on income in the household.

The ARC's proposal to CMFCAA is to hold six themed respite events. These events will be held in the following months: January, March, April, June, September, and October 2018. These events will be held on a Friday night and will be scheduled from 6:00pm to 10:00pm. The ARC will theme each night and provide a copy of the themes and specific dates to CMFCCA for approval once the proposal is approved.

The ARC will provide the following for the respite program for children/youth ages 4-18 who are currently in foster care, adopted (domestic, international) or kinship/guardianship homes that CMFCAA serves. The ARC facility is located at 1701 W Ash St, Columbia, MO 65203. The phone number for the facility is 573-874-7700.

1. A light meal will be provided, for example: pizza or sandwich, fruit and a drink. We will not serve the same meal for each event. Any patrons with special dietary needs may need to bring their own meal.
2. The respite evening activities may include organized games in the gymnasium, arts and crafts, swimming and physical activities. The events will follow the theme for the program.
3. The ARC will provide one Recreational Supervisor/Specialist and one Recreational Worker. CMFCCA will provide an additional 5-10 volunteers for each program, depending on the number of registrants. The ARC will provide certified Lifeguard staff if the group will be

utilizing the natatorium. The aquatic staff will also provide first aid and CPR within the facility. The ARC requests that both male and female volunteers be provided for adequate supervision in locker room facilities. A 1:5 ratio of adults to youth shall be maintained. Participants with special needs may need a 1:1 or 1:2 ratio.

4. No medications are to be dispensed by ARC Staff. Authorized CMFCAA must dispense all medications, as well as provide any diaper changing and sanitary products.
5. The ARC expects payments be made within two weeks of invoicing.
6. The ARC is not responsible for items outside of the boundaries of this proposal.

Projected Program Costs

The ARC is willing to partner on these respite events at a fee of \$14.85 per child per hour. Each night's event is scheduled for 4 hours with a maximum of 50 participants. The maximum fee per night is \$2970. The total price for the six events would be \$17,820. List of enrolled participants shall be submitted to ARC staff a minimum of one week prior to the scheduled respite event date. This list should include their name, age and emergency contact information.

It is the ARC's understanding the CMFCAA will complete a background check on all volunteers and a listing of volunteers will be provided at the same time as the participant roster. All volunteers shall provide a photo identification.


This program agreement will remain in effect until the completion of the last respite event in October of 2018 unless notified in writing prior to the final date.

This agreement may be terminated in whole or in part by either party without cause with a 30-day advance notice. Failure to honor any obligations stated above may also result in termination of this agreement.

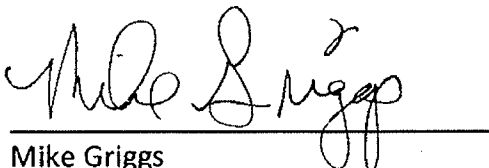
6/27/17
Date


Erika L Coffman
Recreation Services Manager


6-28-17
Date


CMFCAA

6-27-17
Date


Mike Griggs
Director
Columbia Parks & Recreation

7-17-17
Date


CMFCAA

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Central Missouri Foster Care & Adoption Association(CMFCAA)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Boone County Respite Program
Amount of Request	\$21,870.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$21,870.00

b. Describe how the funds will be utilized. (600 character limit)

The funds will be used to support the CMFCAA Boone County Respite Program. They will fund the collaborative fee charges by the Activities and Recreation Center, a portion of CMFCAA respite specific salary, materials, and a portion of the CMFCAA Boone County satellite office rent.

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Out of Home Respite Care- Child

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Brief period of rest for family members, guardians, or regular caregivers by offering care of a child in a community-based setting

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The CMFCAA Boone County Respite Program will be an opportunity for foster and adoptive youth ages 4-17 to receive four hours of respite six times per year in collaboration with the Activities and Recreation Center in Columbia, Missouri. The youth will be provided a meal and activities including arts and crafts, swimming, gymnasium activities, and other activities. The CMFCAA Program Coordinator will supervise the event with the assistance of ARC staff and trained volunteers.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One hour

b. Unit Rate (#1)

\$18.23

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

Unit rate is approximately derived from the St. Louis Children's Service Fund List of Approved Units of Service

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

d. Total Number of Units of Service to be Provided (#1)

1200

e. Total Number of Unduplicated Individuals (#1)

300

f. Average Number of Units of Service per Unduplicated Individual (#1)

4

g. Average Cost of Service per Individual (#1)

72.92

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

The State of Missouri is currently 49th in comparison with all the state in meeting adequate funding rates for support of children. In order to meet adequate rates the state will need to increase 130% to meet the ongoing support for children and youth with special needs. CMFCAA has no fee attached to any of our direct services that must be paid the families that we serve.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character

limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

Out of home respite care is not covered by state provided insurance.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$17.71	1a2. 816	1a3. \$14,451.64
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$21,870.00

b. Proposed Number of Units of Service (#1)

1199.67

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

This request is made in order to continue the respite programming currently provided to foster and adoptive youth in Boone County. The amount requested is for 300 youth to receive 4 hours each of respite.

ARC cost (300 youth @ \$14.85 per hour for 4 hours each): \$17,820

Materials (\$50 per event @ 6 events): \$300

Staff salary (15% of respite salary for 3 FTEs): \$2,100

Indirect costs (25% rent of Boone County satellite office): \$1,650

Total annual cost of respite program: \$21,870

Service #1- Performance Measures

Outcome (1-1) Decrease in foster and adoptive family (all members, including children) stress and cohesiveness of family placement	Indicator (1-1) 85% of foster and adoptive families will report that they are better able to manage stress and anxiety related to emotions effectively without destructive or traumatic reactions.	Method of Measurement (1-1) CMFCAA Protective Factors survey will be given to families during and/or post participation of services
Additional Outcome (1-2) Increase in family (foster and adoptive) support and prevention of disruption of placement	Additional Indicator (1-2) 85% of foster and adoptive families will be able to express the increase of support systems have allowed them to manage stress and maintain healthy family relationships without the threat of disruption of child placement in their home.	Additional Method (1-2) CMFCAA Family Support Program Outcome Survey will be given to foster and adoptive families during and/or post participation of services
Additional Outcome (1-3) Increase in social skills and positive relationship interaction within foster and adoptive children and youth in each family unit	Additional Indicator (1-3) 75% of children and youth will be able to build positive communication, trust, and secure attachments to peers and adults rather than anxious, avoidant, or ambivalent emotional reactions	Additional Method (1-3) Child Behavior Checklist will be given to foster and adoptive parents during and/or post participation of services
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

CMFCAA has two major goals for the monthly respite program. One goal is to decrease family stress as a whole in effort to increase family cohesiveness and prevent the disruption of child placement in the home. A second goal is focused directly on providing positive experiences that will help a child increase their ability to have healthy responses to peers and adults that allow them to build trust filled secure attachments.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Most foster and adoptive children who are currently in care are considered "special needs". The complexity and variety of these needs varies from child to child. It is vital that children in foster care or adoption seek professional counseling services at some point to address any past traumas. CMFCAA is prepared to recognize the signs of this need and offer referrals upon family requests.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

CMFCAA currently implements these measurements and utilizes these surveys in the majority of our direct service programs including the current Boone County respite programming. Measurements have indicated that these percentages are effectively reached on a consistent basis within our respite programs.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The Protective Factor survey is designed to measure protective factors in four areas: family functioning, social support, nurturing and attachment, and knowledge of parenting/child development.

The Family Support Program Outcome Survey and the Child Behavior Checklist are designed to provide information about the increased knowledge, effectiveness of the services provides as well as the elimination of disruption of child placement in families.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

b. Service #2 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

b. Unit Rate (#2)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

0

e. Total Number of Unduplicated Individuals (#2)

0

f. Average Number of Units of Service per Unduplicated Individual (#2)

0

g. Average Cost of Service per Individual (#2)

0

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00

d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$0.00

b. Proposed Number of Units of Service (#2)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

d. Provide a rationale for each method of measurement (2). (600 character limit)

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00

c. City of Columbia - Social Services Funding (#3)	3c1. \$0.00	3c2. 0	3c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	3d1. \$0.00	3d2. 0	3d3. \$0.00
e. Heart of Missouri United Way Funding (#3)	3e1. \$0.00	3e2. 0	3e3. \$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)
\$0.00

b. Proposed Number of Units of Service (#3)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)
- Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

b. Service #4 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00

c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
	5b1.	5b2.	5b3.

b. Boone County - Community Health Funding (#5)	\$0.00	0	\$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

43740



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com /Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Program Information and Requirements
- 4) Application Information
- 5) Attachment A - Organization Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2017

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

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

PRODUCER Luebbering Insurance Agency, LLC 2717 Industrial Drive, Suite A Jefferson City MO 65109	CONTACT NAME: Dennis F Luebbering PHONE (A/C, No, Ext): 573-635-5810 FAX (A/C, No): 573-635-5810 E-MAIL ADDRESS: business@luebberinginsurance.com
INSURED Central Missouri Foster Care Adoption Association 809 Swifts Highway Jefferson City MO 65109	INSURER(S) AFFORDING COVERAGE INSURER A: UTAH BUSINESS INS CO INC INSURER B: ALLIANCE OF NONPROFITS FOR INS RRG INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		2017-51448	04/23/2017	04/23/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2017-51448	04/23/2017	04/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10000.00			2017-51448-UMB	04/23/2017	04/23/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC0012862017A	04/23/2017	04/23/2018	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured on general liability when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

County of Boone 613 E Ash Street Room 110 Columbia, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract

Healthy Home Connections

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **CHA Low-Income Services Inc.**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **CHALIS**.

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

WHEREAS, CHALIS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY CHALIS

CHALIS is expected to the greatest extent possible to maximize funding from all other sources. CHALIS shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CHALIS shall only request reimbursement for services not reimbursable by any other source. CHALIS shall not invoice the Children's Services Fund for units of service invoiced to another funding source. CHALIS shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** CHALIS will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and CHALIS's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over CHALIS's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from CHALIS and CHALIS agrees to furnish the **Healthy Home Connections** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in CHALIS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$399,754.26** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. CHALIS agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of CHALIS be renewed for an **additional one (1), one-year period**. CHALIS agrees and understands that the BCCSB may require supplemental information to be submitted by CHALIS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Case Management	15 minutes	\$10.50	22,705	\$238,402.50
Therapeutic Mentoring	One hour	\$22.28	7,242	\$161,351.76

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

event the billing dispute is resolved in favor of CHALIS, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by CHALIS to monitor service delivery and program expenditures. CHALIS agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by CHALIS and, if so stipulated, are noted on this contract document. Payments may be withheld from CHALIS if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CHALIS agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

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

activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** CHALIS may enter into subcontracts for components of the contracted service as CHALIS deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In

performing all services under the resulting contract agreement, CHALIS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should CHALIS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, CHALIS shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the CHALIS for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

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

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

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

27. **Record Retention Clause.** CHALIS shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

Any written notice or communication to CHALIS shall be mailed or delivered to:

CHA Low-Income Services Inc.
Philip Steinhaus
201 Switzler St.
Columbia, MO 65203

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

CHA Low-Income Services Inc.

By: Phil Steinhaus
Signature

By: Phil Steinhaus, Executive Director
Printed Name/ Title

Boone County, Missouri

By: Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

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

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk DKB

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

Jane P. [Signature] 12/19/2017 (2161/71106/\$399,754.26)
Signature Date Appropriation Account

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 6, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.


Company Name: CHA Low-Income Services

Address: 201 Switzler Street, Columbia, MO 65203

Telephone: Fax: 573-443-0051

Federal Tax ID (or Social Security #): 77601167

Print Name: Phil Steinhaus Title: Chief Executive Officer

Signature:  Date: 11/6/2017

E-mail: psteinhaus@columbiaha.com

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	CHA Low-Income Services, Inc.
Name of Program	Healthy Home Connections

Program Overview Form	
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1. Consumer Demographics – In the Residence section there are 678 unduplicated individuals listed in the City of Columbia box and 1550 unduplicated individuals listed in the Boone County box. This would mean that there are 872 unduplicated individuals living outside the city limits.
Action Required: Clarify in the box below how these figures were determined.

This number was entered in error. At last report, there are approximately 193 unduplicated individuals currently on the HHC roles who are not residents of the City of Columbia. If we carry that number through on this projection for the next year, 1,357 would live in the City of Columbia.

2. Program Demographics – The Ethnicity Section was not completed in the Program Demographics.

Action Required: Provide the information in the box below.

Ethnicity	Number
Hispanic or Latino (of any race)	6
Not Hispanic or Latino	1544
Ethnicity Total:	1550

3. Program Quality – There was information provided about the Family Service Pledge.

Action Required: Provide a description of the Family Service Pledge in the box below.

The Family Service Pledge is a document that was originally created in the Pilot HHC Project to engage individuals who were seeking financial assistance in a commitment to activities that would lead to future orientation and goal completion.

In this proposal, the role of the Family Service Pledge will expand (See Question #6). The Family Service Pledge will be completed by any head of household interested and willing to participate in assessments designed to identify a set of family goals and submit to follow up interviews to measure progress toward those goals. HHC Specialists will help the family identify areas of need/improvement via a Client Needs Assessment and Protective Factors Initial Survey. These areas will be listed on the Family Service Pledge along with several steps determined by the Specialist and family member to lead in the direction of meeting the need or quality of life improvement. The Family Service Pledge will be signed by the head of household, and subsequently reviewed at mid-year and the end of year to provide an indicator of progress in reports to BCCSF.

A copy of the form is attached for your reference.

4. Collaboration - There were MOUs with BBBS and Family Counseling Center but none of them had signatures.

Action Required: Submit the signed MOUs with your response.

Please find the signed MOUs attached.

5. Program Personnel Information – The chart indicates that there are currently 2.90 FTEs funded through this proposal. In the Program Services (1-5) section, in the box titled Service #1 – Name, Definition, and Description, the box information in box c. indicates that there are five HHC Case Managers. The proposal should include information for the entire program.

Action Required: Update the Program Personnel Chart below and follow with a narrative describing what staff will be paid with these proposed funds.

Position or Title	Minimum Qualifications	FTE
Project Director	Bachelor Degree in Social Work, counseling, psychology or related field. Experience working with a diverse population, families, elderly and persons with disabilities.	.10
HHC Case Manager	Bachelor Degree in Social Work, counseling, psychology or related field. License or extensive experience working with a diverse population including families and children preferred.	5

Provide a narrative below outlining the staff for this program:

The previous entry was in error, however the budget numbers were correct. Please accept this correction to the Program Personnel Chart.

The Project Director oversees the project to ensure that efforts continue to support the overall goals and objectives set forth in the proposal. The position requires a broad range of skills, including supervision of a diverse staff. The Project Director is a high level staff position reporting directly to the Chief Executive Officer.

The HHC Case Manager assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human service needs. They work collaboratively with families and agencies to support their goals and needs: 2 FTE's will serve the families of Subgroup 1: Housing Choice Voucher, 1 FTE will serve the families of Subgroup 2: Project Based Voucher, 1 FTE will serve the families of Subgroup 3: Public Housing, and 1 FTE will serve the families of the Moving Ahead Program.

Program Services Form (1-5)

6. Service #1/Performance Measures – There should be an additional Outcome, Indicator, and Method of Measurement for the Family Service Pledge. There also needs to be time frames and frequencies included when pre- and post- staff assessments, self-assessment, interviews, etc. *Action Required:* Update the Performance Measures section of the attached 'Service Change Chart' for Service 1. Provide information below on the time frames assessments are provided.

By the end of the year, we project that 30% of head of households will:

1. complete a family service pledge within the year and/or request assistance
2. make progress toward short-term goals.

In order to measure progress, using a baseline, we will refer to a pre-assessment (HHC Client Needs Assessment) completed upon intake, as well as a five-question survey which clients will be required to complete before constructing their Family Service Pledge. The short survey will measure for a baseline of quality of life and future orientation—indicating their status prior to intervention, and prior to completing the HHC Application for Assistance, which typically occurs during crisis (as needed).

In addition, we will provide the five-question survey at the mid-year mark and at the end of the year, as a post-assessment. All of these instruments will assist us in measuring progress of clients who complete the pledge, define their short-term goals and make progress toward stated goals.

Long-term goals cannot be measured at this time, because they differ for each client, on an individual basis.

7. Service #2 - Name, Definition, and Description – This service is listed as Therapeutic Mentoring. Are mentors required to go through training to address emotional and mental health concerns

before becoming a mentor? If not, then this service should be called Community-Based Mentoring. If they are required then keep the service as Therapeutic Mentoring.

Action Required: Update Service 2 in the 'Service Change Chart'. Provide a justification for choosing Therapeutic Mentoring vs. Community-Based Mentoring in the box below.

BBBS has identified that 70% of the children currently participating in the HHC/MAP mentoring program have a diagnosed or diagnosable mental health, learning or socio-emotional concern. Frequently, the children who do not have a diagnosis have a sibling or parent who does. All the children have multiple adverse childhood experiences. Often the behavior and needs of the children and families are overwhelming the mentors as reported in their monthly match support contacts. When BBBS staff analyzed why many of the HHC/MAP matchers were experiencing early match closure (a match ending in less than a 12 month period), one of the most frequently cited reasons was mentors didn't feel they were adequately equipped to handle the needs of the children or families. Even with matches that weren't closing early, some mentors had indicated that they had been disconnecting from the child for a while because they felt they weren't making an impact.

As a result, BBBS staff want to create a therapeutic mentoring program where the HHC/MAP children, families and mentors will have more staff support with fewer matches per caseload and more intensive training for case management staff and mentors. (Case managers maintain regular ongoing contact with all families and mentors and can provide "just in time" training and information as they are the first line support for the mentors.)

All mentors go through an in-person, pre-match training that covers child and youth development including typical milestones and important developmental assets; match ethics, safety and boundaries; child safety and abuse awareness; school functioning and learning differences, including the impact it can have on the mentoring relationships and ways the Big can support the Little at school. Additionally, all mentors in the therapeutic mentoring program will be required to complete the following online courses prior to the match meeting:

- Maximizing Match Impact
- Difficulties of Families in Transition
- Child and Youth Development
- Ethics and Safety
- Foundations of Cultural Competency
- Working with At-risk and Further At-Risk Youth
- The three pillars of the PERL (Promoting Enhanced Resilience and Learning) program which helps make mentor and mentee interactions more intentional by teaching mentors how to strengthen their mentee's growth mindset, goal-setting, and school engagement

A mentor will be informed of any diagnosis of the child with whom he or she is matched and of any family challenges to the extent allowed by the program permission slip signed by the child's parent or guardian. BBBS case management staff will provide the mentor with information and resources to help the mentor understand the impact this may have on how the child interacts with the mentor. Also, an expert from the Family Counseling Center will provide ongoing, in-person training to mentors and BBBS staff on mentoring children with:

- Anxiety
- ODD

- Anger management issues
- Unstable home life
- Abuse & neglect experience
- Autism
- Depression
- ADHD
- Conduct disorder
- DMDD
- Learning disabilities/delays
- Trauma experience

These topics were chosen based upon the most frequent diagnoses and adverse experiences seen in the referred children over the past 2.5 years. Match Support staff will notify mentors of the trainings they must attend based upon the needs of the children or their families with whom they are matched.

BBBS staff are also working on ways to help connect mentors so they can build peer networks to support and learn from each other.

By having pre-match training, “just in time” training, ongoing training and a peer network, the therapeutic mentoring program is structured to help better prepare and provide continuous support to mentors in working with the socio-emotional needs of the children in the program.

8. Service #2 - Name, Definition, and Description – The description mentions that during the enrollment phase, there is an emotional screening, referrals, and then coordination with a mentor. Please provide more information about this enrollment phase. How long does it typically take? What type of emotional screenings will be offered? Any other specifics would be very helpful in deciding if the intake needs to be its own service or remain part of the ‘mentoring’ service.

Action Required: Provide more information detailing the initial intake for families/children to complete to get enrolled in the ‘mentoring’ program in the field below. Depending on this description this may or may not require another service to be developed.

The enrollment process is a required part of any of the BBBS mentoring programs and is not going to be billed as a separate service.

The enrollment process for Littles consists of an application, an in-person interview and a baseline survey for youth ages 9 or older. The in-person interview is conducted with the parent and then with the child (preferably away from the parent). It takes approximately 1-1.5 hours to complete. The interview includes questions to determine the child’s personality, interests, family relationships (including family structure, type of discipline practiced in the family, if a parent is/has been in the military and is/has been/will be deployed, if a parent is/has been in prison, family connectedness), physical and mental, history with abuse or neglect, exposure to violence, family’s religious background, exposure to trauma, school performance /attitude/services received, and the expectations from the BBBS program and match with a mentor.

Sometimes during the course of the interview, the enrollment coordinator (who has an MSW) realizes the child has needs that probably require a more intensive intervention (i.e. medication or on-going therapy) than a mentor alone can provide. When that happens, she makes a referral to Family Counseling Center, sometimes even helping the parent make the phone call to set up an appointment for further screening to see if additional services are needed.

9. There is a MOU with Family Counseling Center but there are no services included in the Program Services section of this proposal. All the services for this program must be included in the proposal.

Action Required: Provide clarification on the type of services being provided by the Family Counseling Center for this program. Provide clarification if Children's Services funds are being distributed to FCC for therapeutic services or if HHC clients are just being referred.

The MOU with the Family Counseling Center is intended to indicate their informal partnership with the program. Family Counseling Center will provide training for staff. HHC Case Managers will continue to refer clients for further mental health services. No on-site mental health services or group therapy will be provided by FCC as a part of this project.

10. Depending on the response to clarification question #9, different types of services may need to be added. These services need to be divided out and may include: Individual Therapy – Child, Group Therapy – Child, Individual Therapy – Adult, Group Therapy – Adult, and/or Family Therapy.

Action Required: Add a new 'Service Change Chart' for each of the new services, even if the Children's Services fund is not paying for it. Include the unit measure, unit rate, number of units provided, number of individuals to be serviced, and the performance measures for each new service. Provide justification for any new unit rate(s) below.

No therapy will be provided through the HHC project. HHC case managers will refer for services and follow-up to determine if services were delivered. No Service Change Chart has been submitted for this service.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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11. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Healthy Home Connections			
Service #1 – Taxonomy of Service Name: Case Management			
Service #1 – Taxonomy Definition of Service: A collaboration process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual’s health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service: The description is the same as listed in Apricot.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$10.50	40130	1550
Funding Request			
Amount Requested to Boone County: \$277,211.00		Proposed Number of Units of Service: 26,401.05 (CSF)	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased use of supportive services.	85% of 1550 adults and/or children will utilize one or more supportive service during the funding cycle.	Case management records, attendance rosters, referral forms, pre- (at intake) and post- (3 rd contact)	
Increased family stability	90% of 1550 adults and children will retain housing.	Case management records, Housing Authority Database, (at intake, mid-year and end of year)	
Improved self-reliance	15% of participating households (N=Not Yet Known) will increase income	Case management records, Housing Authority Database and Family Self-Sufficiency Records (at intake, mid-year, and post referral to FSS)	
Progress toward goals in Family Service Pledge	30% of head of households, (N Unknown), will complete a family service pledge within the year and/or request assistance and show progress toward short-term goals	Pre-assessment (HHC Client Needs Assessment) upon intake; Family Service Pledge; HHC Application for Assistance during crisis (as needed); 5-question pre-assessment (prior to intervention), mid-year and post-assessment of clients who complete the family service pledge	

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Healthy Home Connections			
Service #2 – Taxonomy of Service Name: Therapeutic Mentoring			
Service #2 – Taxonomy Definition of Service: Social interaction and guidance for individuals with emotional and mental concerns provided by a trained mentor.			
Provide a detailed description of the proposed service: Same as in Apricot.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 therapeutic mentoring hour	22.28	8287	142
Funding Request			
Amount Requested to Boone County: \$161,351.79		Proposed Number of Units of Service: 7242	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
NO CHANGES	NO CHANGES		NO CHANGES

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Healthy Home Connections			
Service #3 – Taxonomy of Service Name: TBD			
Service #3 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Healthy Home Connections			
Service #4 – Taxonomy of Service Name: TBD (Family Counseling Center services)			
Service #4 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: CHA Low-Income Services, Inc.				
Program Name: Healthy Home Connections				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Case Management	.15 minute	10.50	40130	1550
Therapeutic Mentoring	1 hour	22.28	8287	142
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Case Management	\$277,211.00		26,401.05	
Therapeutic Mentoring	\$161,351.79		7242	
Development/Start Up Service Funding	\$0.00			
Total Amount Requested to Boone County:	\$438,562.79 (\$438,563.00)			

Healthy Home Connections Family Service Pledge

Date Created: _____ Follow up date: _____

Head of Household: _____

Primary family interest areas/concerns (identified using Client Needs Assessment and Protective Factors Initial Survey):

1. _____

2. _____

3. _____

Family Action Plan/Next Steps:

Resources Referred: _____

Past HHC support requests? _____

Family Support Specialist: _____

Resident's name (PRINT) _____

Resident's Signature: _____

**MEMORANDUM OF AGREEMENT
BETWEEN
BIG BROTHERS BIG SISTERS OF CENTRAL MISSOURI (BBBS)
AND
COLUMBIA HOUSING AUTHORITY LOW-INCOME SERVICES (CHALIS)**

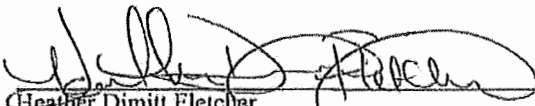
This Memorandum of Agreement (MOA) between BBBS and CHALIS outlines the provisions of the partnership for the Healthy Home Connection Program (HHC) of which Therapeutic Mentoring will be a program service for youth ages 5-18.

BBBS will:

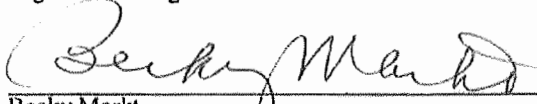
- Coordinate an enrollment process including application and interviews for potential program participants (Littles) and their parents. The interviews will be conducted by a BBBS staff member who has a Master's in social work. This individual will coordinate referrals to Family Counseling Center of Missouri, Incorporated (FCC) as necessary to assess the range of each child's needs.
- Coordinate an enrollment process including application, interview and reference checks for potential volunteer mentors (Bigs).
- Create mentoring "matches" between youth (Littles) and volunteer mentors (Bigs) based upon identified commonalities in the enrollment process
- Help the child, parent and mentor create a youth development plan for each child.
- Provide regular case management for matches based upon Big Brothers Big Sisters of America (BBBSA) requirements
- Develop mentor cohort and provide networking opportunities for the cohorts to develop a peer support group.
- Coordinate monthly mentor trainings with staff from FCC based upon topics most commonly seen from HHC youth.
- Assess matches at 3 months and yearly anniversary to measure strength of relationship and youth outcomes (based upon BBBSA survey protocol)
- Have designated staff attend the bi-weekly Health Home Connections program meetings.

Columbia Housing Authority Low-Income Services will:

- Refer children for participation in the Therapeutic Mentoring Program.
- Have designated staff attend the bi-weekly Health Home Connections program meetings.


Heather Dimitt Fletcher
Executive Director
Big Brothers Big Sisters of Central Missouri

7/18/17
Date


Becky Markt
Director of Resident Services
Columbia Housing Authority Low-Income Services

7/18/17
Date

MEMORANDUM OF UNDERSTANDING

CHA Low-Income Services, Inc.

("hereinafter referred to as Applicant Organization")

And

Family Counseling Center of Missouri (FCC)

("hereinafter referred to as Collaborative Partner")

Applicant Organization agrees to:

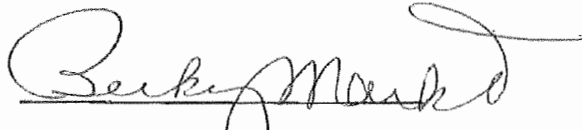
- A. Identify children who are participants of CHA Low-Income Services, Inc. (CHALIS) Healthy Home Connection who are in need of clinical assessment and additional behavioral health services.
- B. Refer individual children and families as needed to FCC for assessment and additional behavioral health services.
- C. Provide space and time each month for FCC staff to provide training to staff regarding a variety of topics related to behavioral health issues and interventions for children and families.
- D. Obtain parental permission to refer children for services.

Collaborative Partner agrees to:

- E. Accept referrals for clinical assessment, therapy, referrals and follow-ups to children and their families who are participants of CHA Low-Income Services, Inc. (CHALIS) Healthy Home Connections.
- F. Consult with and assist center staff in identifying behavioral interventions to be used with children as needed.
- G. Provide monthly training and education to both parents and staff regarding behavioral health issues as well as evidenced based practices.



Karen Cade, President
Family Counseling Center of Missouri



Becky Markt, Director of Resident Services
CHA Low-Income Services

Date 7/18/17

Date 7/18/17

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 3, 2017

CHA Low-Income Services, Inc.
Attn: Becky Markt, Director, Resident Services
201 Switzler St.
Columbia, MO 65203
bmarkt@columbiaha.com

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Markt:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by 12:00 p.m. November 8, 2017 by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda B. Bobbitt", written in a cursive style.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	CHA Low-Income Services, Inc.
Name of Program	Healthy Home Connections

Program Overview Form	
------------------------------	--

1. Consumer Demographics – In the Residence section there are 678 unduplicated individuals listed in the City of Columbia box and 1550 unduplicated individuals listed in the Boone County box. This would mean that there are 872 unduplicated individuals living outside the city limits.
Action Required: Clarify in the box below how these figures were determined.

--

2. Program Demographics – The Ethnicity Section was not completed in the Program Demographics.

Action Required: Provide the information in the box below.

Ethnicity	Number
Hispanic or Latino (of any race)	
Not Hispanic or Latino	
Ethnicity Total:	

3. Program Quality – There was information provided about the Family Service Pledge.

Action Required: Provide a description of the Family Service Pledge in the box below.

--

4. Collaboration - There were MOUs with BBBS and Family Counseling Center but none of them had signatures.

Action Required: Submit the signed MOUs with your response.

5. Program Personnel Information – The chart indicates that there are currently 2.90 FTEs funded through this proposal. In the Program Services (1-5) section, in the box titled Service #1 – Name, Definition, and Description, the box information in box c. indicates that there are five HHC Case Managers. The proposal should include information for the entire program.

Action Required: Update the Program Personnel Chart below and follow with a narrative describing what staff will be paid with these proposed funds.

Position or Title	Minimum Qualifications	FTE
Provide a narrative below outlining the staff for this program:		

Program Services Form (1-5)

6. Service #1/Performance Measures – There should be an additional Outcome, Indicator, and Method of Measurement for the Family Service Pledge. There also needs to be time frames and frequencies included when pre- and post- staff assessments, self-assessment, interviews, etc.

Action Required: Update the Performance Measures section of the attached 'Service Change Chart' for Service 1. Provide information below on the time frames assessments are provided.

--

7. Service #2 - Name, Definition, and Description – This service is listed as Therapeutic Mentoring. Are mentors required to go through training to address emotional and mental health concerns before becoming a mentor? If not, then this service should be called Community-Based Mentoring. If they are required then keep the service as Therapeutic Mentoring.

Action Required: Update Service 2 in the 'Service Change Chart'. Provide a justification for choosing Therapeutic Mentoring vs. Community-Based Mentoring in the box below.

--

8. Service #2 - Name, Definition, and Description – The description mentions that during the enrollment phase, there is an emotional screening, referrals, and then coordination with a mentor. Please provide more information about this enrollment phase. How long does it typically take? What type of emotional screenings will be offered? Any other specifics would be very helpful in deciding if the intake needs to be its own service or remain part of the 'mentoring' service.

Action Required: Provide more information detailing the initial intake for families/children to complete to get enrolled in the 'mentoring' program in the field below. Depending on this description this may or may not require another service to be developed.

--

9. There is a MOU with Family Counseling Center but there are no services included in the Program Services section of this proposal. All the services for this program must be included in the proposal.

Action Required: Provide clarification on the type of services being provided by the Family Counseling Center for this program. Provide clarification if Children's Services funds are being distributed to FCC for therapeutic services or if HHC clients are just being referred.

--

10. Depending on the response to clarification question #9, different types of services may need to be added. These services need to be divided out and may include: Individual Therapy – Child, Group Therapy – Child, Individual Therapy – Adult, Group Therapy – Adult, and/or Family Therapy.

Action Required: Add a new 'Service Change Chart' for each of the new services, even if the Children's Services fund is not paying for it. Include the unit measure, unit rate, number of units provided, number of individuals to be serviced, and the performance measures for each new service. Provide justification for any new unit rate(s) below.

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

11. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Healthy Home Connections			
Service #1 – Taxonomy of Service Name: Case Management			
Service #1 – Taxonomy Definition of Service: A collaboration process that assesses. Plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual’s health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service: The description is the same as listed in Apricot.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$10.50	40130	1550
Funding Request			
Amount Requested to Boone County: \$277,211.00		Proposed Number of Units of Service: 26,401.05 (CSF)	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Healthy Home Connections			
Service #2 – Taxonomy of Service Name: *some type of mentoring			
Service #2 – Taxonomy Definition of Service: *will be decided when the taxonomy name is chosen			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Healthy Home Connections			
Service #3 – Taxonomy of Service Name: TBD			
Service #3 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Healthy Home Connections			
Service #4 – Taxonomy of Service Name: TBD (Family Counseling Center services)			
Service #4 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

CHA Low-Income Services, Inc.

DBA:

CHALIS

Federal EIN Number:

77601167

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

201 Switzler St.

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Phone Number:

573-443-2556 x1100

Website:

www.columbiaha.com

Head of Organization

Philip Steinhaus

Head of Organization Phone:

573-443-2556

Address

201 Switzler Street

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Fax Number:

573-443-0051

Email:

bmarkt@columbiaha.com

Head of Organization Title (e.g. Director, President, CEO)

Chief Executive Officer

Head of Organization Email:

psteinhaus@columbiaha.com

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization

Provide your organization's mission statement. (600 character limit)

Mission

The Mission of CHA Low-Income Services, Inc. (CHALIS) is to provide a complement of community-based programs and services to public housing residents and other low to moderate income persons focused on youth succeeding; adult self-sufficiency; seniors and persons with disabilities living independently and affordable housing development.

Statement

(Purpose):

Organization

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

History:

CHALIS is a 501(c)(3) not-for-profit corporation, created by the Housing Authority of the City of Columbia in 2003 to increase and diversify funding sources for the expansion of resident services and self-sufficiency programs that, historically, have been funded by government grants. Over the years, CHALIS has been successful at obtaining funds and subsequently implementing contracts from SAMHSA, HUD, DNR, MO DPS, MO DESE, MO DHSS, MO Foundation for Health, ACTMissouri, City of Columbia Social Services, and most recently from Boone County Children Services, and Heart of MO United Way..

Brief Statement

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

of Organization's

CHALIS works alone and in collaboration with other agencies to increase access to opportunities and services of all kinds and types for persons of low income, who reside in the City of Columbia, Missouri and in Boone County, Missouri; and to increase access to youth programming of all kinds and types for children of low and moderate income persons residing in Boone County Missouri.

Major Goals:

Articles of

Articles of Incorporation (MUST BE IN PDF FORMAT)

Incorporation:

/document/download/filename/1432739286_30405_Articles%26CertificateofIncorporation.pdf/

**Provide a copy
of the
organization's
Articles of
Incorporation.**

Bylaws:

Bylaws (MUST BE IN PDF FORMAT)

**Provide a copy
of the
organization's
Bylaws.**

/document/download/filename/1465412728_34051_CHALISBy-Laws-Adopted2003.docx/

Organizational

Organizational Chart (MUST BE IN PDF FORMAT)

Chart

/document/download/filename/1439930477_30406_Appendix1a-OrganizationalChart-CHALIS-Revisions2015-06.pdf/

(must be for the
entire
organization):

Strategic

Strategic Plan (MUST BE IN PDF FORMAT)

Plan:

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

CHALIS serves the geographic area known as Boone County, Missouri.

Population Served: Briefly describe the population(s) served by your organization. (600 character limit)
 CHALIS serves children, youth, families and all other persons of low and moderate income residing in Boone County, Missouri.

Conflict of Interest Policy: Does your organization have a written Conflict of Interest policy?
 yes

Whistleblower Policy: Does your organization have a written Whistleblower policy?
 yes

Business Continuity Plan: Does your organization have a written Business Continuity plan?
 yes

Records Retention Policy: Does your organization have a written Records Retention policy?
 yes

If yes, does the Records retention policy include a Records Retention Schedule?
 yes

Governing Board

Length of Board Term (e.g. "2 years"):

4 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member						Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:		Active	Date
John French	Board Member	06/19/2017	05/31/2021	2209-A N. Creasy Springs Rd. Columbia, MO 65202		✓	Added on 06/23/2017
Robin Wenneker	Board Member	06/19/2017	05/31/2021	1404 Torrey Pines Drive Columbia, MO 65203		✓	Added on 06/23/2017
Bob Hutton	Board Member	06/01/2015	05/31/2019	2252 Country Lane Columbia, MO 65201		✓	Added on 05/29/2015
Max Lewis	Public Housing Resident Representative	06/01/2016	05/31/2020	1201 Paquin St, Apt. 609		✓	Added on 05/29/2015
Genie Rogers	Chair	06/01/2014	05/31/2018	1400 Business Loop 70 East Columbia, MO 65201		✓	Added on 09/08/2015

Total Active Links:5, Total Deactivated Links:5, Current Active Links:5, Current Deactivated Links:5

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

October 1 - September 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1432915235_29953_CHALIS501C3Status.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1491947732_29954_CHAAuditReport9-30-2016.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1498143706_29955_CHALISForm990FYE2016filed6-22-2017.pdf.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The CHALIS Board of Directors reviews and approves the annual and midyear CHALIS budget and monthly financial statements. The Board reviews and approves all accounts payable payments before they are issued. The CEO and a Board member have their electronic signatures placed on each check as the only approved endorers of the agency's checks. Board members follow a Conflicts of Interest policy whereby they do not accept gifts, gratuities, favors or other items of value which might appear to influence purchasing decisions. Property and equipment dispositions require the approval of the Board.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:

Qualifications:

FTE:

Salary:

Benefits:

Active Date

Program Coordinator	BA	1.00	\$45,870.00	\$8,914.00	✓	Added on 07/28/2015
Program Coordinator	BA	1.00	\$47,664.00	\$8,999.00	✓	Added on 06/03/2015
CEO	B.A.	0.02	\$120,230.00	\$16,314.00	✓	Added on 07/28/2015
Director of Resident Services	BA	1.00	\$60,972.00	\$9,969.00	✓	Added on 06/03/2015
Program Coordinator	BA or equivalent	1.00	\$42,557.00	\$7,800.00	✓	Added on 06/03/2015

Total Active Links:5, Total Deactivated Links:3, Current Active Links:5, Current Deactivated Links:3

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Non-applicable

Accreditation 2:

Non-applicable

Accreditation 3:

Non-applicable

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1499978109_32839_OrgBudgetTemplate_For_Apricot_Upload_Jul_1_17-Jun_30_18_ReviewTeam1.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1498144995_32678_CHAPHPK1567670InsurancePolicy10252016_10252017.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473804760_32841_CHALIS.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473804760_32847_CHALIS.pdf/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)**Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)****Addendums (MUST BE IN PDF FORMAT)**

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 10 Links

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
2017 Health RFP (Open ends 02/03/2017 11:59 PM CST)	CHA Low-Income Services, Inc.	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018	✓	Added on 01/09/2017
Children's Services Fund - POS RFP #25-15JUN15 (Modified Interim POS Report ends 08/01/2017 12:00 PM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	✓	Added on 05/29/2015

Total Active Links:10, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

| Next

System Fields

Record ID

12689

Modification Date

07/13/2017 3:35 PM CDT

Modified By

CHA Low-Income Services, Inc. ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

CHA Low-Income Services, Inc.

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Healthy Home Connections

Amount of Request

\$438,563.00

County-Children's Services - Service Type (check all that apply)

Home-based and community-based family intervention programs

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)

www.columbiaha.com

Address

201 Switzler St.

City

Columbia

State

Missouri

County

Boone

Zip

65203

Program Administrator Name

Becky Markt

Phone Number

573-443-2556 x1250

Address

201 Switzler Street

City

Columbia

State

Missouri

County

Boone

Zip

65203

Program Administrator Title

Director, Resident Services

Email

bmarkt@columbiaha.com

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500043383_30421_AttachmentA2017OrganizationAssuranceSheet.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500043383_30420_AttachmentBCertificationRegardingDebarment%2CSuspension%2CIneligibilityandVoluntaryExclusion.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500043383_30419_AttachmentCWorkAuthorizationCertification.pdf/

Signed Addendums

/document/download/filename/1500389715_30418_SignedAddendums1_3.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Link Info

Active Date

CHALow-Income Services, Inc.

201 Switzer Street

Philip Steinhaus

✓ Added on
06/09/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

77601167

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	CHA Low-Income Services, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Healthy Home Connections
Amount of Request	\$438,563.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Children of fragile and low-income households are at a heightened risk for a variety of conditions that may lead to poor academic achievement, school dropout, abuse and neglect, behavioral and socioemotional problems, physical health problems, and developmental delays. These effects often compound when families encounter barriers as they attempt to access services. (Effects of Poverty, Hunger and Homelessness on Children and Youth. (n.d.). Retrieved July 13, 2017, from <http://www.apa.org/pi/families/poverty.aspx>). The Boone Indicators Dashboard indicates 9.4% of households with children in Boone County live in poverty. The rate increases to 14.3% of households with children inside the City of Columbia. (Boone Indicators Dashboard. Retrieved July 13, 2017, from <http://booneindicators.org/>). This rate is greatly multiplied when attention shifts to the subgroup of 1,173 families served by the housing and childcare programs of the Housing Authority of the City of Columbia. The CHA's data records indicate that these families are much more likely to live in poverty. The percent varies by location and program; ranging from 72% to 100% (Housing Authority of the City of Columbia. Agency Database. Retrieved July 13, 2017). Healthy Home Connections will provide individualized whole-family case management to increase access to services and reduce barriers to self-sufficiency, academic success, healthy living, and community connections.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

According to the BID project, there are 1,648 families with children living in poverty in the County. The Housing Authority of the City of Columbia provides access to affordable housing all over Boone County to 1,173 families with children living in poverty. By using this housing as a platform for services, the CHA Low-Income Services, Inc. Healthy Home Connections Program will make a wide variety of support and services available to the most fragile households in Boone County. The Moving Ahead Program serves an additional 15 low-income families.

The BID project indicates that 9.4% of all Boone County households and 9.5% of Columbia households are headed by a single parent. Among the 1,188 households to receive targeted support and service through the HHC program 71% are single parent homes. Complicating the seriousness of need is

unemployment 42% of the 1,188 households had an unemployed parent as of July 13, 2017. The number of children at increased risk for health, social/emotional, behavioral and mental health conditions simply by living in the targeted households is 1,722.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The Healthy Home Connections program will improve the socioemotional well-being of families and children by providing and/or connecting low-income households to services which strengthen families and help children succeed in school and in life.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The Healthy Home Connections Program (HHC) is an evolution of two projects previously funded by the BCCSF and involving collaboration between the Housing Authority of the City of Columbia, CHA Low-Income Services, Inc., Family Counseling Center, and Big Brothers Big Sisters. This proposal continues the collaboration but combines both projects in one. This HHC will help low-income families and their children by connecting families with services; bringing services on site for high-priority needs; and monitoring the performance of providers and the outcomes of services. Five case managers will work together with families and children to assess individual and family needs, develop a plan, then support the individualized plan by increasing access to services for employment, rental assistance, utility payment assistance, primary health care, counseling/training to maintain housing (conflict resolution, domestic violence, or substance abuse), money management, and help meet basic household needs or remove barriers. In addition, HHC will connect low-income families to ESL, GED, job training, post-secondary education programs, and financial literacy classes. It will connect parents with out of school programming, mental and behavioral health assessment, and therapeutic mentoring for their children and youth. HHC will connect parents with schools and offer a wide variety of programming and events to promote physical, mental, and financial health for the benefit of the whole family.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The HHC Program will focus on four subgroups based on housing location and/or CHA program participation.

Subgroup 1: Housing Choice Voucher (previously Section 8). HCV Families may use their rental voucher and choose housing anywhere within Boone County. Contains 926 households: 100% low income, 76% extremely low income, 54% led by a single parent, and 40% of parents are unemployed. African Americans make up 76% of the group. This group includes 1,281 children.

Subgroup 2: Project Based Voucher (apartments converted from Public Housing through the CHA's Rental Assistance Demonstration Project). Families have a voucher but live in properties managed by the CHA. Contains 84 households: 100% low income, 77% extremely low income, 56% led by a single parent, and 44% of parents are unemployed. African Americans make up 56% of the group. This group includes 121 children.

Subgroup 3: Public Housing (families living in Public Housing Units of the Housing Authority of the City of Columbia). Contains 163 households: 97% low income, 72% extremely low income, 42% led by a single parent, and 50% of parents unemployed. African Americans make up 72% of the population. The group contains 174 children.

Subgroup 4: Moving Ahead After School & Summer Program - Serves low-income students in the Columbia Public School District, their parents and siblings. Contains 15 non-CHA homes: 80% led by a single parent, 99% extremely low-income, 99% African American. The group contains 146 children.

b. Why will these particular consumers be served? (1500 character limit)

These consumers represent the most fragile families in Boone County. Their preexisting link to the Housing Authority increases their comfort level with services and supports offered through HHC. HHC has already established relationships with many of the targeted families through a BCCSF contracted pilot project and purchase of service contract. These two previously funded projects have been combined and added to projects funded by other sources to provide a coordinated housing-based, two-generational effort to help reduce the impact of poverty on families and children. There is a growing consensus that children cannot thrive in homes where their parents are struggling to make ends meet and that likewise, parents cannot move toward self-sufficiency without support for their children (Building Public Housing Authority Capacity for Better Resident Services, Urban Institute, August 2015). As recommended by the Urban Institute, HHC will coordinate a whole family-approach involving both of these vulnerable groups to boost individual participation and work toward family level outcomes that strengthen families and help children succeed.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Using housing and housing programs as a platform will help reduce impediments such as identifying and contacting the population. Building and maintaining trust with the population is key, and HHC personnel are already connected with many of the families thanks to previously funded projects.

d. Total number of unduplicated individuals to be served by the proposed program:

1550

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

375.95

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence**Boone County (includes City of Columbia residents)**

1550

City of Columbia

678

Other Counties

0

Residence Total

1550

Record Lock

0

Race**White (alone)**

78

Black or African American (alone)

1331

Native American Indian or Alaskan Native

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

47

Some Other Race

94

Race Total

1550

Ethnicity**Hispanic or Latino (of any race)**

0

Not Hispanic or Latino

0

Ethnicity Total

0

Gender**Female**

1132

Male

418

Other

0

Gender Total

1550

Income

At or below 200% of Federal Poverty Level

1550

Over 200% of Federal Poverty Level

0

Income Total

1550

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

169

Preschool (3 years – 5 years)

187

School Age (6 years – 11 years)

445

Middle School (12 years – 14 years)

136

High School (15 years – 19 years)

125

Parent/Guardian (19 years and younger)

2

Parent/Guardian (age 20 and over)

486

Age Total

1550

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

15

b. Provide information on the types of training that will be offered. (1500 character limit)

HHC staff and select CHA Department Heads/Managers will receive training to help move the Housing Authority of the City Columbia toward a Trauma-Informed organization model. Healthy Home Connections case managers will also attend a minimum of 12 hours training annually through local, national, and regional sources to maintain competency levels. BBBS staff will receiving training in therapeutic mentoring through Family Counseling Center.

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

HHC Case Managers are available from 8 a.m. - 5 p.m Monday through Friday. Clients may drop in or make an appointment. The main office is located at 301 North Providence in the J. W. "Blind" Boone Community Center. HHC Case Managers often make home visits. As required, HHC Case Managers also work weekends and evenings and utilize other CHA facilities for events and group meetings.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

HHC will serve low-income households with children between the ages of 0 - 18 in Boone County who are participating in one of the affordable housing programs of the Housing Authority of the City of Columbia, or who have children enrolled in the CHA's Moving Ahead Afterschool and Summer program.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

Narrative

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Charging a fee for the service could be detrimental to the extremely low-income population the project seeks to serve and decrease the number of families participating.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Narrative

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Narrative

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Not applicable.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

Narrative

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

Narrative

If Yes - Provide a description of the accreditation process: (600 character limit)

Narrative

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

HHC Case Managers will follow a set of guidelines developed by the National Association of Social Workers. NASW recommends that all social workers provide person-centered services from a strengths based prospective utilizing collaborative teamwork while maintaining the primary client-social worker relationship and recognizing environmental factors in play to affect change on a individual, family, community, and systems level (NASW Standards for Social Work Case Management, 2013, pp. 17 - 18).

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

"The primary goal of social work case management is to optimize client functioning and well-being by providing and coordinating high-quality services, in the most effective and efficient manner possible, to individuals with multiple complex needs" (NASW Standards for Social Work Case Management, 2013, pp. 17 - 18). These principals developed by the National Association of Social Workers will guide the activities of the HHC Case Managers because they support the goals of the program.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

Narrative

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

In a 2007, the Office of Policy Development and Research (PD&R) designed and administered a mixed-methods (quantitative and qualitative) survey to a representative sample of multifamily property managers. In that study, property managers stated that having someone who coordinated services for residents increased the ability of residents to access needed services, reduced crises, helped residents become more self-reliant, and ultimately improved the residents quality of life (Levine, C. A., Ph.D., & Johns, A. R., MSW. (2008, December). Multifamily Property Managers' Satisfaction with Service Coordination [Scholarly project]. Retrieved July 13, 2017, from https://www.huduser.gov/Publications/PDF/Multifamily_prop.pdf).

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

Narrative

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

The Healthy Home Connections Program is a collaborative project involving multiple agencies and multiple funding sources. It utilizes the affordable housing of the Housing Authority and a neighborhood after school program as the platform for identifying and building relationships with families who may benefit from supportive services. Because of this unique relationship, HHC Case Managers can provide home and community based crisis and proactive interventions designed around the whole-family. The HHC program ties adult and youth based interventions together with stable housing to help both

generations succeed.

Through a continued partnership with Big Brothers Big Sisters, HHC will offer therapeutic community based mentoring to the children and youth of HHC. In addition, Family Counseling Center will continue to work with HHC Case Managers to assist families and children through assessment, family training events, and consultation with staff.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

HHC Team Members will meet monthly to discuss and confer on client needs and assess progress of the program toward the overall goals.

HHC Case Managers will track and report the progress of families toward the goals in the Family Service Pledge at 30 - 90 and 120 days. They will adjust the Family Service Pledge if needed, and repeat the process until goals are met.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

HHC Case Managers will ask clients to complete a satisfaction survey to identify 1) what recommended services were utilized; 2) which services were most helpful; and 3) whether they are satisfied with the service. This information will be utilized to identify and address any barriers to accessing services; identify which services are most effective; and improve customer service.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

The HHC project continues and expands a successful collaboration of the Housing Authority, CHA Low-Income Services, Inc., Big Brothers Big Sisters and Family Counseling Center. This partnership of shared accountability and shared resources worked together in two projects previously funded through BCCSF known as the MAP for Mental Health Project and Healthy Home Connections. This proposal rolls all activities into one project for ease of control and alignment with goals. The team will continue to share information across the board, share resources such as office space and staff, and share accountability for the outcomes presented in this proposal.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500432626_40691_noreply%40pbhc.org_20170718_142702%281%29.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1500490827_40764_HHC-MAPMOU.docx/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Project Director	MQ1 Bachelor Degree in Social Work, counseling and psychology or related field. Experience working with a diverse population, families, elderly and persons with disabilities	FTE1 0.10	SR1 FROM \$42,000.00	SR1 TO \$69,000.00
P2 HHC Case	MQ2 Bachelor Degree in Social Work, counseling and psychology or related field. License	FTE2 2.80	SR2 FROM \$40,000.00	SR2 TO \$57,000.00

Manager	or extensive experience working with a diverse population including families and children preferred			
P3	MQ3	FTE3	SR3 FROM	SR3 TO
		0.00	\$0.00	\$0.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
		0.00	\$0.00	\$0.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The Project Director oversees the project to ensure that efforts continue to support the overall goals and objectives set forth in the proposal. The position requires a broad range of skills, including supervision of a diverse staff. The Project Director is a high level staff position reporting directly to the Chief Executive Officer.

The HHC Case Manager provides direct service to the target population. 1.8 FTE will serve the families of Subgroup 1: Housing Choice Voucher. This is the largest group of households and requires travel throughout the County. 1 FTE will serve the families of Subgroup 2: Project Based Voucher. This population is spread over two property areas and are currently undergoing a variety issues associated with moving and redevelopment of the CHA properties in addition to stresses commonly associated with a low-income household. Another FTE will serve the families dwelling in Public Housing Units of the Housing Authority. This population is readily accessible from the Case Manager's office and includes a high number of drop in appointments. The last FTE serves the families of children enrolled in the Moving Ahead Afterschool Program. Additional skills are needed since the population includes interaction with high numbers of children.

Salaries are intended to recruit and maintain quality, consistent, staffing in order to facilitate a trusting relationship with the client.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)

Provides services to parents of children age 0 - 5 who live in properties managed by the Housing Authority of the City of Columbia

1A 1A%
\$42,642.00 7

B. Other United Ways (300 character limit)

Narrative

1B 1B%
\$0.00 0

C. Capital Campaigns (300 character limit)

Narrative

1C 1C%
\$0.00 0

D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Personnel, indirect, training, supplies for one year	\$438,563.00	75
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
HUD funding for supportive services for individuals living in properties managed by the Housing Authority of the City of Columbia	\$101,517.00	17
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Narrative	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Narrative	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0

TOTAL PROGRAM REVENUE	TOTAL REVENUE
	582722

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$313,717.00	54
Personnel Narrative (300 character limit)		
Total Salaries and Benefits		
2. Non-Personnel	2.	2. %
	\$269,005.00	46

Non-Personnel Narrative (300 character limit)
Total Supplies, Contract for Services, Basic needs, Office, Mileage and Training Expenses

TOTAL PROGRAM EXPENSES	TOTAL EXPENSES
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Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$438,563.00

Year 2 Total Request

\$438,563.00

Total Amount Request from CSF

877126

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

Continues and expands Healthy Home Connections Pilot Project and the MAP for Mental Health Project previously funded through BCCSF. CHALIS has combined both successful projects into one. Additional funding for the activities described in this proposal have been secured through the Department of Housing and Urban Development (HUD) and the Heart of Missouri United Way. BCCSF funds will be used to provide services to those ineligible for service through HUD.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Boone Indicators Dashboard. Retrieved July 13, 2017, from <http://booneindicators.org>

Effects of Poverty, Hunger and Homelessness on Children and Youth. (n.d.). Retrieved July 13, 2017, from <http://www.apa.org/pi/families/poverty.aspx>

NASW Standards for Social Work Case Management [PDF]. (2013). National Association of Social Workers.

Gillespie, S., & Popkin, S. J. (2015, August). Building Public Housing Authority Capacity for Better Resident Services [Scholarly project]. In Urban Institute. Retrieved July 7, 2017, from www.urban.org

Levine, C. A., Ph.D., & Johns, A. R., MSW. (2008, December). Multifamily Property Managers' Satisfaction with Service Coordination [Scholarly project]. Retrieved July 13, 2017, from https://www.huduser.gov/Publications/PDF/Multifamily_prop.pdf

MEMORANDUM OF UNDERSTANDING

CHA Low-Income Services, Inc.

("hereinafter referred to as Applicant Organization")

And

Family Counseling Center of Missouri (FCC)

("hereinafter referred to as Collaborative Partner")

Applicant Organization agrees to:

- A. Identify children who are participants of CHA Low-Income Services, Inc. (CHALIS) Healthy Home Connection who are in need of clinical assessment and additional behavioral health services.
- B. Refer individual children and families as needed to FCC for assessment and additional behavioral health services.
- C. Provide space and time each month for FCC staff to provide training to staff regarding a variety of topics related to behavioral health issues and interventions for children and families.
- D. Obtain parental permission to refer children for services.

Collaborative Partner agrees to:

- E. Accept referrals for clinical assessment, therapy, referrals and follow-ups to children and their families who are participants of CHA Low-Income Services, Inc. (CHALIS) Healthy Home Connections.
- F. Consult with and assist center staff in identifying behavioral interventions to be used with children as needed.
- G. Provide monthly training and education to both parents and staff regarding behavioral health issues as well as evidenced based practices.



Karen Cade, President
Family Counseling Center of Missouri

Becky Markt, Director of Resident Services
CHA Low-Income Services

7/18/17
Date

Date

**MEMORANDUM OF AGREEMENT
BETWEEN
BIG BROTHERS BIG SISTERS OF CENTRAL MISSOURI (BBBS)
AND
COLUMBIA HOUSING AUTHORITY LOW-INCOME SERVICES (CHALIS)**

This Memorandum of Agreement (MOA) between BBBS and CHALIS outlines the provisions of the partnership for the Healthy Home Connection Program (HHC) of which Therapeutic Mentoring will be a program service for youth ages 5-18.

BBBS will:

- Coordinate an enrollment process including application and interviews for potential program participants (Littles) and their parents. The interviews will be conducted by a BBBS staff member who has a Master's in social work. This individual will coordinate referrals to Family Counseling Center of Missouri, Incorporated (FCC) as necessary to assess the range of each child's needs.
- Coordinate an enrollment process including application, interview and reference checks for potential volunteer mentors (Bigs).
- Create mentoring "matches" between youth (Littles) and volunteer mentors (Bigs) based upon identified commonalities in the enrollment process
- Help the child, parent and mentor create a youth development plan for each child.
- Provide regular case management for matches based upon Big Brothers Big Sisters of America (BBBSA) requirements
- Develop mentor cohort and provide networking opportunities for the cohorts to develop a peer support group.
- Coordinate monthly mentor trainings with staff from FCC based upon topics most commonly seen from HHC youth.
- Assess matches at 3 months and yearly anniversary to measure strength of relationship and youth outcomes (based upon BBBSA survey protocol)
- Have designated staff attend the bi-weekly Health Home Connections program meetings.

Columbia Housing Authority Low-Income Services will:

- Refer children for participation in the Therapeutic Mentoring Program.
- Have designated staff attend the bi-weekly Health Home Connections program meetings.

Heather Dimitt Fletcher
Executive Director
Big Brothers Big Sisters of Central Missouri

Date

Becky Markt
Director of Resident Services
Columbia Housing Authority Low-Income Services

Date

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	CHA Low-Income Services, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Healthy Home Connections
Amount of Request	\$438,563.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Case Management

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Collaborative process to assess, plan, implement, coordinate, monitor, and evaluate options and services to meet an individual's health and human service needs. Characterized by advocacy, communication, and resource management. Promotes quality and cost-effective interventions and outcomes.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The CHA Low-Income Services, Inc. Healthy Home Connections (HHC) Program addresses the needs of low-income families who are participating in one of the affordable housing programs offered by the Housing Authority of the City of Columbia (CHA) and/or who have children enrolled in the CHA's Moving Ahead After School and Summer Program. The HHC Program capitalizes on these established relationships to help fragile families stabilize and thrive.

Five HHC Case Managers will aid families in solving difficult and complex issues that may deny them the opportunity to fully participate in society and school. HHC will address skills and support systems that families need to succeed financially, parents need to nurture and care for their children, and children need in order to develop into healthy and productive adults.

Each HHC Case Manager will serve a targeted population based on housing or program participation. Two case managers will serve families living in affordable housing that is managed by the CHA within the City of Columbia. Two case managers will serve families who are participants in the CHA's Housing Choice Voucher program and may live anywhere in Boone County. The remaining case manager will serve families with children enrolled in the CHA's Moving Ahead After School and Summer Program (MAP). MAP is open to any low-income family within the Columbia Public School District.

HHC Case Managers will work with families to assess needs and develop a Family Service Pledge (FSP) indicating their commitment to their individualized family goals. Case Managers will then support the completion of the FSP by working with a variety of community agencies to increase access to desired services for employment, rental assistance, utility payment assistance, primary health care, counseling/training to maintain housing (conflict resolution, domestic violence, or substance abuse), money management, and meet basic household needs. In addition, HHC will also connect low-income families to out of school programming and therapeutic mentoring for children and youth, as well as ESL, GED, job training, post-secondary education programs, and financial literacy classes. HHC Case Managers will also connect parents with schools and school readiness programming and offer a wide variety of programming and events to promote physical, mental, and financial health for the benefit of the whole family.

HHC Case Managers will respond in a timely manner to crisis intervention needs, and subsequently recruit the presenting family into the HHC Program. In addition, HHC Case Managers will proactively recruit families from the CHA's extensive database. They will also respond to referrals from CHA Leasing Managers, schools, or other providers in the community.

HHC Case Managers will meet with the Director of Resident Services monthly to review cases as a team and to assess progress toward the goals of the HHC Program as a whole.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

15 minutes

b. Unit Rate (#1)

\$10.50

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

St. Louis County CSF Rates, January, 2016-2017 list the allowable rate of \$12.55 per 15 minutes for T1016.01 Case Management-Bachelors.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

d. Total Number of Units of Service to be Provided (#1)

40130

e. Total Number of Unduplicated Individuals (#1)

1550

f. Average Number of Units of Service per Unduplicated Individual (#1)

25.89

g. Average Cost of Service per Individual (#1)

271.85

Service #1 - Service Fee**a. Will the proposed service (#1) consumers be charged a fee?**

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)**If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.****If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)**

Charging a fee for the service could be detrimental to the extremely low-income population the project seeks to serve and decrease the number of families participating.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)**If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)****If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)**

HHC is not a clinical case management program and is not billable to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Not applicable.

Service #1 - Amount Received From Other Funders**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)**

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$250,244.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$55,922.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$277,211.00

b. Proposed Number of Units of Service (#1)

26401.05

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

The amount requested will continue activity previously funded by BCCSF and further expand the capacity of CHA Low-Income Services, Inc. to help low-income family households in a coordinated effort. United Way funding and HUD funding only serve families living in properties managed by the Housing Authority of the City of Columbia.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Increased use of supportive services	85% of 1550 adults and/or children will utilize one or more supportive service during the funding cycle.	Case management records, attendance rosters, pre- and post interviews, referral forms
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Increased family stability	90% of 1550 adults and/or children will retain housing.	Case management records, Housing Authority Database
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Improved self-reliance	15% of participating households (N=Not Yet Known) will increase income.	Case management records, Housing Authority Database and Family Self-Sufficiency Records
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Increased well-being	70% of 1550 adults and/or children will show increased protective factors and well-being scores post intervention	Pre- Post Self-Assessment, Pre- Post Staff Assessment
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

The Healthy Home Connections program will improve the socioemotional well-being of families and children by providing and/or connecting low-income households to services which strengthen families and help children succeed in school and in life. The above outcomes support this goal as they are indicators of a more stable, self-reliant household which must be obtained before the low-income parent is able to focus increased effort toward the development of their children (Building Public Housing Authority Capacity for Better Resident Services, Urban Institute. August 2015).

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Moving families from crisis to self-sufficiency is a step by step process. Achieving the desired outcomes can sometimes take longer than 12 months.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

These outcomes and measures have been adapted from the previously funded HHC Pilot Project. The measures have been narrowed in focus to permit more accurate tracking by HHC Case Managers. Most indicators refer to the total individuals to be served, 1550. The income outcome refers to households, which are an unknown at this time, but are the only way to track income increase within the Housing Authority Database.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

These methods of measurement are already being used by staff and will provide an accurate indication of progress toward the desired outcome.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Therapeutic Mentoring

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Social interaction and guidance for individuals with emotional and mental concerns provided by a trained mentor.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

For 2.5 years, Big Brothers Big Sisters of Central Missouri (BBBS) has partnered with CHALIS and Family Counseling Center (FCC) to provide wrap around services to children whose families participate in the Housing Choice Voucher program and Moving Ahead Program. BBBS has identified that 70% of these children going through the BBBS intake process have a diagnosed or diagnosable mental health, learning or socio-emotional concern. All have adverse childhood experiences. Often the behavior and needs of the children overwhelm the mentors resulting in early match closure (less than 12 months). Consistently, mentors serving children referred through the partnership request more training and support than current community or site based mentoring models offer. As a result, BBBS would like to create a therapeutic mentoring program service to serve children in the HHC Program. With a few modifications and additions the BBBS mentoring method lends itself to a therapeutic model. The process includes:

-During the enrollment phase, HHC children and families will go through a social emotional screening that is done by a BBBS staff member who has a master's in social work. This process identifies if a child has previously received a diagnosis for any disorder or if the child has been subjected to adverse experiences. If our intake process doesn't reveal a specific diagnosis but the MSW suspects there may be one, she will coordinate a referral with FCC for further assessment. FCC will share with BBBS any diagnosis or area of concern.

-Each child (referred to as a Little) will be matched with a mentor, who has been recruited, screened and trained by BBBS, and assigned to the HHC match support specialist (MSS). The MSS will guide the child, mentor and parent to create a youth development plan specifying goals for the child. This plan is reviewed and updated regularly as a part of the match support process. This process includes monthly check ins to assess the health and progress of the match and safety of the child. Evaluations are conducted at the 3 month and yearly anniversary of the match.

-Based upon the diagnosis or challenges each Little has, his or her mentor will be placed in cohort groups with other mentors with Littles facing similar challenges. Guided by BBBS staff, these groups will meet in person or virtually to network and build a support system with each other.

-BBBS staff will coordinate monthly mentor trainings presented by an expert from FCC. These topics were chosen based upon the most frequent diagnoses and adverse experiences seen in the referred children over the past 2.5 years. The MSS will ensure mentors know about trainings specific to the diagnosis or needs of their Littles. The topics will be mentoring children with:

Anxiety
ODD
Anger management issues
Unstable home life
Abuse & neglect experience
Autism
Depression
ADHD
Conduct disorder
DMDD
Learning disabilities/delays
Trauma experience

BBBS will dedicate 3.5 FTE staff to the HHC Program.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

One therapeutic mentoring hour

b. Unit Rate (#2)

\$22.28

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

\$27.94 is the contractual rate for Therapeutic Mentoring as described on Page 69 of the St. Louis County Children's Services Fund List of Approved Units of Service Schedule B dated Jan. 1, 2016. This is the closest description to be found of the services we are proposing.

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

8287

e. Total Number of Unduplicated Individuals (#2)

142

f. Average Number of Units of Service per Unduplicated Individual (#2)

58.36

g. Average Cost of Service per Individual (#2)

1300.24

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

There has never been a charge for mentoring services from BBBS. The program model isn't one that readily lends itself to charging for the services. Furthermore, the receipts of these services are low-income children and families. The probability they could pay for the services is very limited and more than likely they would choose to not participate, depriving their children of a valuable role model and confident who could help them navigate the trauma and difficulties they are experiencing in their lives.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

This is not a type of service that is approved to be billed to insurance or another provider.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

No (If no, move on to the Funding Request section)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a. Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$161,351.79

b. Proposed Number of Units of Service (#2)

7242

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

This service is an evolution of mentoring services that Boone County currently funds under the partnership project names Healthy Home Connections and MAP for Mental Health, approved for \$154,949 for 18 months. The therapeutic mentoring services currently proposed better address the needs of the partnership's children by providing more robust support. For therapeutic mentoring, BBBS does not currently receiving funding from the city, county or United Way. BBBS has \$22,315 from the AmeriCorps program and \$1007 from a Big Brothers Big Sisters of America research study for this program service.

Service #2 - Performance Measures

Outcome (2-1)

Littles will avoid risky behaviors

Indicator (2-1)

97% of Littles will indicate that "it is not okay" to take drugs that aren't given to them by a doctor or parent.

Method of Measurement (2-1)

Big Brothers Big Sisters of America's YOS (Youth Outcomes Survey) given to children ages 9 or older at intake and yearly anniversary of match

Additional Outcome (2-2)

Littles will avoid risky behaviors

Additional Indicator (2-2)

97% of Littles will indicate that they have not been arrested in the past 12 months.

Additional Method (2-2)

Big Brothers Big Sisters of America's YOS (Youth Outcomes Survey) given to children ages 9 or older at intake and yearly anniversary of match

Additional Outcome (2-3)

Littles have positive academic expectations.

Additional Indicator (2-3)

88% of Littles will answer that they are "mostly sure" or "very sure" that they will finish high school.

Additional Method (2-3)

Big Brothers Big Sisters of America's YOS (Youth Outcomes Survey) given to children ages 9 or older at intake and yearly anniversary of match

Additional Outcome (2-4)

Littles receive support from adults other than parent(s).

Additional Indicator (2-4)

75% of Littles will answer "yes" to a question asking if they have a special adult in their lives.

Additional Method (2-4)

Big Brothers Big Sisters of America's YOS (Youth Outcomes Survey) given to children ages 9 or older at intake and yearly anniversary of match

Additional Outcome (2-5)

Littles will indicate an average to high degree of parental trust

Additional Indicator (2-5)

83% of Littles will have an average to high mean score across three questions examining parental trust.

Additional Method (2-5)

Big Brothers Big Sisters of America's YOS (Youth Outcomes Survey) given to children ages 9 or older at intake and yearly anniversary of match

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

The HHC program's focus is on strengthening families and helping children succeed in school and in life. The Search Institute has identified the building blocks of healthy development known as the Developmental Assets that help young people grow up healthy, caring, and responsible. Internal assets such as a commitment to learning and skills to avoid risky behaviors, along with external assets such as a family life that provides high levels of love and support and positive family communication, and support from adults other than parents are among these assets.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Matches that do not last 12 months and matches where the Littles are less than age 9 will not be eligible for the method of measurement. Children who experience additional trauma may not achieve the positive outcomes. Additionally, changes in public school practices in regards to contacting juvenile authorities for infractions committed at school in response to State of Missouri Statue 160.775 could result in an overall upswing of juvenile referrals.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

The most recent juvenile law violations referral rate that Missouri Kids Count has for Boone County is 3.7%. If 97% of Littles are not arrested in the 12 month period, they will be offending at a lower rate than county youth as a whole.

All other indicator percentages are based upon BBBS historical data across all the different type of mentoring programs and services.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The Youth Outcomes Survey is a required tool that all affiliates of Big Brothers Big Sisters of America are required to use to standardize outcomes across the network. It has been proven valid and reliable in two independent, randomized controlled studies.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click [here](#) to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

Funders (#3)

Unit Rate (#3)

of Units Funded
(#3)

Total Amount Contracted
(#3)

a Boone County - Children's Services Funding (#3)	3a1. \$0.00	3a2. 0	3a3. \$0.00
b. Boone County - Community Health Funding (#3)	3b1. \$0.00	3b2. 0	3b3. \$0.00
c. City of Columbia - Social Services Funding (#3)	3c1. \$0.00	3c2. 0	3c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	3d1. \$0.00	3d2. 0	3d3. \$0.00
e. Heart of Missouri United Way Funding (#3)	3e1. \$0.00	3e2. 0	3e3. \$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click [here](#) to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

b. Service #4 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
---------------------	-----------------------	-------------------------------	-------------------------------------

a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)
\$0.00

b. Proposed Number of Units of Service (#4)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other

activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate</u> <u>(#5)</u>	<u># of Units Funded</u> <u>(#5)</u>	<u>Total Amount Contracted</u> <u>(#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00

b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

438562.79



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymmo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing/Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/05/2017

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

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

PRODUCER JLT Re (North America) Inc. 225 West Wacker Drive Suite 500 Chicago, IL 60606	CONTACT NAME: Embry Nichols	
	PHONE (A/C, No, Ext): 267-254-5049	FAX (A/C, No):
INSURED CHA Low Income Services, Inc. 201 Switzler St. Columbia, MO 65203-4156	E-MAIL ADDRESS: embry.nichols.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Philadelphia Indemnity Insurance Company	NAIC # 18058
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHPK1710315	10/25/2017	10/25/2018	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Professional Liability			PHPK1710315	10/25/2017	10/25/2018	Per Occ - \$1,000,000 Aggregate - \$2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

County of Boone, Missouri C/O Purchasing Department 613 E. Ash Street Columbia, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Embry Nichols</i>

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Scope of Coverage Document No. MHAPCI2017

CERTIFICATE OF AUTO LIABILITY COVERAGE

INSURER: Missouri Housing Authorities Property & Casualty, Inc., a HUD-approved government entity risk pool organized under the laws of the State of Missouri

EFFECTIVE DATE: 01/01/2017 – 01/01/2018

MEMBER NAME: Housing Authority of the City of Columbia


DESCRIPTION OF COVERAGE: Auto Liability Coverage \$2,762,789/Per Occurrence, \$414,418/Per Person, # 320-2724592-55 for the following vehicles owned by the Columbia Housing Authority.

CERTIFICATE HOLDER: Red Stone Equity Manager, LLC, its successors and/or assigns, 200 Public Square, Cleveland, OH 44114

2014	Nissan	NV200SV Cargo Van	Vin # 3N6CM0KNXEK700552	
2014	Nissan	NV200S Cargo Van	Vin # 3N6CM0KN7EK693446	
2014	Ford	Escape SE	Vin # 1FMCU9GX1EUA86200	
2014	Ford	Escape S	Vin # 1FMCU0F72EUA86199	
2012	Ford	Econoline Van	VIN # 1FBSS3BL3CDB14460	
2011	Ford	F-150	VIN # 1FTNF1CF9BKD84247	
2011	Ford	F-150	VIN # 1FTNF1CF0BKD84248	
2010	Ford	Escape	VIN # 1FMCU0DGXAKC90130	
2010	Ford	Escape	VIN # 1FMCU0DG3AKC90129	
2009	Ford	F-150	VIN # 1FTRF12W69KB97898	
2008	Ford	Econoline Van	VIN # 1FBSS31LX8DA49440	
2008	Ford	Escape	VIN # 1FMCU93108KA50063	
2007	Carry-On	Utility Trailer	VIN # 4YMUL12167M057481	
2006	Load	Trailer	VIN # 4ZEDT142961014181	
2006	Ford	Pickup	VIN # 1FTWF31596EC94630	
2006	Ford	Pickup	VIN # 1FTWF31526EC94629	
2004	Ford	Econoline Van	VIN # 1FTNE24W24HB31570	
2002	Ford	Econoline Van	VIN # 1FTRE14W42HA85555	
2002	Ford	Pickup	VIN # 1FTRF172X2KC42305	
2002	Ford	Pickup	VIN # 1FTRX18L32NB10151	
2001	Ford	Econoline Van	VIN # 1FBSS31L81HA92025	
1998	Ford	Club Wagon	VIN # 1FBSS31L0WHA64308	
1998	Ford	Ranger	VIN # 1FTZR16UXWPB38496	

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage, and does not constitute a contract between the insurer or certificate holder.

We reserve the right to cancel the Scope of Coverage in accordance with its terms and notice will be delivered in accordance with the Scope of Coverage Document.


Susan McNary, Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2017

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

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

PRODUCER 1306-1 MHAPCI 173 Chesterfield Business Pkwy Chesterfield, MO 63005-1233	CONTACT NAME: PHONE (A/C, No, Ext): 636-530-6181 E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A : Missouri Employers Mutual Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED Columbia Housing Authority 201 Switzler Street Columbia, MO 65203	NAIC # 10191	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	MEM 1011301-11	12/16/2016	12/16/2017	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**County of Boone, Missouri
c/o Purchasing Department 613 E Ash St
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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This policy was electronically delivered to susan.mcnary@mhapci.com on 12/12/2017



P.O. Box 1810, Columbia, MO 65205-1810
1.800.442.0593 www.mem-ins.com

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

SCHEDULE RATING DETAIL

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Schedule Rating Detail:

Management	-8.00%
Employees: Selection, Training and Supervision	-7.00%

Total Schedule Rating: -15.00%

ISSUE DATE: 12/12/2017



WC 00 00 01B (01/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413

INFORMATION PAGE												
1.	INSURED: Columbia Housing Authority 201 Switzler Street Columbia, MO 65203		PRODUCER: 1306-1 MHAPCI 173 Chesterfield Business Pkwy Chesterfield, MO 63005-1233									
	FEDERAL ID NO.: 43-6014416		OTHER NAMED INSURED:									
	RISK ID NO.: 240212889		OTHER LOCATIONS: See WC 99 06 04									
	INSURED'S LEGAL STATUS: Other											
2.	The policy period is from: 12/16/2017 to 12/16/2018 12:01 A.M. standard time at the insured mailing address.											
3a.	Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MO											
3b.	Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3a. The limits of our liability under Part Two are: <table border="0" style="width: 100%;"><tr><td style="width: 40%;">Bodily Injury by Accident</td><td style="width: 20%;">\$ 1,000,000</td><td style="width: 40%;">each accident</td></tr><tr><td>Bodily Injury by Disease</td><td>\$ 1,000,000</td><td>policy limit</td></tr><tr><td>Bodily Injury by Disease</td><td>\$ 1,000,000</td><td>each employee</td></tr></table>			Bodily Injury by Accident	\$ 1,000,000	each accident	Bodily Injury by Disease	\$ 1,000,000	policy limit	Bodily Injury by Disease	\$ 1,000,000	each employee
Bodily Injury by Accident	\$ 1,000,000	each accident										
Bodily Injury by Disease	\$ 1,000,000	policy limit										
Bodily Injury by Disease	\$ 1,000,000	each employee										
3c.	Other States Insured: Part Three of the policy applies to the states, if any, listed here: NONE											
3d.	This policy includes these endorsements and schedules: See WC 99 06 02											
4.	<i>The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.</i> <table border="0" style="width: 100%;"><tr><td style="width: 40%;">See Classification Schedule</td><td style="width: 40%;">Total Estimated Premium:</td><td style="width: 20%;">\$52,399.00</td></tr><tr><td></td><td>Estimated Second Injury Fund Surcharge:</td><td>\$3,143.00</td></tr></table>			See Classification Schedule	Total Estimated Premium:	\$52,399.00		Estimated Second Injury Fund Surcharge:	\$3,143.00			
See Classification Schedule	Total Estimated Premium:	\$52,399.00										
	Estimated Second Injury Fund Surcharge:	\$3,143.00										
Expense Constant: \$240.00												
Minimum Premium: \$633.00		Total Estimated Premium and Surcharges: \$55,542.00										
Billing Payment Mode: Two Installment - 50% Down												

ISSUING OFFICE:101 N. Keene St.
Columbia, MO 65201

Countersigned By:

ISSUE DATE: 12/12/2017

Copyright 2013 National Council on Compensation Insurance



WC 00 00 01B (01/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413

CLASSIFICATION SCHEDULE				
Insured: Columbia Housing Authority				
The policy period is from: 12/16/2017 to 12/16/2018				
The policy rating period is from: 12/16/2017 to 12/16/2018				
Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Location: 1 201 Switzler Street, Columbia MO 65203				
Housing Authority & Clerical, Salespersons, Drivers	9033	2,540,975	2.71	68,860.00
Manual Premium				68,860.00
Increased Employers Liability 1.1%				757.00
Exp. Modifier 0.91				(\$6,266.00)
Modified Premium				63,351.00
Schedule Rating Credit/Debit -15%				(9,503.00)
Standard Premium				53,848.00
Premium Discount				(2,197.00)
Expense Constant				240.00
Terrorism Risk Act				508.00
Total Estimated Premium				52,399.00
Missouri SIF 6%				3,099.00
Missouri SIF Expense Constant 6%				14.00
Missouri SIF Terrorism 6%				30.00
Total Premium and Missouri Second Injury				55,542.00

Billing Payment Mode: Two Installment - 50% Down

ISSUE DATE: 12/12/2017



WC 00 00 01B (01/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413

INFORMATION PAGE

Coverage is provided by Missouri Employers Mutual Insurance Company. The complete Home Office address and location for receipt of premium payment is:

Missouri Employers Mutual Insurance Company
101 N. Keene St.
Columbia, MO 65201

By acceptance of this policy, the named insured becomes a member of the Company and shall be entitled to vote at all meetings of the members and, upon termination of this policy, shall participate in the distribution of dividends as fixed and determined by the directors in accordance with the law.

This policy is not assessable. Your liability as a policyholder and a member of the Company under this policy is limited to payment of premium.

The annual meeting will be held at the principle offices of the Corporation or at such other place within the State as the Board of Directors shall from time to time determine, on the first business day of July or as deemed by majority vote of the Board of Directors.

MEM offers loss prevention resources including consultation, seminars and custom training to help you protect your employees and your business. Information about MEM's free safety resources and additional services can be found at worksafecenter.com

The Information Page and all the forms and endorsements listed on it and including with it complete this policy. Coverage under this policy is provided by the Company named in the Information Page (a Mutual Company). In witness whereof we have executed and attested this policy, but this policy is not valid unless it has been countersigned by our authorized representative.

Secretary

President and CEO



WC 99 06 04 (06/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKPLACE OF INSURED ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Schedule of Locations

211 Boone Drive
Columbia, MO 65205
Effective: 12/16/2017 to 12/16/2018

700 N Garth Ave
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

1201 Paquin St
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

201 Switzler Street
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

Annie Fisher Center
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

616 Park Ave
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

2112 Business Loop 70 E
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

301 N Providence Rd
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

ISSUE DATE: 12/12/2017



WC 99 06 04 (06/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKPLACE OF INSURED ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

1109 Elleta Blvd
Columbia, MO 65202
Effective: 12/16/2017 to 12/16/2018

Blind Boone Center
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 99 06 02 (09/02)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

SCHEDULE OF ENDORSEMENTS

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Schedule of Endorsements:

SCHRATING	Schedule Rating
WC 00 00 01 B	Information Page
WC 99 06 04	Other Locations Endorsement
WC 99 06 02	Schedule of Endorsements
WC 99 06 05	Installment Schedule
WC 00 00 00 C	Workers Compensation and Employers Liability Insurance Policy
WC 00 04 03	Experience Rating Modification Factor Endorsement
WC 00 04 06	Premium Discount Endorsement
WC 00 04 14	Notification of Change in Ownership Endorsement
WC 00 04 19	Premium Due Date Endorsement
WC 00 04 22 B	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
WC 00 04 25	Experience Rating Modification Factor Revision Endorsement
WC 24 03 02	Missouri Notification of Additional Mesothelioma Benefits Endorsement
WC 24 04 06 D	Missouri Employer Paid Medical Endorsement
WC 24 06 02 B	Missouri Property and Casualty Guaranty Association Notification Endorsement
WC 24 06 04 A	Missouri Amendatory Endorsement
WC 89 04 06	Experience Modification Endorsement
WC 99 03 01	Limited Coverage for Temporary & Incidental Operations in Other States
WC 99 06 01 A	Second Injury Fund Surcharge
WC 99 06 08	Payment Plan Endorsement
WC 99 06 18	Safety Grant Endorsement
WC 99 06 19	Safety Dividend Endorsement
WC 99 06 20	Cancellation and Nonrenewal Endorsement

ISSUE DATE: 12/12/2017



WC 99 06 05 (09/02)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

INSTALLMENT SCHEDULE

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Installment/ Endorsement No.	Installment* Amount	SIF* Surcharge	Total Amount*	Due Date
Down Payment	\$26,319.50	1,578.50	\$27,898.00	12/26/2017
Installment #1	\$26,079.50	1,564.50	\$27,649.00	03/08/2018
Total	\$52,399.00	\$3,143.00	\$55,547.00	
<div> <div>*A \$5 fee will be added to each installment - if applicable</div> <div>*Second Injury Fund - Missouri only</div> </div>				

ISSUE DATE: 12/12/2017



Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE - WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
 - a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO - EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 USC Sections 1651 -1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued there under, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE - OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR - YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE - PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

1. You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the follow way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancelation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

PART SIX - CONDITIONS

A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.



WC 00 04 03 (04/84)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 00 04 06 (08/84)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

PREMIUM DISCOUNT ENDORSEMENT

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. State**Estimated Eligible Premium**

	First	Next	Next	Next	Next	Next	Next	Next
Missouri	\$10,000	\$15,000	\$25,000	\$25,000	\$25,000	\$100,000	\$1,550,000	\$1,750,000
	0.0%	4.5%	5.0%	7.0%	8.5%	9.5%	11.3%	12.3%

2. Average percentage discount:**3. Other policies:****4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 00 04 14 (07/90)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 00 04 19 (01/01)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

PREMIUM DUE DATE ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

PART FIVE PREMIUM

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of billing.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insured Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
 - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
 - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State**Rate****Premium**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



WC 00 04 25 (05/17)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement is added to Part Five - Premium of the policy.

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Missouri Notification of Additional Mesothelioma Benefits Endorsement

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Section 287.200.4, subdivision (3), of the Missouri Revised Statutes provides additional benefits in the case of occupational diseases due to toxic exposure that are diagnosed to be mesothelioma and result in permanent total disability or death. Your policy provides insurance for these additional benefits.

If you reject liability for mesothelioma additional benefits provided under Section 287.200.4, subdivision (3), of the Missouri Revised Statutes, you must notify us of this election. Once you notify us, we will endorse this policy to exclude insurance for these additional benefits. If you reject liability for mesothelioma additional benefits, the exclusive remedy provisions under Missouri Revised Statutes Section 287.120 shall not apply to your liability for mesothelioma additional benefits.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



WC 24 04 06 D (08/16)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies because Missouri is shown in Item 3.A. of the Information Page.

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed 20% of the current primary and excess loss split point amount, as shown in the Schedule below, excluded from your experience rating modification calculation. This will only be allowed when you pay all of the employee's medical costs, there is no lost time from the employment, other than the first three days or less of disability; and no claim is filed. The current primary and excess loss split point amount is provided in the rating values of NCCI's *Experience Rating Plan Manual*. You still must report all injuries, regardless of the dollar amount, to the Division of Workers' Compensation and to us.

However, it should be noted that if, at any time, the medical expenses that are paid out-of-pocket due to a particular injury ever exceed 20% of the current primary and excess loss split point amount, and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience modification calculation.

Schedule

20% of the Current Primary and Excess Loss Split Point Amount

\$3,300.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017

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Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

**MISSOURI PROPERTY AND CASUALTY GUARANTY
ASSOCIATION NOTIFICATION ENDORSEMENT**

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Missouri Property and Casualty Insurance Guaranty Association Coverage Limits:

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (Association), the Association will pay claims covered under the Act if we become insolvent.
2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitation applies subject to all other provisions of the Act:

- a. Claims covered by the Association do not include a claim by or against an insured of an insolvent insurer if the insured has a net worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes an insolvent insurer; provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.

If the insured prepares an annual report to shareholders, or an annual report to management reflecting net worth, then such report for the fiscal year immediately preceding the date of insolvency of the insurer will be used to determine net worth.

However, the association will not:

- (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
- (2) Return to an insured any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

MISSOURI AMENDATORY ENDORSEMENT

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page

Section G., **Audit**, of Part Five (Premium) of the policy is replaced by the following:

G. Audit

You will let us examine and audit all your records that relate to this policy during regular business hours during and after the policy period ends. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

Audits shall be completed, billed, and premiums returned within 120 days of policy expiration or cancellation. This standard of 120 days shall not be applicable if:

1. A delay is caused by your failure to respond to reasonable audit requests provided that the requests are timely and adequately documented; or
2. A delay is by the mutual agreement of you and us provided that the agreement is adequately documented.

If you or we have any objection to the results of any audit, you or we shall have up to three years from the date of expiration or cancellation of this policy in which to send a written notice demanding a reconsideration of the audit. The written notice shall be based upon sufficiently clear and specific facts as to why the audit should be reconsidered.

If you do not allow us to examine and audit all of your records that relate to this policy or do not provide audit information as reasonably requested, we may apply an Audit Noncompliance Charge equal to estimated annual premium.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, your premium will be revised accordingly.

Failure to cooperate with this policy provision may also result in the cancellation of your insurance coverage, as specified under the policy and allowed under Missouri law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 89 04 06 (07/01)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

EXPERIENCE MODIFICATION ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Experience Modification is changed to read:

12/16/2017 to 12/16/2018 - 0.91

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 99 03 01 (09/02)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

LIMITED COVERAGE FOR TEMPORARY AND INCIDENTAL OPERATIONS IN OTHER STATES

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

"PART THREE-OTHER STATES INSURANCE" of the policy is replaced by the following:

A. How this insurance applies:

1. We will pay promptly, when due, the benefits required of you by the workers compensation law of any state other than Missouri, but only if the claim for such benefits involves work performed by a Missouri employee.
2. If we are not permitted to pay the benefits directly to persons entitled to them under circumstances described in Item 1. above, we will reimburse you for the benefits required to be paid.

B. This insurance does not apply to:

1. Any employee unless the contract of employment was made in Missouri, or the employment was principally localized in Missouri.
2. Any person claiming benefits under the workers compensation law of any state that requires you to obtain coverage in such state before you begin work in such state; or
3. Any person claiming benefits in a state for which you have workers compensation coverage; or
4. Your operations in any state other than Missouri, unless these operations are of a temporary and incidental nature, and are performed by a Missouri employee; or
5. Fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

IMPORTANT NOTICE

If you hire any employees outside of Missouri or begin operations in any state other than Missouri, you must obtain insurance coverage in that state and do whatever else may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law. Missouri Employers Mutual Insurance Company cannot provide coverage that is required under any state's laws other than Missouri.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 99 06 01A (01/03)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

SECOND INJURY FUND SURCHARGE

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

In addition to the premium charged by Missouri Employers Mutual Insurance, the Missouri Division of Workers' Compensation has made the policy subject to a surcharge. The surcharge will finance the Second Injury Fund.

The amount of the surcharge will be shown on the Policy Information Page and collected from you at the same time that we collect your premium. We will then remit the amount due to the State of Missouri. Any adjustments to your premium will require an adjustment to the surcharge.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

PAYMENT PLAN ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Please check your Policy Information Page to see the basis upon which your policy was issued, in order to determine which of the following apply:

Annual Payment:

The premium for this policy is payable in whole before the policy's effective date. This premium is based on the estimates shown on your Policy Information Page. Final premium for each annual period of this policy is subject to audit. If the policy was issued without payment, payment in full must be received by the invoice date or your policy will be canceled.

EZ-Pay:

The premium for this policy will be calculated weekly, bi-weekly, twice monthly or monthly based on the EZ-Pay plan indicated on your Policy Information Page. The online premium reporting form must be filled out and submitted with the premium payment from the approved payroll service company. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to final audit. Premium reports received are subject to review.

Installment Payments:

The premium for this policy is based on the estimates shown on your Policy Information Page and will be divided into installments according to the plan shown there. Premium is due on or before the date shown on the installment billing statement. If premium is not received by the due date on the installment billing, your policy will be canceled. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to final audit.

Monthly Premium Reporting:

The premium for this policy will be calculated on a monthly basis. At the end of each month, you must access the online premium reporting form, which must be filled out and returned with the premium payment. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. In the event of cancellation, the security deposit will be applied to any unpaid premium balance. Any remaining unpaid premium will be billed to you. Any remaining funds will be returned to you, subject to the final audit. Premium reports received are subject to review.

Quarterly Premium Reporting:

The premium for this policy will be calculated on a quarterly basis. At the end of each calendar quarter, you must access the online premium reporting form, which must be filled out and returned with the premium payment. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. In the event of cancellation, the security deposit will be applied to any unpaid premium balance. Any remaining unpaid premium will be billed to you. Any remaining funds will be returned to you, subject to the final audit. Premium reports received are subject to review.

ISSUE DATE: 12/12/2017



WC 99 06 18 (07/17)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Safety Grant Program Endorsement

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

We offer all MEM policyholders the opportunity to apply for a grant through our Safety Grant Program. The objective of the Safety Grant Program is to offer matching funds to financially assist employers in the implementation of approved programs or equipment that reduce injuries and illnesses associated with a particular workplace. Grants are awarded to selected applicants that meet certain eligibility criteria and best satisfy the Safety Grant Program goals for the Program Year as determined by an internal selection committee.

Details of the Safety Grant Program and the application process can be found on our website at www.mem-ins.com or by contacting MEM's Safety & Risk Services Department at 1-888-499-SAFE (7233).

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



WC 99 06 19 (07/16)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Safety Dividend Plan Endorsement

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

You may be entitled to participate in a Safety Dividend distribution in accordance with the criteria approved by the Board of Directors, which accounts for your safety record and performance. Such criteria may change annually upon renewal. The following eligibility criteria must also be met in order to participate in a Safety Dividend distribution:

1. Your policy must remain in effect for the entire policy period without a lapse in coverage;
2. Your policy term must be a minimum of six months;
3. All audit disputes must be resolved prior to distribution. For any financed audit balance, the dividend will be applied to the outstanding balance and any remainder will be remitted to you;
4. No payment will be made if you have past-due premiums in collections;
5. You must satisfy the safety program requirements established for your policy based on premium at time of issuance.

DIVIDENDS ARE NOT GUARANTEED AND MUST BE DECLARED BY THE BOARD OF DIRECTORS.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

CANCELLATION AND NONRENEWAL ENDORSEMENT

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by the following:

Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you not less than 60 days advance written notice stating when the cancellation is to take effect and our reason for the cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice. This notice shall be the last and final notice of cancellation of your policy prior to the effective date and time of cancellation indicated in the notice. You hereby agree to the sufficiency of this notice for this purpose. Any additional communications from us to you, including, but not limited to, billing notices or offers to reinstate your policy, do not invalidate or void any cancellation pursuant to this section.
3. The 60-day notice requirement does not apply where cancellation is based on one or more of the following reasons:
 - a. nonpayment of premium;
 - b. fraud or material misrepresentation affecting the policy or in the presentation of a claim under the policy;
 - c. a violation of policy terms;
 - d. changes in conditions after the effective date of the policy materially increasing the hazards originally insured;
 - e. our insolvency;
 - f. our involuntary loss of reinsurance for the policy.
4. The policy period will end on the day and hour stated in the cancellation notice.

Nonrenewal

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice stating when the nonrenewal will take effect and our reason for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. we show you our willingness to renew the policy but you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract

Moving Ahead Program - After-School and Summer Program (Therapeutic Art-Making)

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **CHA Low-Income Services, Inc.**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **CHALIS**.

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

WHEREAS, CHALIS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY CHALIS

CHALIS is expected to the greatest extent possible to maximize funding from all other sources. CHALIS shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CHALIS shall only request reimbursement for services not reimbursable by any other source. CHALIS shall not invoice the Children's Services Fund for units of service invoiced to another funding source. CHALIS shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** CHALIS will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and CHALIS's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over CHALIS's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from CHALIS and CHALIS agrees to furnish the **Moving Ahead Program - After-School and Summer Program (Therapeutic Art-Making)** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in CHALIS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$77,930.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. CHALIS agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of CHALIS be renewed for an **additional one (1), one-year period**. CHALIS agrees and understands that the BCCSB may require supplemental information to be submitted by CHALIS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Trauma Informed Therapeutic Art-Making	One hour	\$40.00	1,800	\$72,000.00
Development/Start Up Service	---	---	---	\$5,930.00

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing

dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of CHALIS, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by CHALIS to monitor service delivery and program expenditures. CHALIS agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by CHALIS and, if so stipulated, are noted on this contract document. Payments may be withheld from CHALIS if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CHALIS agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

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

activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** CHALIS may enter into subcontracts for components of the contracted service as CHALIS deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In

performing all services under the resulting contract agreement, CHALIS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should CHALIS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, CHALIS shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the CHALIS for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

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

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

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

27. **Record Retention Clause.** CHALIS shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

Any written notice or communication to CHALIS shall be mailed or delivered to:

CHA Low-Income Services, Inc.
Philip Steinhaus
201 Switzler St.
Columbia, MO 65203

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

CHA Low-Income Services, Inc.

By: Phil Steinhaus
Signature

By: Phil Steinhaus, Executive Director
Printed Name/ Title

Boone County, Missouri

By: Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk DLB

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

Jane Pitchford by jj 12/19/2017 (2161/71106/\$77,930.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Moving Ahead Program - After-School
and Summer Program (Trauma Informed
Therapeutic Art-making)

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 21, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 - Purchase of Service Contracts

CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: CHA Low-Income Services, Inc.

Address: 201 Switzler Street, Columbia, MO 65203

Telephone: 573-554-7000 Fax: 573-443-0051

Federal Tax ID (or Social Security #): 77-0601167

Print Name: Phil Steinhaus Title: CEO

Signature: Phil Steinhaus

Date: 11/21/2017

E-mail: psteinhaus@columbiaha.com

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	CHA Low-Income Services Inc.
Name of Program	Moving Ahead Program – After-school and Summer Program (Trauma Informed Therapeutic Art-Making)

Developmental/Start-Up Funding	
---------------------------------------	--

1. The original proposal listed \$8,520.00 for Development/Start Up funding but the Written Clarifications provided a best and final offer of \$5,930.00.

Action Required: Provide clarification on how the \$5,930.00 will be utilized.

Rhythm-based instrument (drums)	\$ 2,000
(purchase of 20 djembes for use during conjoint; parent & youth conscious drumming sessions)	
Staff training in Trauma Informed Evidence based techniques*	\$ 3,930
	TOTAL \$5,930

*** Training Specifics:**

\$750 - Training for 15-20 staff, partners and educators in a two-day trauma-informed training course entitled “Teachers as Therapists.” This training has been used in the Columbia Public School system as well as around the world, to emphasize the importance of approaching all aspects of education through the lenses of trauma and psychiatry—to gauge the short-term and long-term effects of trauma on the psyche, behavior and cognition of youth.

\$3,180 - Two staff members will complete two courses provided at the Build a Bridge Institute in Philadelphia.

“Arts for Healing” course will train staff to:

- Identify or recognize the signs of the impact of trauma on the brain.
- Recognize the common symptoms of secondary trauma and develop an effective self-care plan.
- Recognize how life experiences influence the way we help others, identify internal responses to children, and establish appropriate boundaries.
- Recognize the signs of traumatic stress as different in infants, preschoolers, school-aged children, and adolescents.
- Implement active listening skills and effectively redirect harmful behavior.
- Demonstrate two ways to help children effectively express feelings and two responses to inaccurate thoughts.
- Plan and lead art-based experiences for building resilience in children.

- Recognize when a child might need to be referred for therapy or counseling. Articulate ways trauma impacts the brain & the ways the arts counter these.
- Develop arts-based responses to children suffering trauma.

“Conscious Drumming” course will teach staff how to use the dejembe drums.

Participants will:

- Discover how physiological and biochemical data suggests that drumming can impact social, cognitive, physical, emotional, and spiritual growth.
- Gain access to innate potentials that may address the broader needs of personal and cultural growth in youth suffering from trauma.
- Learn drumming techniques and simple models of group facilitation. Foundational skills in drumming as well as an understanding of how drumming may meet much broader needs for participants.
- Gain understanding about how drumming can address non-musical goals including socialization, emotional expression, self-esteem, trauma recovery, and addictions.

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 20, 2017

CHA Low-Income Services, Inc.
Attn: Becky Markt, Director, Resident Services
201 Switzler St
Columbia, MO 65203
bmarkt@columbiaha.com

RE: Written Clarification #2 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Markt:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 22, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

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

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #2

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts*

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymtmo.org.

Organization	CHA Low-Income Services Inc.
Name of Program	Moving Ahead Program – After-school and Summer Program (Trauma Informed Therapeutic Art-Making)

1. The original proposal listed \$8,520.00 for Development/Start Up funding but the Written Clarifications provided a best and final offer of \$5,930.00.

Organization Profile

Trauma Informed Therapeutic
Art-making in Astor School +
Summer Program

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

CHA Low-Income Services, Inc.

DBA:

CHALIS

Federal EIN Number:

77601167

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

201 Switzler St.

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Phone Number:

573-443-2556 x1100

Website:

www.columbiaha.com

Head of Organization

Philip Steinhaus

Head of Organization Phone:

573-443-2556

Address

201 Switzler Street

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Fax Number:

573-443-0051

Email:

bmarkt@columbiaha.com

Head of Organization Title (e.g. Director, President, CEO)

Chief Executive Officer

Head of Organization Email:

psteinhaus@columbiaha.com

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization **Provide your organization's mission statement. (600 character limit)**
Mission Statement The Mission of CHA Low-Income Services, Inc. (CHALIS) is to provide a complement of community-based programs and services to public housing residents and other low to moderate income persons focused on youth succeeding; adult self-sufficiency; seniors and persons with disabilities living independently and affordable housing development.
(Purpose):

Organization **Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**
History: CHALIS is a 501(c)(3) not-for-profit corporation, created by the Housing Authority of the City of Columbia in 2003 to increase and diversify funding sources for the expansion of resident services and self-sufficiency programs that, historically, have been funded by government grants. Over the years, CHALIS has been successful at obtaining funds and subsequently implementing contracts from SAMHSA, HUD, DNR, MO DPS, MO DESE, MO DHSS, MO Foundation for Health, ACTMissouri, City of Columbia Social Services, and most recently from Boone County Children Services, and Heart of MO United Way,.

Brief Statement of Organization's Major Goals: **Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**
CHALIS works alone and in collaboration with other agencies to increase access to opportunities and services of all kinds and types for persons of low income, who reside in the City of Columbia, Missouri and in Boone County, Missouri; and to increase access to youth programming of all kinds and types for children of low and moderate income persons residing in Boone County Missouri.

Articles of Incorporation: **Articles of Incorporation (MUST BE IN PDF FORMAT)**
/document/download/filename/1432739286_30405_Articles%26CertificateofIncorporation.pdf/
Provide a copy of the organization's Articles of Incorporation.

Bylaws: **Bylaws (MUST BE IN PDF FORMAT)**
Provide a copy of the organization's Bylaws. /document/download/filename/1465412728_34051_CHALISBy-Laws-Adopted2003.docx/

Organizational Chart **Organizational Chart (MUST BE IN PDF FORMAT)**
(must be for the entire organization); /document/download/filename/1439930477_30406_Appendix1a-OrganizationalChart-CHALIS-Revisions2015-06.pdf/

Strategic Plan: **Strategic Plan (MUST BE IN PDF FORMAT)**

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
CHALIS serves the geographic area known as Boone County, Missouri.

Population Served: Briefly describe the population(s) served by your organization. (600 character limit)
 CHALIS serves children, youth, families and all other persons of low and moderate income residing in Boone County, Missouri.

Conflict of Interest Policy: Does your organization have a written Conflict of Interest policy?
 yes

Whistleblower Policy: Does your organization have a written Whistleblower policy?
 yes

Business Continuity Plan: Does your organization have a written Business Continuity plan?
 yes

Records Retention Policy: Does your organization have a written Records Retention policy?
 yes

If yes, does the Records retention policy include a Records Retention Schedule?
 yes

Governing Board

Length of Board Term (e.g. "2 years"):

4 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
John French	Board Member	06/19/2017	05/31/2021	2209-A.N. Creasy Springs Rd. Columbia, MO 65202	✓	Added on 06/23/2017
Robin Weneker	Board Member	06/19/2017	05/31/2021	1404 Torrey Pines Drive Columbia, MO 65203	✓	Added on 06/23/2017
Bob Hutton	Board Member	06/01/2015	05/31/2019	2252 Country Lane Columbia, MO 65201	✓	Added on 05/29/2015
Max Lewis	Public Housing Resident Representative	06/01/2016	05/31/2020	1201 Paquin St, Apt. 609	✓	Added on 05/29/2015
Genie Rogers	Chair	06/01/2014	05/31/2018	1400 Business Loop 70 East Columbia, MO 65201	✓	Added on 09/08/2015

Total Active Links:5, Total Deactivated Links:5, Current Active Links:5, Current Deactivated Links:5

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

October 1 - September 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1432915235_29953_CHALIS501C3Status.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1491947732_29954_CHAAuditReport9-30-2016.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1498143706_29955_CHALISForm990FYE2016filed6-22-2017.pdf.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The CHALIS Board of Directors reviews and approves the annual and midyear CHALIS budget and monthly financial statements. The Board reviews and approves all accounts payable payments before they are issued. The CEO and a Board member have their electronic signatures placed on each check as the only approved endorers of the agency's checks. Board members follow a Conflicts of Interest policy whereby they do not accept gifts, gratuities, favors or other items of value which might appear to influence purchasing decisions. Property and equipment dispositions require the approval of the Board.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:

Qualifications:

FTE:

Salary:

Benefits:

Active Date

Program Coordinator	BA	1.00	\$45,870.00	\$8,914.00	✓	Added on 07/28/2015
Program Coordinator	BA	1.00	\$47,664.00	\$8,999.00	✓	Added on 06/03/2015
CEO	B.A.	0.02	\$120,230.00	\$16,314.00	✓	Added on 07/28/2015
Director of Resident Services	BA	1.00	\$60,972.00	\$9,969.00	✓	Added on 06/03/2015
Program Coordinator	BA or equivalent	1.00	\$42,557.00	\$7,800.00	✓	Added on 06/03/2015

Total Active Links:5, Total Deactivated Links:3, Current Active Links:5, Current Deactivated Links:3

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Non-applicable

Accreditation 2:

Non-applicable

Accreditation 3:

Non-applicable

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1499978109_32839_OrgBudgetTemplate_For_Apricot_Upload_Jul_1_17-Jun_30_18_ReviewTeam1.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1498144995_32678_CHAPHPK1567670InsurancePolicy10252016_10252017.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473804760_32841_CHALIS.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473804760_32847_CHALIS.pdf/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)**Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)****Addendums (MUST BE IN PDF FORMAT)**

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 10 Links

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
2017 Health RFP (Open ends 02/03/2017 11:59 PM CST)	CHA Low-Income Services, Inc.	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018	✓	Added on 01/09/2017
Children's Services Fund - POS RFP #25-15JUN15 (Modified Interim POS Report ends 08/01/2017 12:00 PM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	✓	Added on 05/29/2015
Total Active Links:10, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0						Next

System Fields

Record ID

12689

Modification Date

07/13/2017 3:35 PM CDT

Modified By

CHA Low-Income Services, Inc. ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

CHA Low-Income Services, Inc.

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Trauma Informed Therapeutic Art-Making in After School & Summer Program

Amount of Request

\$168,607.00

County-Children's Services - Service Type (check all that apply)

Prevention programs which promote healthy lifestyles among children and youth and strengthen families
Individual, group, or family professional counseling and therapy services

Program Information

Program Website (will default to Organization website)

www.columbiaha.com

Address

201 Switzler St.

City

Columbia

State

Missouri

County

Boone

Zip

65203

Program Administrator Name

Becky Markt

Phone Number

573-443-2556 x1250

Address

201 Switzler Street

City

Columbia

State

Missouri

County

Boone

Zip

65203

Program Administrator Title

Director, Resident Services

Email

bmarkt@columbiaha.com

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500043444_30421_AttachmentA2017OrganizationAssuranceSheet.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500043444_30420_AttachmentBCertificationRegardingDebarment%2CSuspension%2CIneligibilityandVoluntaryExclusion.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500043444_30419_AttachmentCWorkAuthorizationCertification.pdf/

Signed Addendums

/document/download/filename/1500389766_30418_SignedAddendums1_3.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Link Info

Active Date

CHA Low-Income Services, Inc.

201 Switzer Street

Philip Steinhaus

Added on
06/09/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

77601167

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Phil Steinhaw, Executive Director
Name and Title of Authorized Representative

Phil Steinhaw 7/11/17
Signature Date

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Phil Steinhaus

Printed Name - Organization Executive Director/President/CEO

7/11/17

Date

Phil Steinhaus

Signature - Organization Executive Director/President/CEO

7/11/17

Date

GENIE ROGERS

Printed Name - Organization Board Chair

7/13/17

Date

Genie Rogers

Signature - Organization Board Chair

7-13-17

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Phil Steinhaw, Executive Director
Name and Title of Authorized Representative

Phil Steinhaw 7/11/17
Signature Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

My name is Phil Steinhaus I am an authorized agent of CHA Low-Income Services, Inc. (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Phil Steinhaus 7/11/17
Affiant Date

Phil Steinhaus
Printed Name

Subscribed and sworn to before me this 11 day of July, 2017.



ELTONYA R. RHOADES
My Commission Expires
February 28, 2021
Boone County
Commission #13454534

Eltonya R. Rhoades
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum **should be acknowledged** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – Purchase of Service Contracts was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:
<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	CHA Low-Income Services, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Trauma Informed Therapeutic Art-Making in After School & Summer Program
Amount of Request	\$168,607.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BiD) <http://booneindicators.org/>. (1500 character limit)

Trauma remains a foundational disruption in youth of all ages and backgrounds; however, increasing evidence exists tying trauma and stressors to a lower socioeconomic status. Increasing numbers of children in Columbia grow up in households experiencing a debilitating web of trauma and stress. Particularly for minority children, the combination of on-going shocks and stressors tied to poverty significantly diminish their prospects in our community; children of minority backgrounds are more likely to grow up in poverty, experience mental and physical health problems, suffer academic setbacks or reduced outcomes and engage in substance abuse than their non-minority counterparts. Youth who experience complex trauma require a safe, nurturing and supportive community to reinforce well-being and build resilience.

Over the past two years, Columbia Public Schools and local educators have undertaken the task of addressing trauma-informed care among youth in our area. In concert with this vision, the proposed project will strengthen an emerging fabric of trauma-informed and trauma responsive methods, used by non-clinical practitioners, and those which align with county-level goals of: providing home-based and community-based intervention programs, promoting healthy lifestyles, strengthening socioemotional well-being of children and families, and providing therapeutic supports for youth and families.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BiD) <http://booneindicators.org/>. (1500 character limit)

From 2000 to 2010, US Census data shows the percentage of people living in poverty in Missouri jumped from 14.9% to 24.9%. According to a New York Times study on upward mobility in 2015, the only county worse than Boone County in Missouri for children growing up in a low income household is St Louis City. Within Boone County, the problem of poverty is acute in impoverished neighborhoods of Columbia; according to BiD, Columbia had 1459 households with children in extreme poverty in 2015, and many households identify as African American.

"Living with persistent poverty is toxic to one's psychological health" and research shows that diverse, low-income families are at greater risk for

psychological distress and trauma—experienced by parents and youth alike (Santiago 2011). From 2004-2009, the percentage of black children eligible for free or reduced lunch (FRL) in Columbia Public Schools rose from 71% to 77% compared to a range 18% to 34% of their Caucasian peers during that same time period. By 2015, that number had risen to 85% of black children eligible for FRL (Columbia Public Schools Student Data 2015). Growing up poor and black in one of the two most difficult places in our state to overcome poverty (Boone County) creates a cycle of stress leading to childhood trauma in minority children. Early mental health screenings and community-based interventions are key to mitigating shocks and breaking a transgenerational cycle of trauma in Missouri.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

1. Increase protective factors and reduce risk factors by: a) increasing youth access to front-line behavioral and socioemotional health screenings; b) trauma-informed services.
2. Increase youth engagement via therapeutic art-based interventions that build resilience and strengthen social bonds.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

In an effort to address complex trauma among impoverished youth and families in Columbia (who are our clients) we will embed trauma-informed therapeutic interventions into the Moving Ahead Program (MAP)—an afterschool program held in the J. W. "Blind" Boone Community Center of CHALIS. We will target a distinct group: minority and underserved youth ages 5-15 exposed to childhood trauma of one or more of the following forms: poverty, domestic violence, crime, hunger, mental illness, and/or substance use. We will provide confidential front-line behavioral, socioemotional and mental health screenings using the UCLA Child PTSD Index then offer opportunities for voluntary participation in trauma-informed art-making, applied theater workshops, conscious drumming and community celebrations.

Nearly all (97%) of the MAP-enrolled children meet the guidelines for FRL in the Columbia Public School District. Additionally, MAP requires family involvement in monthly events and provides wrap-around services including behavioral health services for children and families, as well as referral to community resources and service coordination to address basic needs on the household level. We will increase engagement on a household and community level; all activities are designed to strengthen social bonds and networks for youth in critical need of supportive mechanisms to overcome psychosocial trauma and establish socioemotional wellbeing.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Consumers who will be served by the proposed program are current and prospective clients of CHALIS and meet the following financial guidelines (of annual income) for participation in CHA's subsidized housing programs:

#HH PH Section 8/HCV

1	\$ 36,500	\$ 14,400
2	\$ 41,700	\$ 16,450
3	\$ 46,900	\$ 18,500
4	\$ 52,100	\$ 20,550
5	\$ 56,300	\$ 22,200
6	\$ 60,450	\$ 23,850
7	\$ 64,650	\$ 25,500
8	\$ 68,800	\$ 27,150

CHALIS' existing relationship and programs for youth enrolled in MAP and families living in low income situations, lends the program a unique level of access to families who participate in CHA's public housing projects, and those on a Housing Choice Voucher (HCV) program will be one of our main avenues for reaching the 5-15 year old youths and their families (consumers).

In 2014, CHA databases indicated children under the age of 18 made up 53% of all Housing Choice Voucher Residents. African Americans represent 69% of Housing Choice Voucher participants. Single parent female-led households are also predominant. This population, along with residents in public housing, will constitute our consumer base.

Key:

#HH=number in household

PH=Public Housing

HCV=on a housing choice voucher

b. Why will these particular consumers be served? (1500 character limit)

Through the Moving Ahead Program, we have access to 82 youth of low income and of minority status in Boone County. Because CHALIS has a unique level of access to these consumers, the organization offers an existing structure of established support through which to provide this program. Our organization reduces transaction costs for the County and builds trusting relationships with these families, on a daily basis; therefore, we have a working system and interpersonal ties to some of Columbia's most vulnerable families—whose children stand in critical need of these services.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Parents may not trust in our strategy for maintaining confidentiality. To mitigate concerns, we'll consult with an advisory committee to draft permission

slips which parents may sign on behalf of their children. Staff will answer questions as they arise. Youth will be able to privately sign a pledge to participate, or decline to participate, as they so choose. By giving youth the choice, they can invest in their own well-being and assure parents that participation is voluntary. Attendance and transportation may pose a challenge, and MAP will employ vans as needed.

d. Total number of unduplicated individuals to be served by the proposed program:

82

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

2482.46

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

82

City of Columbia

82

Other Counties

0

Residence Total

82

Record Lock

0

Race

White (alone)

4

Black or African American (alone)

68

Native American Indian or Alaskan Native

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

6

Some Other Race

4

Race Total

82

Ethnicity

Hispanic or Latino (of any race)

0

Not Hispanic or Latino

0

Ethnicity Total

Gender

Female

38

Male

44

Other

0

Gender Total

82

Income

At or below 200% of Federal Poverty Level

82

Over 200% of Federal Poverty Level

0

Income Total

82

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

46

Middle School (12 years – 14 years)

36

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

82

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

3

b. Provide information on the types of training that will be offered. (1500 character limit)

Staff will receive training in the following trauma informed methods:

- Teachers as Therapists
- Arts for Healing
- Conscious Drumming

At the end of the training, these staff will be classified as trained facilitators and will be able to offer the trauma informed art-making to youth in other after school programs and throughout the community.

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

The location of this program is the JW "Blind" Boone Community Center, within the Moving Ahead Afterschool and Summer Program. The program currently operates Monday - Friday when school is in session from 2:30 p.m. to 6:30 p.m. and for 4 - 5 weeks in the summer Monday - Friday from 8:30 a.m. to 6:30 p.m.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

All youth within MAP shall receive behavioral and socioemotional health screenings and frontline mental health screenings, as well as access to workshops, activities and events described herein. By virtue of their enrollment at MAP, youth will be eligible to participate on a voluntary basis and if/when their caregivers sign consent forms to release information as the need for referral arises.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

Narrative

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Narrative

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Narrative

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

No fee is charged.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Facilitators of therapeutic art-making, expressive writing, applied theater and conscious drumming do not require licensure, as these activities, although rooted in empirically supported therapeutic paradigms, are not considered art or music "therapy."

Licensed art and music therapists, as well as an ethno-musicologist, will be consulted as part of the advisory committee.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

If Yes - Provide the name of the accreditation agency. (300 character limit)

The program is informed by techniques and methodology espoused by BuildaBridge International (BABI). BABI Institute partners with an institution of higher learning, Eastern University, to offer accredited courses and provide CEUs. The Institute is accredited by the Art Therapy Credentials Board.

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

Eastern University became an accredited member of Middle States Commission on Higher Learning (MSCHL) in 1954 and renewed accreditation in 2013. The state of Pennsylvania signed the State Authorization Reciprocity Agreement (SARA) in January 2017, and this allows Eastern to operate in SARA states.

If Yes - Provide a description of the accreditation process: (600 character limit)

Eastern University, partner of BABI in offering the Institute, is also accredited through MSCHL on a 2015 Carnegie Classification for Master's Colleges & Universities.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

BABI curricula for arts in healing launched in 1997 as a unique methodology accredited by ATCB in content areas 1, 2, 3 and 4. It facilitates three goals: hope in a future orientation; healing and holistic well-being; resilience by acquiring and using tools gained to bounce back from adversity. Four concepts underpin the method: Child-Centered; Hope-Infused; Trauma-Informed; Arts-Integrated.

Conscious Drumming is rooted in music therapy and the work of BABI therapist, Jim Borling MM, MT-BC, FAMI and author, Jeff Strong.

Expressive Writing and Applied Theater: see articles in References.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

To maintain accountability, the program will consult with an advisory committee made up of experts in emerging best practices, which we affirm as

integral to the program in order to do no harm and adhere to consensus on methods. All activities will remain informed by empirical research and experimental research in the fields of trauma, behavioral and clinical psychology, music and art therapy, while striving to meet standards set by: the American Psychiatric Association and the American Psychological Association. Non-clinical interventions will adhere to community development principles (CDS).

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

Narrative

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

The work of van der Kolk, B. (1994,2005) is fundamental to vicarious trauma & how trauma is linked to the body (psychobiology). Bath, Howard (2008) & Benard, B. (2004); Cohen, B., Barnes, M., & Rankin, A. (1995) informs our trauma-informed care to reduce traumatic stress and build resilience; we'll use Caine, R. & Caine, G. (1994) as a teaching guide and consult the "Child trauma handbook..." in designing courses (Greenwald, R. 2003).

Art therapy and neurobiological-based trauma protocols noted by Hass-Cohen, N., Clyde Findlay, J., Carr, R., & Vanderlan, J.(2014) show that remaining flexible is key to refining this work, for it is emerging as we speak. Nevertheless, there is ample discussion by Cohen, J., Mannarino, A., & Deblinger, E. (2006) noting that these techniques support treating trauma and traumatic issues in children and adolescents.

So too, Steele, W., & Kuban, C. (2013) cite evidence-based, sensory interventions as a way to treat trauma. Self-disclosure via expressive writing is cathartic according to Evans, C.M.G. (2000) in "The effects of writing about traumatic experiences..." Furthermore, a new study by Greenbaum, C. & Javdani, S. (2017) claims that expressive writing, as an intervention, promotes resilience. Mindfulness and guided imagery promotes wellness (Curran, E. 2007) and numerous studies inform our best practices in applied theater, as follows: Nicholson, H. (2005); Taylor, P. (2003); Thompson, J., and Schechner, R. (2004); Rohd, M. (2017).

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

Narrative

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

All of these activities are unique and innovative to an afterschool program. Within Missouri, the BABI method has been used once previous to this program, through the cooperation of Vessels International, BuildaBridge, Rotary District 6080, and Rotary Club of Columbia, during the inaugural 2017 COMO Creative Arts Camp in Columbia funded through a Rotary district simplified grant. At that time, 5 youth from MAP attended the camp and made marked progress in self-regulation and addressing behavioral concerns through expressive art-making, writing and theater. They have since asked for more--more use of these techniques in their everyday lives. We are, therefore, responding to a consumer need.

Perhaps the most innovative feature of this program is its adherence to the Community Development Society's Principles of Best Practice. Based upon a belief that a community, or a village, must work together, surround youth and support their success, the MAP program will hold community-building events to reinforce the use of these positive coping skills in the wider community while strengthening social bonds among youth, parents, educators and our local community.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

An advisory committee comprised of experts in several fields will continuously provide suggestions for quality improvement and serve as a sounding board for feedback and accountability, including members of the following organizations:

Members of the University of Missouri International Center for Psychosocial Trauma (ICPT) have trained over 6000 educators worldwide. The Center is comprised of multiple clinicians with local licenses as psychiatrists, counselors, psychologists and art therapists.

BuildaBridge International (BABI) has worked around the world, since 1997, in communities ravaged by war, disaster and conflict. The best practices established by BABI will provide exceptional guidance for improvement.

University of Missouri Center for Applied Theater and Research will offer the insights and expertise of faculty to guide the theater-related side of our program, according to best practices and emerging research in applied theater.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Narrative

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

-University of Missouri International Center for Psychosocial Trauma (ICPT):

Members will serve on the advisory committee and train staff.

-Family Counseling Center: CHALIS will consult with and send referrals to FCC.

-BuildaBridge International (BABI) for training, program development and sustainability, and guidance in best practices.

-Boys and Girls Club (BGC):

Members will serve on the advisory committee. CHALIS will offer services to BGC, in the form of workshops and collaborative, combined community-based events.

-University of Missouri Center for Applied Theater and Research:

Faculty will serve on the advisory committee and guide the theater-related side of program, according to best practices and emerging research in applied theater.

-Vessels International, Inc. will offer continued program development support, referrals, and forge connections to: ICPT and BABI, trauma-informed artist-educators, general volunteer support on a local level, and donations-in-kind of gently used art supplies.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Program Director	Bachelors Degree in social work, education, counseling, psychology, or related field; experience working with a diverse population, families, elderly and persons with disabilities.	0.10	\$42,000.00	\$69,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Program Coordinator	Bachelors Degree in social work, education, counseling, psychology, or related field; experience working with a diverse population, families, the elderly and persons with disabilities.	0.40	\$38,000.00	\$55,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Project Coordinator	Bachelor Degree in social work, counseling, psychology, or related field required. License or extensive experience preferred.	0.20	\$40,000.00	\$57,000.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Instructor of Applied Theater	MFA in Theater; Preferred PhD (in-progress): Theatre and Performance Studies with an emphasis in applied theater and instruction; Certification in: Multicultural Education; Community Processes or Comm	0.50	\$38,000.00	\$50,000.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Program Director (PD): program oversight and supervision/management of all employees within program; development & fiscal leadership, reporting & evaluation; management of marketing/media/public relations.

Program Coordinator (PC): consult with PD to align all efforts; consult with Project Coordinator (PJC) to approve outlay of programming; coordinate all parties—paid and non-paid staff who screen and teach youth; collect permission slips and pledges of participation from youth; collaborate with PJC to design community showcase events.

Project Coordinator (PJC): consult with PC to conduct planning sessions and refine on-site programming related to trauma-informed art-making, applied theater and drumming; collaborate with Instructor of Applied Theater (IAT) to design workshops; recruit and manage volunteers associated with activities; coordinate staff training for capacity-building in these techniques and best practices; organize community showcase events with IAT; provide referrals to

services.

Instructor of Applied Theater (IAT): (part-time) will design & facilitate 2-3 evidence-based sessions/wk. at 1.5 hrs. each; organize youth & community-building performances; fund-raise; use best practices & guide evaluation

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
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1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Funding proposal for one year	\$168,607.00	83
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %

Federal funding sources that also help and support this program

\$34,955.00 17

K. State (Purchase of Service, Grants, etc.) (300 character limit)

2K 2K %

Narrative

\$0.00 0

L. Other (Schools, Courts, etc.) (300 character limit)

2L 2L %

Narrative

\$0.00 0

3. Program Service Fees (300 character limit)

3. 3 %

Narrative

\$0.00 0

4. Investment Income (realized & unrealized) (300 character limit)

4. 4 %

Narrative

\$0.00 0

5. Other Revenue Items (300 character limit)

5. 5 %

Narrative

\$0.00 0

TOTAL REVENUE

203562

TOTAL PROGRAM REVENUE

PROGRAM EXPENSES

1. Personnel

1. 1. %

\$159,323.00 78

Personnel Narrative (300 character limit)

Total Salaries and Benefits

2. Non-Personnel

2. 2. %

\$44,239.00 22

Non-Personnel Narrative (300 character limit)

Total Program Supplies, Mileage, Office Supplies and Other Expenses

TOTAL EXPENSES

203562

TOTAL PROGRAM EXPENSES

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$168,607.00

Year 2 Total Request

\$160,087.00

Total Amount Request from CSF

328694

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

We will attempt to seek additional funding through:

Walmart Foundation

The Rotary Foundation

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Bath, Howard. (2008). The three pillars of trauma-informed care. Reclaiming children and youth. 17(3), 17-21.

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Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	CHA Low-Income Services, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Trauma Informed Therapeutic Art-Making in After School & Summer Program
Amount of Request	\$168,607.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$8,520.00

b. Describe how the funds will be utilized. (600 character limit)

In order to deliver contracted services to youth, three CHALIS staff members will receive training in trauma-informed therapeutic techniques: program coordinator; project coordinator; resident services/social worker.

Training costs, at a total of \$5520, include the following courses:

Teachers as Therapists (\$750)

Arts for Healing and Conscious Drumming (total, combined: \$4770)

Art and Percussion Supplies will be purchased as follows:

\$3000 is a one-time cost, to purchase djembe drums which will be used on-site and at partner sites

c. Provide justification for the request for one-time funding. (600 character limit)

Staff will utilize existing knowledge of "Foundational Trauma-informed Art-Making" rooted in an evidence-based training they received in 2017, from Build-a-Bridge International (hereafter BABI). In order to appropriately design and manage this project, staff require more capacity to act in a trauma responsive manner and use trauma-informed therapeutic activities, as non-clinicians; they require insight and skill, to understand how trauma manifests, and how to appropriately design activities that address psychosocial and complex trauma underpinning acute behavioral issues in youth of MAP.

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Trauma-informed afterschool and summer programming consisting of evidence-based therapeutic and enrichment activities designed to increase resilience

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Content of sessions will align with Bessel van der Kolk's (2005) definition of complex trauma: "the experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of the interpersonal nature...and early life onset" (p.402)

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Evidence-based services will be delivered on the premises of Moving Ahead Program, 3 times a week, during voluntary group-based workshop intervals of 1.5 hours each, during which MAP youth will:

- use mindfulness exercises for reflection & relaxation
- use trauma-informed art-making & expressive writing to view life through metaphor, symbol and ritual, while learning to regulate and process emotion based on improved interpersonal interactions and feedback gained within peer-based groups
- engage with peers and community through applied theater, role-play & improvisation for difficult dialogues such as social justice, identity and transformative community change (Taylor 2003)
- learn about the cathartic benefits (neurological, socioemotional, psychosocial) of conscious drumming as a positive coping strategy. The resonating nature of drumming soothes the mind and halts the body's stress response.

Therapeutic art-making and drumming calms the "reptilian brain" (MacLean 1983), reducing reliance on negative pathways that lead straight to the limbic system—on a paved highway to hyperarousal—where the fight/ flight response resides. As youth engage in therapeutic art-making and conscious drumming, as a positive coping strategy, they may opt to use these tools during moments of high emotional distress, when triggered or nearing their threshold of agitation and despair. Rather than relying on learned negative coping behaviors (that may heighten arousal, exacerbate conditions and lead to additional harmful choices) youth who engage in mindfulness, trauma-informed art-making and conscious drumming may learn to center their emotions and channel anxiety into a productive and transformative opportunity for reflection and healing.

Expressive writing (EW) & applied theater (AT) as a complement to art-making and drumming, allows youth—when centered and relaxed—to engage in productive dialogues and process through writing. AT gives youth an opportunity to discuss complex concerns in a safe and nurturing environment, with ground rules, guidance and positive feedback. Expressive writing, rooted in "empirically supported therapeutic paradigms" (Greenbaum and Javdani 2017), promotes resilience in youth.

All art and percussion-based therapeutic activities shall adhere to three foundational pillars of trauma-informed care:

- 1.) safety—creating a "multifaceted" safe atmosphere in which to heal (Greenwald 2005);
- 2.) connections—developing stronger interpersonal skills, balancing power and control (autonomy), strengthening therapeutic and supportive, community-based, social ties; guiding youth to modulate when an "adult wary," or hyper-vigilant stance may or may not be appropriate (Seita and Brendtro 2005);
- 3.) emotion and impulse management—helping youth understand hyperarousal and emotional dysregulation—reactions linked to the fear-based response—and reinforcing neurological pathways associated with more accurate discernment and detection of threats (Bath 2008).

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 hour for 1 individual

b. Unit Rate (#1)

\$88.93

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

Treatment for mental illness, emotional disturbances and/or maladaptive behaviors that are subsequent to child maltreatment or a traumatic event in attempts to alleviate the emotional disturbances, reverse or change the maladaptive patterns of behavior and encourage personal growth and development. Treatment interventions will utilize a trauma focused evidence based or promising practice and include a trauma focused assessment at intake and at regular intervals throughout treatment to monitor client's progress and inform trauma focused treatment planning which is billable at \$142.58 per hour.

d. Total Number of Units of Service to be Provided (#1)

1800

e. Total Number of Unduplicated Individuals (#1)

82

f. Average Number of Units of Service per Unduplicated Individual (#1)

21.95

g. Average Cost of Service per Individual (#1)

1952.12

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

The Moving Ahead Program is provided free of charge to children of low-income households. Adding a charge for such a key element to the programming would be detrimental to its success.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

No service is of a billable nature since it is not provided by licensed therapists.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

No (if no, move on to the Funding Request section.)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00

c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$160,087.00

b. Proposed Number of Units of Service (#1)

1800.15

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

The requested level of funding will facilitate the start up of a valuable evidence based practice. This funding and the experience and data gained during the fulfillment of this contract will be used to leverage additional funding from sources like the Missouri Foundation for Health.

Service #1- Performance Measures

Outcome (1-1)

Academic performance improves

Indicator (1-1)

25% improve grades between first quarter and last quarter of the school year

Method of Measurement (1-1)

Case mgt. records, school data pre and post progress, group participation rates, pre- and post-surveys, referral forms, ethnographic/field notes of instructors, family support specialists and/or family life coach

Additional Outcome (1-2)

School attendance improves

Additional Indicator (1-2)

80% of students who participate will improve attendance rate between first quarter and last quarter of school year

Additional Method (1-2)

Case mgt. records, school data pre and post progress, group participation rates, pre- and post-surveys

Additional Outcome (1-3)

Access to healthy coping strategies and methods of self-regulation improve for youth who participate in more than 5 sessions

Additional Indicator (1-3)

50% of students will gain access to alternate methods for managing stress, communicating with parents, emotional self-regulation and coping with trauma

Additional Method (1-3)

Case mgt. records, school data pre- & post progress, group participation rates, pre- & post-surveys, referral forms, qualitative data via ethnographic/field notes of instructors, family support specialists and/or family life coach, elective sharing of autobiographical written material (journals)

Additional Outcome (1-4)

Time spent in family events and/or community-building events increases

Additional Indicator (1-4)

75% of participant families will report spending, at minimum, 3 hours per month in a family activity that strengthens parent/guardian-child bonds and builds social bonds.

Additional Method (1-4)

Case mgt. records, school data pre and post progress, group participation rates, pre- and post-surveys, referral forms, ethnographic/field notes of family support specialists and family life coach, feedback from community-based response boards during all events

Additional Outcome (1-5)

Families connect with services to improve well-being of the household, on a socioemotional level

Additional Indicator (1-5)

70% of group participants referred to a service they have not used before

Additional Method (1-5)

Case mgt. records, school data pre and post progress, group participation rates, pre- and post-surveys, referral forms, qualitative data via ethnographic/field notes of instructors, family support specialists and/or family life coach, elective sharing of autobiographical experiences—via journals

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Trauma-informed therapeutic services, and behavioral health & socioemotional screenings lead to:

- improved referrals (for mental health needs)
- engagement in academic sphere (youth self-regulate using healthy coping strategies while at school)
- improved resilience, confidence and self-efficacy in processing psychosocial stressors, shocks and adversity
- interpersonal learning and greater self-awareness
- improved participation by families accessing services for well-being of home
- socioemotional healing and social bonding among participants, as well as members of household and community

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

External factors may include lack of participation, stigma and group safety/necessary exclusion.

1. Parents may decline to sign permission slip and ROI; youth may decline, or may drop out of, sessions. Participation is voluntary.
2. There is a stigma associated with mental health screening.
3. Individuals who disrupt the group or pose a threat may re-traumatize or trigger peers. They'll be redirected to other activities if they manifest: clinical psychosis, active suicidality, hyperactivity or agitation, extreme distractibility, and/or act verbally or physically abusive to peers and staff.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Measurement levels exceed previous thresholds reached by CHALIS, with regard to said outcomes, on past projects. MAP strives to excel beyond it's past successes. CHALIS selected new levels in order to gauge the overall effectiveness of the pilot program, based on the use of past indicators. Data collected will indicate the potential (or lack thereof) for effective use of these innovative techniques, on a wider scale, in Boone County.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

A mixed methods approach to measurement allows us to comprehensively combine the "head and heart" on a project that deals with performance as well as emotive measures. We will collect quantitative data, in order to align with established protocols for afterschool programming as it pertains to maintaining licensure. Qualitative data, in the form of ethnobiographical data via field notes, direct quotes, and autobiographical data via journal entries, will be: 1.)voluntary; 2.)transcribed (anonymously), 3.)coded appropriately, and 4.)compared with quantitative data, to analyze/unpack the numbers.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

b. Service #2 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

b. Unit Rate (#2)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

0

e. Total Number of Unduplicated Individuals (#2)

0

f. Average Number of Units of Service per Unduplicated Individual (#2)

0

g. Average Cost of Service per Individual (#2)

0

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)
\$0.00

b. Proposed Number of Units of Service (#2)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)
- Provide a rationale for each method of measurement (2). (600 character limit)

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)
\$0.00

b. Proposed Number of Units of Service (#3)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)
- d. Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

- a. Service #4 - Taxonomy of Service Name (150 character limit)
- b. Service #4 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)
- b. Unit Rate (#4)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

- c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

- d. Total Number of Units of Service to be Provided (#4)
0
- e. Total Number of Unduplicated Individuals (#4)
0
- f. Average Number of Units of Service per Unduplicated Individual (#4)
0
- g. Average Cost of Service per Individual (#4)
0

Service #4 - Service Fee

- a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
	4a1.	4a2.	4a3.
a. Boone County - Children's Services Funding (#4)	\$0.00	0	\$0.00
	4b1.	4b2.	4b3.
b. Boone County - Community Health Funding (#4)	\$0.00	0	\$0.00
	4c1.	4c2.	4c3.
c. City of Columbia - Social Services Funding (#4)	\$0.00	0	\$0.00
	4d1.	4d2.	4d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	\$0.00	0	\$0.00
	4e1.	4e2.	4d4.
e. Heart of Missouri United Way Funding (#4)	\$0.00	0	\$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)
\$0.00

b. Proposed Number of Units of Service (#4)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)
- d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

- a. Service #5 - Taxonomy of Service Name (150 character limit)
- b. Service #5 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

- b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

- c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

- d. Total Number of Units of Service to be Provided (#5)

0

- e. Total Number of Unduplicated Individuals (#5)

0

- f. Average Number of Units of Service per Unduplicated Individual (#5)

0

- g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

- a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

- b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
	5a1.	5a2.	5a3.
a. Boone County - Children's Services Funding (#5)	\$0.00	0	\$0.00
	5b1.	5b2.	5b3.
b. Boone County - Community Health Funding (#5)	\$0.00	0	\$0.00
	5c1.	5c2.	5c3.
c. City of Columbia - Social Services Funding (#5)	\$0.00	0	\$0.00
	5d1.	5d2.	5d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	\$0.00	0	\$0.00
	5e1.	5e2.	5e3.
e. Heart of Missouri United Way (#5)	\$0.00	0	\$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00

b. Proposed Number of Units of Service (#5)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

168607

*Trama Informed Therapeutic Art-mek
in after school + summer program*

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 6, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 - *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: CHA Low-Income Services

Address: 201 Switzler Street, Columbia, MO 65203

Telephone: Fax: 573-443-0051

Federal Tax ID (or Social Security #): 77601167

Print Name: Phil Steinhaus Title: Chief Executive Officer

Signature: *Phil Steinhaus* Date: 11/6/2017

E-mail: psteinhaus@columbiaha.com

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	CHA Low-Income Services, Inc.
Name of Program	Trauma Informed Therapeutic Art-Making in After School & Summer Program. (see notes below about a change in the name of the program)

Program Overview Form	
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- After reading this proposal it appears that Therapeutic Art-Making is proposed as a service of the Moving Ahead Program - After School and Summer program (MAP). Please frame your clarification responses to indicate Therapeutic Art-Making is a service of MAP.

Action Required: Complete the following responses in regard to MAP and the proposed service as a sub-activity. Provide any questions or comments in the field below.

RESPONSE:

If awarded funding through the City of Columbia and the Boone County Children's Services Fund, the Moving Ahead Program will adopt the Out of School Programming service as its primary program service. This taxonomy much more closely aligns with prior contracts for service through the City of Columbia.

The Moving Ahead Program would offer the Out of School Program Service and commit to deliver 4 sub-activities during the school year and 3 sub-activities in the summer with the outcomes and performance measures shown here. Since proposals to the City are broken out by school year and summer, outputs and outcomes have been identified by session here when necessary to remain consistent. **Therapeutic Art-Making (as proposed to the Boone County Children's Services Fund would be listed as a sub-activity of Out of School Programming under Positive Youth Development.**

Activity	Outputs	Outcomes	Indicators	Method of Measurement
Academic Support	School Year: 232 hours of homework assistance for 100 children (23200 UOS)	Completion of homework assignments	School Year: At least a 10% increase in the number of participants who complete homework with accuracy by the end of the school year. (Pre-/Post Teacher Survey)	Columbia Public School Data, Pre- Post Teacher Survey, Staff Observations
	School Year: 232 hours of individualized tutoring for 50 children (11600 UOS)	Improved student performance level	School Year: 80% of students receiving individualized tutoring will reach the desired performance level outlined in their plan.	Pre-post assessment, individual learning plan
Academic Enrichment	School Year Session: 232 hours of skills practice and/or enrichment activities for	Improved skills in reading/	School Year: At least a 10% increase in the number of students who maintain and/or increase grades in reading/communication arts during	School Year: MODESE Kids Care Center,

	100 children (23200 UOS) Summer Session: 103 hours of skills practice and/or enrichment activities for 100 children (10,300 UOS)	communication arts	the school year as measured by pre-/post grades entered into Kids Care Center Summer: At least a 10% increase in reading/communication arts skills as measured pre-/post	21 st CCLC Youth Survey Summer: Pre-/Post Test
Academic Enrichment (cont.)		Improved skills in math	School Year: At least a 10% increase in the number of students who maintain and/or increase grades in math during the school year as measured by pre-/post grades entered into Kids Care Center. Summer: At least a 10% increase in math skills as measured by pre – post test	School Year: MODESE Kids Care Center Summer: Pre-/Post Test
		Improved skills in science	School Year: At least 10% increase in the number of students who maintain and/or increase their grades in science during the school year as measured by pre-/post-grades entered into Kids Care Center Summer: At least a 10% increase in science skills as measured by pre-/post tests.	School Year: MODESE Kids Care Center Summer: Pre-/Post Test
		Improved commitment to learning	At least a 10% increase in percent of students categorized as Adequate or Thriving for Improved Commitment to Learning through pre-/post Search Institute Developmental Asset Profile	Pre-/Post Development Asset Profile: Student Survey
Positive Youth Development	School Year: 20 hours of trauma informed therapeutic art making* for 60 students (1200 UOS) Summer: 30 hours of trauma informed therapeutic art making for 20 students (600 UOS)	Improved levels of self-esteem, strengths use and subjective well-being.	A minimum of 30% of youth, who participate in at least 5 activities, will experience an increase in levels of self-esteem and subjective well-being.	Pre-/Post Assessments
Congregate Meals	10836 meals	Increased access to healthy foods	At least a 10% increase in percent of students indicating they have access to healthy foods (pre-Post survey)	Pre-/Post meal program participant survey

2. Program Overview- an overview of MAP needs to be provided.

Action Required: Provide an overview of MAP. Incorporate information on how the Trauma Informed Therapeutic Art-Making will be incorporated into the program.

RESPONSE:

Please consider this overview of the Moving Ahead Program as our response to your clarification request.

Mission: The Moving Ahead Afterschool & Summer Program exists to provide an academically focused afterschool and summer program for youth from low-income households.

MAP promotes -

- Competence – The feeling there is something each boy and girl can do well.
- Usefulness – The opportunity to do something of value for other people.
- Belonging – The feeling there is a place where each child “fits” and is accepted.
- Influence – The chance to be heard and to influence decisions.

Services: The Moving Ahead Afterschool & Summer Program provides a wide variety of services to benefit students in grades K – 12. Services are designed to strengthen academic performance, improve school attendance, encourage post-secondary education, improve parent/child and family/school relationships, and build a foundation for success in school, work, and in life. Trauma informed therapeutic art-making supports these goals and will be incorporated into the regular offerings of the Moving Ahead Program as part of its Academic Enrichment time slot.

Activities: The Moving Ahead Program is a safe place where students can be with friends, have a hot meal, and connect with caring adults outside of school. Moving Ahead programming is extensive and lesson plans are developed around grade-level educational standards.

In September 2017, the Moving Ahead program received word it was a recipient of funding through the MODESE 21st Century Community Learning Center Program for a period covering 2017-2022. This funding will allow Moving Ahead to increase the number of students receiving services from 60 to 100, and to expand the program’s hours and days of operation.

School Year Afterschool hours will increase by 1 hour each day, include programming on Teacher Work Days and Spring Break and also make 5 hours of programming with breakfast and lunch available on Saturdays year-round. In addition, the full-day Moving Ahead Summer session will increase by 1.5 hours each day.

These additional hours will make it possible to enhance year-round programming by inserting Trauma Informed Therapeutic Art Making within the schedule of Academic Enrichments.

Trauma-informed art-based activities will enhance existing out-of-school programming in relation to positive youth development and community-building for improved social and interpersonal skills, as well as bonding (via the parental partnership portion). The evidence based programming will be delivered on the premises of MAP three times per week, during 1.5 hour sessions led by staff member(s) trained in *Foundations of Trauma-informed Art-Making* and additionally proposed training modules.

Activities are designed to align with the *Formal Elements of Art Therapy Scale*, and staff will periodically submit refined exercises to an advisory committee—for brief review and comment--by professionals and/or agencies knowledgeable in best practices, current research and instruments of evaluation to make sure the enhanced services maintain fidelity with best practices and show progress.

A minimum of twelve community-building activities (family/child events) will take place on the premises of MAP, or in community-based venues each year. All group activities will integrate mindfulness and adhere to the three foundational pillars of trauma-informed care, as noted in our original application (Greenwald 2005): safety, connections, emotion and impulse management.

Assessments will be administered pre- and post-intervention. Staff will collect products of art-based exercises, photograph/record and file them in a secure, locked location—by numbers coded to individual youth; art produced will be collected throughout the academic and summer sessions then returned to the children and parents.

Staff will also maintain case notes and attendance rosters to gauge participation and track individual buy-in to this programming. Analysis of art produced will be managed by staff and an advisory committee. Youth who may need professional intervention will be referred to a clinical art therapist as well as a counseling agency, for continued care and behavioral supports.

Coordination of all activities will be managed by staff and volunteers who have met all requirements for participation in programming and supportive services, including all CHA background checks, drug screenings and commitments to confidentiality.

Additional methods of measurement—of these activities—may include some of the following forms of assessment:

- Modifications of the *Coopersmith Self-esteem Inventory* and/or the *Rosenberg Self-esteem Scale* to measure explicit self-esteem (1976)
- Strengths Knowledge and Strengths Use Scales (Cattell, 1966)
- One or both of these instruments to measure subjective well-being of students:
 - PANAS—Positive and Negative Affect Scale—a widely used and well-tested scale, developed by Watson, Clark and Tellegen (1988).
 - SWLS—Satisfaction with Life Scale (Diener et al., 1985)
- Diagnostic Drawing Series (DDS)
- Road (of Life) Drawing—as a family vision exercise, this will be coded using F.E.A.T.S. (Formal Elements Art Therapy Scale) and offered multiple times throughout the year and twice during the summer.
- Parental interviews
- Case notes

Lastly, another proposal from CHA Low-Income Services submitted to BCCSF includes the possibility of two other services for families and children enrolled in the Moving Ahead Program. If funded, Service Coordination (Case Management) and Therapeutic Mentoring would be made available to the Moving Ahead Afterschool and Summer Program through the CHALIS Healthy Home Connections program. These two services would wrap around the families and youth of Moving Ahead to strengthen the foundation for student success and family self-sufficiency. Though they were not included in our initial response to questions from the City of Columbia, we

have included Service Change Forms in this document for BCCSF and would include them in services offered through the Moving Ahead Afterschool and Summer Program.

Guiding all of these activities is our commitment to the Communities in Schools Model which has been shown to reduce dropout rates, increase graduation rates, and increase the percentage of students meeting or exceeding math and reading proficiency in 4th and 8th grade (Communities in Schools: National Evaluation Mid-Level Findings, 2008). This model aligns with the goals of the Moving Ahead Program, Columbia Public School District 93, and 21st Century Communities Learning Center. "Communities in Schools is a community-based integrated student service program; the five basics of CIS – a one-on-one relationship with a caring adult, a safe place to learn and grow, a healthy start and a healthy future, a marketable skill to use upon graduation, and a chance to give back to peers and community – closely match those components that have been found, separately, to produce positive outcomes for at-risk students" (Communities In Schools: National Evaluation Volume 1: School Level Report, October 2008).

The paid program staff of Moving Ahead include recent graduates of the MU System with majors including secondary and elementary education, psychology, family development, child communication, history, math, and animal sciences. They work as a team to develop lesson plans that accommodate and challenge all students to continue learning. MAP programming emphasizes two common threads, interwoven into all classroom activities: making learning fun and giving students a voice. The MAP Program Staff strive to tie lessons into the real world experiences of their students.

The Staff are not alone in their commitment to our students. Each semester, more than 100 volunteers from the University of Missouri give their time to tutor or provide homework assistance in math, science, social studies, reading, and language arts.

The Moving Ahead Program works closely with the Columbia Public School District data department, and the individual classroom teachers to monitor the progress of Moving Ahead students and adjust learning experiences to help them increase their skills. School-day teachers often communicate students' homework assignments to Moving Ahead staff. This on-going collaboration keeps students in line with school classroom expectations.

The Moving Ahead Program is a licensed child-care provider adhering to the strictest guidelines of the Missouri Department of Health and Senior Services since 2012. The J.W. "Blind" Boone Community Center is equipped with security cameras and an emergency alarm system. It is less than 700 feet from a Police Substation and is under the observation of the Safety Department of the Housing Authority of the City of Columbia. All Moving Ahead Program Staff must pass screening through the Family Care Safety Register. The MAP staff use Positive Behavior Supports when dealing with students. Staff sign students in at the start of the day, and an adult caregiver signs them out at the end of the day.

The Planned Daily Schedule of Activities is provided below:

MOVING AHEAD PROGRAM - AFTERSCHOOL					
Activity	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival/Homework	2:30 – 3:30	2:30 – 3:30	2:30 – 3:30	2:30 – 3:30	2:30 – 3:30
Free Play, Homework Small Group Activity	3:30 – 4:00	3:30 – 4:00	3:30 – 4:00	3:30 – 4:00	3:30 – 4:00
Clean Up	4:00 – 4:15	4:00 – 4:15	4:00 – 4:15	4:00 – 4:15	4:00 – 4:15
Riddles & State Questions					
Dinner/Clean Up	4:15 – 4:45	4:15 – 4:45	4:15 – 4:45	4:15 – 4:45	4:15 – 4:45
Large Group/Homework	4:45 – 5:20	4:45 – 5:20	4:45 – 5:20	4:45 – 5:20	4:45 – 5:20
Academic Enrichments*	5:20 – 6:30	5:20 – 6:30	5:20 – 6:30	5:20 – 6:30	
Free Choice					5:20 – 6:30
Going Places**	4:45 – 6:30	4:45 – 6:30	4:45 – 6:30	4:45 – 6:30	4:45 – 6:30
Recap/Reflections	6:30 – 6:45	6:30 – 6:45	6:30 – 6:45	6:30 – 6:45	6:30 – 6:45
Clean Up/Departure	6:45 – 7:00	6:45 – 7:00	6:45 – 7:00	6:45 – 7:00	6:45 – 7:00

SUMMER					
Activity	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival/Breakfast	8:30 – 9:00	8:30 – 9:00	8:30 – 9:00	8:30 – 9:00	8:30 – 9:00
Math, Reading, Science	9:00 – 12:00	9:00 – 12:00	9:00 – 12:00	9:00 – 12:00	
Lunch in the Park	12:00 – 1:00	12:00 – 1:00	12:00 – 1:00	12:00 – 1:00	
Activity or Field Trip	1:00 – 3:00	1:00 – 3:00	1:00 – 3:00	1:00 – 3:00	9:00 – 6:00
Creative Arts	3:00 – 4:00	3:00 – 4:00	3:00 – 4:00	3:00 – 4:00	
Clean Up	4:00 – 4:05	4:00 – 4:05	4:00 – 4:05	4:00 – 4:05	
Dinner	4:05 – 4:35	4:05 – 4:35	4:05 – 4:35	4:05 – 4:35	
Enrichments*	4:35 – 5:55	4:35 – 5:55	4:35 – 5:55	4:35 – 5:55	
Departure	6:00	6:00	6:00	6:00	6:00

TEACHER WORKDAY & SPRING BREAK	
Activity	
Arrival/Breakfast	8:30 – 9:00
Enrichments*	9:00 – 12:30
Lunch	12:30 – 1:15
Enrichments*	1:15 – 4:45
Dinner	
Enrichments*	4:45 – 6:30
Recap/Reflections	6:30 – 6:45
Clean Up/ Departure	6:45 – 7:00

SATURDAY	
Activity	Monday
Arrival/Breakfast	8:30 – 9:00
Enrichments*	9:00 – 12:30
Lunch	12:30 – 1:15
Departure	1:30

*Enrichments: Sewing, Cooking, Chess, World Studies, Computer, Physical Education, Choir, Word Games, Social games, Math games, Reading Theater, Gardening, Poetry Club, Therapeutic Art-Making

** Homework Assistance and Enrichments for 5th – 12th graders provided in a club setting and around the community.

3. Program Demographics – The Consumer Demographics need to be provided for MAP. Also, the Ethnicity Section for the proposal was not completed in the Program Demographics.
Action Required: Provide the information in the box below.

PLEASE NOTE: These are projected figures, based on current enrollment. The Moving Ahead Program does not have 100 students enrolled at this time.

Demographic Info	# of Unduplicated Individuals
Residence	
Boone County (includes City of Columbia residents)	150
City of Columbia	150
Other Counties	0
Residence Total:	150
Race	
White (alone)	15
Black or African American (alone)	115
Multiple Races	10
Asian (alone)	
Native American Indian or Alaskan Native (alone)	
Native Hawaiian or other Pacific Islander (alone)	
Some other Race	10
Race Total:	150
Ethnicity	
Hispanic or Latino (of any race)	3
Not Hispanic or Latino	147
Ethnicity Total:	150
Gender	
Female	69
Male	81
Gender Total:	150
Income	
At or below 200% of Federal Poverty Level	150
Over 200% of Federal Poverty Level	0
Income Total:	100
Age	
Infant/Toddler (birth – 2 years)	0
Preschool (3 years – 5 years)	0
School Age (6 years – 11 years)	52
Middle School (12 years – 14 years)	43
High School (15 years – 19 years)	5
Parent/Guardian (19 years and younger)	0
Parent/Guardian (20 years and older)	50
Age Total:	150

Part 2 of this question refers to the ethnicity section of the proposal submitted to BCCSF for the Trauma Informed Art-Making. The ethnicity section should reflect:

Hispanic or Latino (of any race)	1
Not Hispanic or Latino	81
Ethnicity Total	82

4. Program Access – Why aren't fees or a sliding scale utilized? Do the children qualify for any type of child care subsidy?

Action Required: Provide more information in the field below.

The Moving Ahead Program has been free of cost since 2003 and strives to remain free of cost in order to serve the community's most vulnerable populations – including unemployed parents. In 2015, the Moving Ahead Program was asked by the City of Columbia Social Services Commission to create a sliding fee scale for the Moving Ahead Program. The previous schedule has been updated and attached for your reference. As you will see, there is no fee assigned for individuals below 225% of the Federal Poverty Level. Historically, 99% – 100% of those we serve are at or below 200% of the FPL.

5. Program Quality – There was no response to g. “How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance services(s) and help with program outcomes.”

Action Required: Provide the information for this missing response in the field below.

As a recipient of funding from MODESE's 21st Century Community Learning Center program, The Moving Ahead Program will be required to conduct annual parent, student and teacher surveys related to satisfaction with the overall program. Another condition of this funding is to maintain a Parent Advisory Council for the Moving Ahead Program. The Parent Advisory Council meets at least twice per year and provides the opportunity for any parent of an enrolled student to give feedback on the program.

6. Program Budget and Narrative – The Program Budget will need to be provided for MAP.
Action Required: Complete the following table. This information will be utilized during final negotiations.

TOTAL PROGRAM REVENUE	PROPOSED AMOUNT
1. DIRECT SUPPORT	
A. Heart of Missouri United Way	\$
Narrative:	
B. Other United Ways	\$
Narrative:	
C. Capital Campaigns	\$
Narrative:	
D. Grants (non-governmental)	\$ 29,600
Narrative:	Funding from Veteran's United, Optimist, Horizon housing foundation and other
E. Fund Raising & Other Direct Support	\$ 5,000
Narrative:	
2. GOVERNMENT CONTRACTS/SUPPORT:	
A. Boone County - Children's Services Funding	\$ 200,989

Narrative:	Portion of HHC proposal to BCCSF targeted for services for MAP Parents and students, Proposal to BCCSF for Trauma Informed Therapeutic Art-Making	
B. Boone County - Community Health Funding	\$	
Narrative:		
C. Boone County - Other Funding	\$	
Narrative:		
D. Funding from Other Counties	\$	
Narrative:		
E. City of Columbia - Social Service Funding	\$	58,660
Narrative:	Funds to support Moving Ahead Program	
F. City of Columbia - CDGB/Home Funding	\$	
Narrative:		
G. City of Columbia - CHDO Funding	\$	
Narrative:		
H. City of Columbia - Other Funding	\$	
Narrative:		
I. Funding from Other Cities	\$	
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$	178,008
Narrative:	New 5yr approved federal pass-through grant from Missouri Department of Elementary and Secondary Education (21 st Century Community Learning Center), plus USDA Child and Adult Care Food Program and Summer Food Service Program.	
K. State (Purchase of Services, Grants, etc.)	\$	
Narrative:		
L. Other (Schools, Courts, etc.)	\$	
Narrative:		
3. Program Service Fees	\$	
Narrative:		
4. Investment Income (realized & unrealized)	\$	
Narrative:		
5. Other Revenue Items	\$	
Narrative:		
TOTAL PROGRAM REVENUE	\$	472,257
PROGRAM EXPENSES	PROPOSED YEAR	
1. Personnel	\$	394,068
Narrative:		
2. Non-Personnel	\$	78,189
Narrative:		
TOTAL PROGRAM EXPENSES	\$	472,257

7. There is \$34,955.00 received from a federal source listed in the proposed Program Budget.
Action Required: Provide a brief overview describing how these funds will be utilized in the field below.

Amount originally listed would have supported partial salary and benefits of the Moving Ahead Program Coordinator, and was proposed to be funded through the 21st CCLC award which was under review at the time of submission and has now been approved for funding.

Program Services Form (1-5)

8. Due to the complexity of tracking service levels and performance measures in an out of school program environment, the City and the County decided to add another service called **Out of School Programming** with a definition of: *Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before/after school, weekends, and/or during seasonal breaks (e.g.summer). This service must include at least two other related services in the Taxonomy of Service.* This new service name will allow us to capture related services as part of the Out of School Programming service description and reflected in the Performance Measures. The County will require that at least one of these services include a social-emotional component.

The City and County plan to drop Tutoring from the *Taxonomy of Services* and add the following services:

- Academic Instruction- Differentiated, curriculum-based instruction provided in a group or individual (tutoring) setting by a qualified professional to increase individual student achievement, as measured by grade-level benchmarks and standards from the student's primary source of education.
- Academic Support – Supplementary assistance with educational concepts and tasks (homework).
- Academic Enrichment – Curriculum-based activities intended to engage students in learning and increase skills and knowledge in subject matter.

Since therapeutic art is a service of the MAP program we would like to have you break down the services to include:

Service	
1	Positive Youth Development – this service will encompass the Trauma Informed Therapeutic Art-Making in After School & Summer
2	Out of School Programming – This service will encompass of the following sub-activities: <ul style="list-style-type: none"> • Academic Support • Academic Enrichment • Positive Youth Development (general MAP services) • Congregate Meals • Health Education (alluded to but not included in proposal) • Physical Activity (alluded to but not included in proposal) • Cultural Enrichment (alluded to but not included in proposal) • Personal Finance Education (alluded to but not included in proposal) • Career Exploration (alluded to but not included in proposal)
3	Parent Partnership (alluded to but not included in proposal)
4	Service Coordination or Information & Referral (alluded to but not included in proposal)

Action Required: Complete the 'Service Change Charts' for each of the services listed above.

RESPONSE:

As our previously submitted response to the City of Columbia noted (see response to clarification question #1 in this document), the Moving Ahead Program has proposed to provide the new Out of School Programming taxonomy with the sub-activities of

- Academic Support
- Academic Enrichment
- Positive Youth Development (General Activities)
- Congregate Meals

Furthermore, in response to the Boone County Children's Services Fund letter of clarification, we will add and track the following activities as individual services and have completed service change forms for:

- Positive Youth Development (Therapeutic Art-Making)
- Parent Partnership
- Case Management (Including Service Coordination and Referral)

At this time, we are also including a Service Change Form for Therapeutic Mentoring, a service outlined in the CHALIS Healthy Home Connections proposal to the BCCSF to be provided by Big Brothers Big Sisters for children enrolled in the Moving Ahead Program or living in households served by one of the Columbia Housing Authority's affordable housing programs.

9. The original proposal mentioned that transportation will be provided to students but does not indicate the funding source for this aspect of the service. Transportation is not an eligible service for the Boone County Children's Services Fund.

Action Required: Provide clarification on the funding source covering transportation costs.

Transportation will not be provided as part of the Therapeutic Art Making activity. Some students of the Moving Ahead Program are already transported to the program by the School District. A few are transported in vans provided by the Moving Ahead Program. No funding supplied by the Boone County Children's Services Fund will be used for transportation.

10. The proposal lacked information on how materials, specifically the drum set, will be used by a group of youth during the 1.5 hours of workshop time.

Action Required: Provide more information on the coordination of implementing the different workshops and how materials will be utilized by a group.

Materials will be used on- and off-site, during art-making workshops and stored in a secure, locked cabinet/storage locker. Drums, specifically the djembe (West African instrument of percussion) will be used during drumming for mental health and suicide prevention activities; conscious drumming will directly address drumming as a means to cope with stress and anxiety, as well as a way to reduce anger and aggression. Drums will be purchased at a reduced rate and MAP will also request donations to obtain additional art materials (new and gently used) from organizations in alignment with these goals and spearheading art enrichment in our community and beyond. Trained staff will conduct the drumming sessions following best practices.

11. The funding request amount seems very high for therapeutic art-making given that it is a non-clinical service and is not proposed to be provided by a qualified mental health professional. Please provide your best and final offer for this service.

Action Required: Provide justification below on the unit rate and funding request change.

Though a non-clinical service, the Trauma Informed Therapeutic Art-Making service requires a high level of specialized knowledge, training, and experience if one is to deliver the proposed activities effectively and with sensitivity to any adverse childhood experiences.

Thankfully, after receiving word that the Moving Ahead Program was a recipient of a 5-year 21st Century Community Learning Center award, we were able to make some adjustments to the proposed budget for therapeutic art-making. By reassigning some costs for training, supplies, family events and a portion of non-specialized staff to the newly awarded 21st CCLC program, the cost/UOS for this service was reduced from \$88.93 to \$72.48.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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12. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Moving Ahead Program - After School and Summer Program			
Service #1 – Taxonomy of Service Name: Positive Youth Development (Trauma Informed Therapeutic Art-Making)			
Service #1 – Taxonomy Definition of Service: Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.			
Provide a detailed description of the proposed service: The overview in the proposal provided sufficient information.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour	\$ 72.48	1800	100
Funding Request			
Amount Requested to Boone County: \$130,477		Proposed Number of Units of Service: 1800	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Academic performance improves	25% of those who participate in 5 or more sessions will improve grades between first quarter and last quarter of the school year.	Case Management records, school data pre- and post, group participation rates, pre- and post-surveys, referral forms, staff field notes	
School Attendance Improves	80% of students who participate in 5 or more sessions will improve attendance rate between first quarter and last quarter of the school year.	Case Management records, school data pre-/post, group participation rates, pre-/post surveys	
Access to and use of healthy coping strategies and methods of self-regulation improve	50% of students who participate in 5 or more sessions will increase their access to, and affirm the benefits of, alternative strategies and methods for managing stress, communicating with parents, emotional self-regulation and coping with trauma.	Case Management records, school data pre-/post progress, group participation rates, pre-/post surveys, referral forms, staff field notes, effective sharing of autobiographical written materials (journal)	
Improved levels of self-esteem, strengths use and subjective well-being	At least 30% of youth who participate in 5 or more sessions will experience an increase in levels of self-esteem and subjective well-being.	Pre- and Post-Assessments including one or more of the following: Rosenberg Self-esteem Scale, Strengths Knowledge and Strengths Use Scale, PANAS – Positive and Negative Affect Scale, SWLS - Satisfaction with Life Scale	

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Moving Ahead Program - After School and Summer Program			
Service #2 – Taxonomy of Service Name: Out of School Programming (including: Academic Support, Academic Enrichment, Positive Youth Development, Congregate Meals)			
Service #2 – Taxonomy Definition of Service: Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before/after school, weekends, and/or during seasonal breaks (e.g.summer). This service must include at least two other related services in the Taxonomy of Service.			
Provide a detailed description of the proposed service: In this section include all the services that will fall under this category and a brief overview of each. Out of School Programming includes: Academic Support – Supplementary assistance with educational concepts and tasks (homework); Academic Enrichment – Curriculum-based activities intended to engage students in learning and increase skills and knowledge in subject matter; Positive Youth Development (general) – Develops internal development assets with the goal of developing social competencies, positive values, a commitment to learning, and/or positive identities; and Congregate Meals – Provision of a nutritional meal in a group setting.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Unit for 1 student	\$3.30	79,136	100
Funding Request			
Amount Requested to Boone County: \$0		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Completion of homework assignments during the school year	At least 10% increase in the number of participants who complete homework with accuracy by the end of the schoolyear.	CPSD Data, Pre-/Post Teacher Survey, Staff Observations	
Improved Student Performance Level during the school year	By the end of the school year, 80% of students receiving individualized tutoring will reach the desired performance level outlined in their plan.	Pre-/Post assessment, Individual Learning Plan	
Improved Skills in: Reading/Communication Arts, Math, and science	School Year: At least 10% increase in the number of students who maintain and or increase grades in each of these subjects as measured by pre-/post grades entered into Kids Care Center (21 st CCLC Data) Summer: At least a 10% increase in skills in these subjects as measured by pre-/post test	MODESE Kids Care Center, 21 st CCLC Youth Survey Pre-/Post Test	
Improved commitment to learning	At least a 10% increase in percent of students categorized as Adequate or Thriving for Improved Commitment to Learning through pre-/post Search Institute Developmental Asset Profile	Pre- and Post-Survey: Developmental Asset Profile: Student Survey	
Increased access to healthy foods	At least a 10% increase in percent of students indicating they have access to healthy foods	Pre- and Post Meal Program Participant Survey	

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Moving Ahead Program - After School and Summer Program			
Service #3 – Taxonomy of Service Name: Parent Partnership			
Service #3 – Taxonomy Definition of Service: Actively coordinates parents and organizational staff to work together to support and improve the learning development, and health of the children.			
Provide a detailed description of the proposed service: The parent partnership will be managed by the Moving Ahead Program's new 21 st Century Community Learning Center Parent /School Engagement Liaison. This individual will work with the student's parent and/or guardians to ensure engagement with all aspects of Moving Ahead and for the purpose of the BCCSF specifically, therapeutic art-making. PSE also helps facilitate communication between school and family and staff.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes for 1 individual	\$10.50	1620	45
Funding Request			
Amount Requested to Boone County: 0		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Parent/Guardian will agree to participate and allow students to participate	At least 50% of parent/guardian will sign permission and parental pledge indicating they will participate and allow their student to participate in Therapeutic Art-making activities.	Permission Slips, attendance rosters, parental pledge statement	
Parent/Guardian will develop a plan and provide data related to progress	At least 30% of parent/guardian will construct a family vision plan (Road Drawing) and participate in at least one interview to track progress.	Case notes, Attendance Rosters, and one or more of the following: Diagnostic Drawing Series (DDS), Formal Elements Art Therapy Scale (Modified)	
Parents will be satisfied with Moving Ahead Program	At least 50% will express satisfaction with the Moving Ahead Program	21 st Century Learning Center Annual Parent Survey	
Time spent in family events and/or community building events increases	75% of participant families will report spending a minimum of 3 hours per month in a family activity that strengthens parent/guardian-child bonds and builds social bonds.	Case management records, attendance records, pre- post surveys, staff notes	

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Moving Ahead Program - After School and Summer Program			
Service #4 – Taxonomy of Service Name: Case Manager (consistent with HHC Program proposal)			
Service #4 – Taxonomy Definition of Service: Moving Ahead Program – Case Management			
Provide a detailed description of the proposed service: If CHALIS Healthy Home Connections proposal submitted to BCCSF is approved, an on-site HHC Family Support Specialist will be available for parents/family members of students enrolled in the Moving Ahead After School and Summer Program. Case management is a collaborative process to assess, plan, implement, coordinate, monitor, and evaluate options and services to meet an individual's health and human service needs. Characterized by advocacy, communication and resource managements. Promotes quality and cost-effective interventions and outcomes.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes for 1 individual	\$10.50	5641	150
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased use of supportive services	85% of 150 adults and/or children will utilize one or more supportive services during the funding cycle.	Case management records, attendance rosters, referral forms, pre- (at intake) and post- (3 rd contact)	
Increased family stability	90% of 150 adults will retain housing	Case management records, Housing Authority Database, Pre/ Post Interviews (at intake, mid-year and end of year)	
Improved self-reliance	15% of participating households (N not known at this time) will increase income.	Case management records, Housing Authority Database, Financial Forms, and Family Self-Sufficiency Records if available (at intake, mid-year, and post incident)	
Increased well-being	70% of 150 adults and/or children will show increased protective factors and well-being scores post-intervention,	Pre-assessment (HHC Client Needs Assessment) upon intake; Family Service Pledge; HHC Application for Assistance during crisis (as needed); 5-question pre-assessment (prior to intervention), mid-year and post-assessment of clients who complete the family service pledge	

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Moving Ahead Program - After School and Summer Program			
Service #5 – Taxonomy of Service Name: Therapeutic Mentoring (funding requested through Healthy Home Connections)			
Service #5 – Taxonomy Definition of Service: Social interaction and guidance for individuals with emotional and mental concerns provided by a trained mentor.			
Provide a detailed description of the proposed service: If funded as part of the CHALIS Healthy Home Connections Project, Big Brothers Big Sisters will provide therapeutic mentoring to the students of the Moving Ahead Program who have BBBS mentors. This service is an evolution of mentoring services that Big Brothers Big Sisters is currently delivering through the MAP for Mental Health Project. This higher level of mentoring will better address the needs of the population by providing more robust support.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Therapeutic Mentoring Hour	22.28	506	18
Funding Request			
Amount Requested to Boone County: 0		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Little's will avoid risky behaviors.	97% of Little's will indicate that "it is not okay" to take drugs that aren't given to them by a doctor or parent.	BBBS of America's Youth Outcomes Survey given to children ages 9 or older at intake and yearly anniversary of match.	
	97% of Little's will indicate that they have not been arrested in the past 12 months.	BBBS of America's Youth Outcomes Survey given to children ages 9 or older at intake and yearly anniversary of match.	
Little's will have positive academic expectations	88% of Little's will answer that they are "mostly sure" or "very sure" that they will finish high school.	BBBS of America's Youth Outcomes Survey given to children ages 9 or older at intake and yearly anniversary of match.	
Little's will receive support from adults other than parents	75% of Little's will answer "yes" to a question asking if they have a special adult in their lives.	BBBS of America's Youth Outcomes Survey given to children ages 9 or older at intake and yearly anniversary of match.	
Little's will indicate an average to high degree of parental trust	83% of Little's will have an average to high mean score across three questions examining parental trust.	BBBS of America's Youth Outcomes Survey given to children ages 9 or older at intake and yearly anniversary of match.	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: CHA Low-Income Services, Inc.				
Program Name: Moving Ahead Program – Afterschool & Summer Program				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Out of School Programming	1 hour for 1 individual	3.30	79,136	100
Parent Partnership	.15 min. for 1 individual	10.50	1620	45
Case Management	.15 min. for 1 individual	10.50	5641	150
Therapeutic Mentoring	1 hour for 1 individual	22.28	506	18
Positive Youth Development (Trauma Informed Therapeutic Art-Making)	1 hour for 1 individual	72.48	1800	100
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Positive Youth Development (Trauma Informed Therapeutic Art-Making)	\$ 130,477		1800	
Development/Start Up Service Funding	\$ 5,930			
Total Amount Requested to Boone County:	\$ 136,407			

Moving Ahead After-School Program Sliding Fee Scale											
Persons in family/ household	100 % Poverty guideline *	200%	MAP Fee 0%	225%	MAP Fee 25%	250%	MAP Fee 50%	275%	MAP Fee 75%	≥300%	MAP Fee 100%
1	\$12,060	\$24,120	\$0	\$27,135	\$20	\$30,150	\$40	\$33,165	\$60	\$36,180	\$80
2	16,240	\$32,480	\$0	\$36,540	\$20	\$40,600	\$40	\$44,660	\$60	\$48,720	\$80
3	20,420	\$40,840	\$0	\$45,945	\$20	\$51,050	\$40	\$56,155	\$60	\$61,260	\$80
4	24,600	\$49,200	\$0	\$55,350	\$20	\$61,500	\$40	\$67,650	\$60	\$73,800	\$80
5	28,780	\$57,560	\$0	\$64,755	\$20	\$71,950	\$40	\$79,145	\$60	\$86,340	\$80
6	32,960	\$65,920	\$0	\$74,160	\$20	\$82,400	\$40	\$90,640	\$60	\$98,880	\$80
7	37,140	\$74,280	\$0	\$83,565	\$20	\$92,850	\$40	\$102,135	\$60	\$111,420	\$80
8	41,320	\$82,640	\$0	\$92,970	\$20	\$103,300	\$40	\$113,630	\$60	\$123,960	\$80

For families/households with more than 8 persons, add \$4,180 for each additional person.

MAP Fee is calculated on a weekly basis per child. =

\$80

(Change this number to recalculate the table.)

* 2017 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Moving Ahead Summer Program Sliding Fee Scale											
Persons in family/ household	100 % Poverty guideline *	200%	MAP Fee 0%	225%	MAP Fee 25%	250%	MAP Fee 50%	275%	MAP Fee 75%	≥300%	MAP Fee 100%
1	\$12,060	\$24,120	\$0	\$27,135	\$25	\$30,150	\$50	\$33,165	\$75	\$36,180	\$100
2	16,240	\$32,480	\$0	\$36,540	\$25	\$40,600	\$50	\$44,660	\$75	\$48,720	\$100
3	20,420	\$40,840	\$0	\$45,945	\$25	\$51,050	\$50	\$56,155	\$75	\$61,260	\$100
4	24,600	\$49,200	\$0	\$55,350	\$25	\$61,500	\$50	\$67,650	\$75	\$73,800	\$100
5	28,780	\$57,560	\$0	\$64,755	\$25	\$71,950	\$50	\$79,145	\$75	\$86,340	\$100
6	32,960	\$65,920	\$0	\$74,160	\$25	\$82,400	\$50	\$90,640	\$75	\$98,880	\$100
7	37,140	\$74,280	\$0	\$83,565	\$25	\$92,850	\$50	\$102,135	\$75	\$111,420	\$100
8	41,320	\$82,640	\$0	\$92,970	\$25	\$103,300	\$50	\$113,630	\$75	\$123,960	\$100

For families/households with more than 8 persons, add \$4,180 for each additional person.

MAP Fee is calculated on a weekly basis per child. =

\$100

(Change this number to recalculate the table.)

* 2017 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Trauma Informed Therapeutic
Art-Making in After School
and Summer Program

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 3, 2017

CHA Low-Income Services, Inc.
Attn: Becky Markt, Director, Resident Services
201 Switzler St.
Columbia, MO 65203
bmarkt@columbiaha.com

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Markt:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 8, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	CHA Low-Income Services, Inc.
Name of Program	Trauma Informed Therapeutic Art-Making in After School & Summer Program. (see notes below about a change in the name of the program)

Program Overview Form	
------------------------------	--

1. After reading this proposal it appears that Therapeutic Art-Making is proposed as a service of the Moving Ahead Program - After School and Summer program (MAP). Please frame your clarification responses to indicate Therapeutic Art-Making is a service of MAP.
Action Required: Complete the following responses in regard to MAP and the proposed service as a sub-activity. Provide any questions or comments in the field below.

--

2. Program Overview- an overview of MAP needs to be provided.
Action Required: Provide an overview of MAP. Incorporate information on how the Trauma Informed Therapeutic Art-Making will be incorporated into the program.

--

3. Program Demographics – The Consumer Demographics need to be provided for MAP. Also, the Ethnicity Section for the proposal was not completed in the Program Demographics.
Action Required: Provide the information in the box below.

Demographic Info	# of Unduplicated Individuals
Residence	
Boone County (includes City of Columbia residents)	
City of Columbia	
Other Counties	
Residence Total:	
Race	

White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native (alone)	
Native Hawaiian or other Pacific Islander (alone)	
Some other Race	
Race Total:	
Ethnicity	
Hispanic or Latino (of an race)	
Not Hispanic or Latino	
Ethnicity Total:	
Gender	
Female	
Male	
Gender Total:	
Income	
At or below 200% of Federal Poverty Level	
Over 200% of Federal Poverty Level	
Income Total:	
Age	
Infant/Toddler (birth – 2 years)	
Preschool (3 years – 5 years)	
School Age (6 years – 11 years)	
Middle School (12 years – 14 years)	
High School (15 years – 19 years)	
Parent/Guardian (19 years and younger)	
Parent/Guardian (20 years and older)	
Age Total:	

4. Program Access – Why aren't fees or a sliding scale utilized? Do the children qualify for any type of child care subsidy?

Action Required: Provide more information in the field below.

5. Program Quality – There was no response to g. "How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance services(s) and help with program outcomes."

Action Required: Provide the information for this missing response in the field below.

--

6. Program Budget and Narrative – The Program Budget will need to be provided for MAP.
Action Required: Complete the following table. This information will be utilized during final negotiations.

TOTAL PROGRAM REVENUE	PROPOSED AMOUNT
1. DIRECT SUPPORT	
A. Heart of Missouri United Way	\$
Narrative:	
B. Other United Ways	\$
Narrative:	
C. Capital Campaigns	\$
Narrative:	
D. Grants (non-governmental)	\$
Narrative:	
E. Fund Raising & Other Direct Support	\$
Narrative:	
2. GOVERNMENT CONTRACTS/SUPPORT:	
A. Boone County - Children's Services Funding	\$
Narrative:	
B. Boone County - Community Health Funding	\$
Narrative:	
C. Boone County - Other Funding	\$
Narrative:	
D. Funding from Other Counties	\$
Narrative:	
E. City of Columbia - Social Service Funding	\$
Narrative:	
F. City of Columbia - CDGB/Home Funding	\$
Narrative:	
G. City of Columbia - CHDO Funding	\$
Narrative:	
H. City of Columbia - Other Funding	\$
Narrative:	
I. Funding from Other Cities	\$
Narrative:	
J. Federal (Medicaid, Title III, etc.)	\$
Narrative:	

K. State (Purchase of Services, Grants, etc.)	\$	
Narrative:		
L. Other (Schools, Courts, etc.)	\$	
Narrative:		
3. Program Service Fees	\$	
Narrative:		
4. Investment Income (realized & unrealized)	\$	
Narrative:		
5. Other Revenue Items	\$	
Narrative:		
TOTAL PROGRAM REVENUE	\$	
PROGRAM EXPENSES	PROPOSED YEAR	
1. Personnel	\$	
Narrative:		
2. Non-Personnel	\$	
Narrative:		
TOTAL PROGRAM EXPENSES	\$	

7. There is \$34,955.00 received from a federal source listed in the proposed Program Budget. Action Required: Provide a brief overview describing how these funds will be utilized in the field below.

--

Program Services Form (1-5)	
------------------------------------	--

8. Due to the complexity of tracking service levels and performance measures in an out of school program environment, the City and the County decided to add another service called **Out of School Programming** with a definition of: *Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before/after school, weekends, and/or during seasonal breaks (e.g.summer). This service must include at least two other related services in the Taxonomy of Service.* This new service name will allow us to capture related services as part of the Out of School Programming service description and reflected in the Performance Measures. The County will require that at least one of these services include a social-emotional component.

The City and County plan to drop Tutoring from the *Taxonomy of Services* and add the following services:

- Academic Instruction- Differentiated, curriculum-based instruction provided in a group or individual (tutoring) setting by a qualified professional to increase individual student

achievement, as measured by grade-level benchmarks and standards from the student's primary source of education.

- Academic Support – Supplementary assistance with educational concepts and tasks (homework).
- Academic Enrichment – Curriculum-based activities intended to engage students in learning and increase skills and knowledge in subject matter.

Since therapeutic art is a service of the MAP program we would like to have you break down the services to include:

Service	
1	Positive Youth Development – this service will encompass the Trauma Informed Therapeutic Art-Making in After School & Summer
2	Out of School Programming – This service will encompass of the following sub-activities: <ul style="list-style-type: none"> • Academic Supprt • Academic Enrichment • Positive Youth Development (general MAP services) • Congregate Meals • Health Education (alluded to but not included in proposal) • Physical Activity (alluded to but not included in proposal) • Cultural Enrichment (alluded to but not included in proposal) • Personal Finance Education (alluded to but not included in proposal) • Career Exploration (alluded to but not included in proposal)
3	Parent Partnership (alluded to but not included in proposal)
4	Service Coordination or Information & Referral (alluded to but not included in proposal)

Action Required: Complete the 'Service Change Charts' for each of the services listed above.

--

9. The original proposal mentioned that transportation will be provided to students but does not indicate the funding source for this aspect of the service. Transportation is not an eligible service for the Boone County Children's Services Fund.

Action Required: Provide clarification on the funding source covering transportation costs.

--

10. The proposal lacked information on how materials, specifically the drum set, will be used by a group of youth during the 1.5 hours of workshop time.

Action Required: Provide more information on the coordination of implementing the different workshops and how materials will be utilized by a group.

--

11. The funding request amount seems very high for therapeutic art-making given that it is a non-clinical service and is not proposed to be provided by a qualified mental health professional. Please provide your best and final offer for this service.

Action Required: Provide justification below on the unit rate and funding request change.

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

12. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Moving Ahead Program - After School and Summer Program			
Service #1 – Taxonomy of Service Name: Positive Youth Development (Trauma Informed Therapeutic Art-Making)			
Service #1 – Taxonomy Definition of Service: Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.			
Provide a detailed description of the proposed service: The overview in the proposal provided sufficient information.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County: \$		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Moving Ahead Program - After School and Summer Program			
Service #2 – Taxonomy of Service Name: Out of School Programming (including:)			
Service #2 – Taxonomy Definition of Service: Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before/after school, weekends, and/or during seasonal breaks (e.g.summer). This service must include at least two other related services in the Taxonomy of Service.			
Provide a detailed description of the proposed service: In this section include all the services that will fall under this category and a brief overview of each.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County: \$		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Moving Ahead Program - After School and Summer Program			
Service #3 – Taxonomy of Service Name: Parent Partnership			
Service #3 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Moving Ahead Program - After School and Summer Program			
Service #4 – Taxonomy of Service Name: Service Coordination or Information & Referral (choose one)			
Service #4 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: CHA Low-Income Services			
Program Name: Moving Ahead Program - After School and Summer Program			
Service #5 – Taxonomy of Service Name: Site-Based Mentoring or Therapeutic Mentoring (funding requested through Healthy Home Connections) – depends on clarification question #9			
Service #5 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

were requested.

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Organization Profile

Trauma Informed Therapeutic
Art-making in After School +
Summer Program

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

CHA Low-Income Services, Inc.

DBA:

CHALIS

Federal EIN Number:

77601167

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

201 Switzler St.

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Phone Number:

573-443-2556 x1100

Website:

www.columbiaha.com

Head of Organization

Philip Steinhaus

Head of Organization Phone:

573-443-2556

Address

201 Switzler Street

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Fax Number:

573-443-0051

Email:

bmarkt@columbiaha.com

Head of Organization Title (e.g. Director, President, CEO)

Chief Executive Officer

Head of Organization Email:

psteinhaus@columbiaha.com

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Address

City

State

County

Zip

Local Contact Name:

Local Contact Email:

Local Organization Fax:

Address

City

State

County

Zip

Local Contact Title:

Local Contact Phone:

General Information

Organization

Mission

Statement

(Purpose):

Provide your organization's mission statement. (600 character limit)

The Mission of CHA Low-Income Services, Inc. (CHALIS) is to provide a complement of community-based programs and services to public housing residents and other low to moderate income persons focused on youth succeeding; adult self-sufficiency; seniors and persons with disabilities living independently and affordable housing development.

Organization

History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

CHALIS is a 501(c)(3) not-for-profit corporation, created by the Housing Authority of the City of Columbia in 2003 to increase and diversify funding sources for the expansion of resident services and self-sufficiency programs that, historically, have been funded by government grants. Over the years, CHALIS has been successful at obtaining funds and subsequently implementing contracts from SAMHSA, HUD, DNR, MO DPS, MO DESE, MO DHSS, MO Foundation for Health, ACTMissouri, City of Columbia Social Services, and most recently from Boone County Children Services, and Heart of MO United Way.

Brief Statement

of Organization's

Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

CHALIS works alone and in collaboration with other agencies to increase access to opportunities and services of all kinds and types for persons of low income, who reside in the City of Columbia, Missouri and in Boone County, Missouri; and to increase access to youth programming of all kinds and types for children of low and moderate income persons residing in Boone County Missouri.

Articles of

Incorporation:

**Provide a copy
of the
organization's
Articles of
Incorporation.**

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1432739286_30405_Articles%26CertificateofIncorporation.pdf/

Bylaws:

**Provide a copy
of the
organization's
Bylaws.**

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1465412728_34051_CHALISBy-Laws-Adopted2003.docx/

Organizational
Chart

(must be for the
entire
organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1439930477_30406_Appendix1a-OrganizationalChart-CHALIS-Revisions2015-06.pdf/

Strategic
Plan:

Strategic Plan (MUST BE IN PDF FORMAT)

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

CHALIS serves the geographic area known as Boone County, Missouri.

Population Served: Briefly describe the population(s) served by your organization. (600 character limit)
 CHALIS serves children, youth, families and all other persons of low and moderate income residing in Boone County, Missouri.

Conflict of Interest Policy: Does your organization have a written Conflict of Interest policy?
 yes

Whistleblower Policy: Does your organization have a written Whistleblower policy?
 yes

Business Continuity Plan: Does your organization have a written Business Continuity plan?
 yes

Records Retention Policy: Does your organization have a written Records Retention policy?
 yes

If yes, does the Records retention policy include a Records Retention Schedule?
 yes

Governing Board

Length of Board Term (e.g. "2 years"):

4 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
John French	Board Member	06/19/2017	05/31/2021	2209-A N. Creasy Springs Rd. Columbia, MO 65202	✓	Added on 06/23/2017
Robin Weneker	Board Member	06/19/2017	05/31/2021	1404 Torrey Pines Drive Columbia, MO 65203	✓	Added on 06/23/2017
Bob Hutton	Board Member	06/01/2015	05/31/2019	2252 Country Lane Columbia, MO 65201	✓	Added on 05/29/2015
Max Lewis	Public Housing Resident Representative	06/01/2016	05/31/2020	1201 Paquin St, Apt. 609	✓	Added on 05/29/2015
Genie Rogers	Chair	06/01/2014	05/31/2018	1400 Business Loop 70 East Columbia, MO 65201	✓	Added on 09/08/2015

Total Active Links:5, Total Deactivated Links:5, Current Active Links:5, Current Deactivated Links:5

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

October 1 - September 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1432915235_29953_CHALIS501C3Status.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1491947732_29954_CHAAuditReport9-30-2016.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1498143706_29955_CHALISForm990FYE2016filed6-22-2017.pdf.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The CHALIS Board of Directors reviews and approves the annual and midyear CHALIS budget and monthly financial statements. The Board reviews and approves all accounts payable payments before they are issued. The CEO and a Board member have their electronic signatures placed on each check as the only approved endorsers of the agency's checks. Board members follow a Conflicts of Interest policy whereby they do not accept gifts, gratuities, favors or other items of value which might appear to influence purchasing decisions. Property and equipment dispositions require the approval of the Board.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:

Qualifications:

FTE:

Salary:

Benefits:

Active Date

Program Coordinator	BA	1.00	\$45,870.00	\$8,914.00	✓	Added on 07/28/2015
Program Coordinator	BA	1.00	\$47,664.00	\$8,999.00	✓	Added on 06/03/2015
CEO	B.A.	0.02	\$120,230.00	\$16,314.00	✓	Added on 07/28/2015
Director of Resident Services	BA	1.00	\$60,972.00	\$9,969.00	✓	Added on 06/03/2015
Program Coordinator	BA or equivalent	1.00	\$42,557.00	\$7,800.00	✓	Added on 06/03/2015

Total Active Links:5, Total Deactivated Links:3, Current Active Links:5, Current Deactivated Links:3

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Non-applicable

Accreditation 2:

Non-applicable

Accreditation 3:

Non-applicable

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1499978109_32839_OrgBudgetTemplate_For_Apricot_Upload_Jul_1_17-Jun_30_18_ReviewTeam1.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1498144995_32678_CHAPHPK1567670InsurancePolicy10252016_10252017.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473804760_32841_CHALIS.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473804760_32847_CHALIS.pdf/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)**Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)****Addendums (MUST BE IN PDF FORMAT)**

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 10 Links

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
2017 Health RFP (Open ends 02/03/2017 11:59 PM CST)	CHA Low-Income Services, Inc.	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018	✓	Added on 01/09/2017
Children's Services Fund - POS RFP #25-15JUN15 (Modified Interim POS Report ends 08/01/2017 12:00 PM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	✓	Added on 05/29/2015

Total Active Links:10, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

| Next

System Fields

Record ID

12689

Modification Date

07/13/2017 3:35 PM CDT

Modified By

CHA Low-Income Services, Inc. ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

CHA Low-Income Services, Inc.

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Trauma Informed Therapeutic Art-Making in After School & Summer Program

Amount of Request

\$168,607.00

County-Children's Services - Service Type (check all that apply)

Prevention programs which promote healthy lifestyles among children and youth and strengthen families
Individual, group, or family professional counseling and therapy services

Program Information

Program Website (will default to Organization website)

www.columbiaha.com

Address

201 Switzler St.

City

Columbia

State

Missouri

County

Boone

Zip

65203

Program Administrator Name

Becky Markt

Phone Number

573-443-2556 x1250

Address

201 Switzler Street

City

Columbia

State

Missouri

County

Boone

Zip

65203

Program Administrator Title

Director, Resident Services

Email

bmarkt@columbiaha.com

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500043444_30421_AttachmentA2017OrganizationAssuranceSheet.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500043444_30420_AttachmentBCertificationRegardingDebarment%2CSuspension%2CIneligibilityandVoluntaryExclusion.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500043444_30419_AttachmentCWorkAuthorizationCertification.pdf/

Signed Addendums

/document/download/filename/1500389766_30418_SignedAddendums1_3.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Link Info

Active Date

CHA Low-Income Services, Inc.

201 Switzer Street

Philip Steinhaus

✓ Added on
06/09/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

77601167

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Phil Steinhaw, Executive Director
Name and Title of Authorized Representative

Phil Steinhaw 7/11/17
Signature Date

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Phil Steinhaus

Printed Name - Organization Executive Director/President/CEO

7/11/17

Date

Phil Steinhaus

Signature - Organization Executive Director/President/CEO

7/11/17

Date

GENIE ROGERS

Printed Name - Organization Board Chair

7/13/17

Date

Genie Rogers

Signature - Organization Board Chair

7-13-17

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

Phil Steinhaw, Executive Director
Name and Title of Authorized Representative

Phil Steinhaw 7/11/17
Signature Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

My name is Phil Steinhaus I am an authorized agent of CHA Low-Income Services, Inc. (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Phil Steinhaus 7/11/17
Affiant Date

Phil Steinhaus
Printed Name

Subscribed and sworn to before me this 11 day of July, 2017.



ELTONYA R. RHOADES
My Commission Expires
February 28, 2021
Boone County
Commission #13454534

Eltonya R. Rhoades
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – Purchase of Service Contracts was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:
<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda B. Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: CHA LOW-INCOME SERVICES INC

Address: 201 SWITZLER ST, COLUMBIA, MO, 65203

Phone Number: 573-443-2856

Fax Number: 573-443-0051

E-mail: psteinhaus@columbiang.com

Authorized Representative Signature: Phil Steinhaus Date: 7/18/17

Authorized Representative Printed Name: Phil Steinhaus

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Collins	Hardy Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank K.C.	874-8506	874-8432
8.	Bob Hull	US Bank	446-3394	446-4061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

23.	Bonnie Layton	Central Bank		874-8501
24.	Jennifer Hickman	US Bank		446-6738
25.	Erica Wright	US Bank		673-231-5902
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

a. You included the following requested attachments:

Attachment A 2017 Organization Assurance Sheet
Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: CHA LOW-INCOME SERVICES INC.

Address: 201 SWITZLER ST. COLUMBIA, MO. 65203

Phone Number: 573-443-2566 Fax Number: 573-443-0051

E-mail: psteinhaus@columbiaha.com

Authorized Representative Signature:  Date: 7/18/17

Authorized Representative Printed Name: Phil Steinhaus



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: CHA LOW-INCOME SERVICES INC.

Address: 201 SWITZLER ST., COLUMBIA, MO 65203

Phone Number: 573-443-2556 Fax Number: 573-443-0051
ext 1100

E-mail: psteinhaus@columbiacha.com

Authorized Representative Signature: Phil Steinhaus Date: 7/18/17

Authorized Representative Printed Name: Phil Steinhaus

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Tim Artag	U of Mo CFPR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Luck	Rainbow House	573-473-2563	
15.	Roz Rone	YC2	573-554-7011	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Sherry Johnson	Tree Top LLC	886-4391	
3.	Earnestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klostermann	CMCA BRIDGE	573 427 7897	
5.	Mernell King	CMCA Bridge	573-999-4179	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A!	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madeline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573 884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vikki Dawett	EC-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Julie Kiessling	Kiessling & Assoc.	573-554-2122	
15.	Tara Lesby	Kiessling & Assoc.	573-821-5370	
16.	Melody Biling	SOAR	573-884-6324	
17.	Carole Smith	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond Society	(777) 677-5215	
19.	Becky Markt	CHA Low-Income Svc	573-443-2556	0551
20.	Gay Littleton	MLJ CLC	573 449-5600	573 875 1535
21.	Minam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Chad	WV Bridge	265-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Bernice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Megladol	Boys Girls Club	268 8549	
28.	Mark Brendel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-9899727	
30.	Heather Dinn	H Fletcher, ZBBS	573-874-3677	
31.	Lance Bang-Walker	Rep to of Ryd	884-6136	
32.	Michelle Shiller	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Kelly Hill	Heart of MO CASA	442-4670	N/A
23.	Jim Trust	Grade A Plus	573-268-4322	
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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	CHA Low-Income Services, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Trauma Informed Therapeutic Art-Making in After School & Summer Program
Amount of Request	\$168,607.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Trauma remains a foundational disruption in youth of all ages and backgrounds; however, increasing evidence exists tying trauma and stressors to a lower socioeconomic status. Increasing numbers of children in Columbia grow up in households experiencing a debilitating web of trauma and stress. Particularly for minority children, the combination of on-going shocks and stressors tied to poverty significantly diminish their prospects in our community; children of minority backgrounds are more likely to grow up in poverty, experience mental and physical health problems, suffer academic setbacks or reduced outcomes and engage in substance abuse than their non-minority counterparts. Youth who experience complex trauma require a safe, nurturing and supportive community to reinforce well-being and build resilience.

Over the past two years, Columbia Public Schools and local educators have undertaken the task of addressing trauma-informed care among youth in our area. In concert with this vision, the proposed project will strengthen an emerging fabric of trauma-informed and trauma responsive methods, used by non-clinical practitioners, and those which align with county-level goals of: providing home-based and community-based intervention programs, promoting healthy lifestyles, strengthening socioemotional well-being of children and families, and providing therapeutic supports for youth and families.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

From 2000 to 2010, US Census data shows the percentage of people living in poverty in Missouri jumped from 14.9% to 24.9%. According to a New York Times study on upward mobility in 2015, the only county worse than Boone County in Missouri for children growing up in a low income household is St Louis City. Within Boone County, the problem of poverty is acute in impoverished neighborhoods of Columbia; according to BID, Columbia had 1459 households with children in extreme poverty in 2015, and many households identify as African American.

"Living with persistent poverty is toxic to one's psychological health" and research shows that diverse, low-income families are at greater risk for

psychological distress and trauma—experienced by parents and youth alike (Santiago 2011). From 2004-2009, the percentage of black children eligible for free or reduced lunch (FRL) in Columbia Public Schools rose from 71% to 77% compared to a range 18% to 34% of their Caucasian peers during that same time period. By 2015, that number had risen to 85% of black children eligible for FRL (Columbia Public Schools Student Data 2015). Growing up poor and black in one of the two most difficult places in our state to overcome poverty (Boone County) creates a cycle of stress leading to childhood trauma in minority children. Early mental health screenings and community-based interventions are key to mitigating shocks and breaking a transgenerational cycle of trauma in Missouri.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

1. Increase protective factors and reduce risk factors by: a) increasing youth access to front-line behavioral and socioemotional health screenings; b) trauma-informed services.
2. Increase youth engagement via therapeutic art-based interventions that build resilience and strengthen social bonds.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

In an effort to address complex trauma among impoverished youth and families in Columbia (who are our clients) we will embed trauma-informed therapeutic interventions into the Moving Ahead Program (MAP)—an afterschool program held in the J. W. "Blind" Boone Community Center of CHALIS. We will target a distinct group: minority and underserved youth ages 5-15 exposed to childhood trauma of one or more of the following forms: poverty, domestic violence, crime, hunger, mental illness, and/or substance use. We will provide confidential front-line behavioral, socioemotional and mental health screenings using the UCLA Child PTSD Index then offer opportunities for voluntary participation in trauma-informed art-making, applied theater workshops, conscious drumming and community celebrations.

Nearly all (97%) of the MAP-enrolled children meet the guidelines for FRL in the Columbia Public School District. Additionally, MAP requires family involvement in monthly events and provides wrap-around services including behavioral health services for children and families, as well as referral to community resources and service coordination to address basic needs on the household level. We will increase engagement on a household and community level; all activities are designed to strengthen social bonds and networks for youth in critical need of supportive mechanisms to overcome psychosocial trauma and establish socioemotional wellbeing.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Consumers who will be served by the proposed program are current and prospective clients of CHALIS and meet the following financial guidelines (of annual income) for participation in CHA's subsidized housing programs:

#HH PH Section 8/HCV

1	\$ 36,500	\$ 14,400
2	\$ 41,700	\$ 16,450
3	\$ 46,900	\$ 18,500
4	\$ 52,100	\$ 20,550
5	\$ 56,300	\$ 22,200
6	\$ 60,450	\$ 23,850
7	\$ 64,650	\$ 25,500
8	\$ 68,800	\$ 27,150

CHALIS' existing relationship and programs for youth enrolled in MAP and families living in low income situations, lends the program a unique level of access to families who participate in CHA's public housing projects, and those on a Housing Choice Voucher (HCV) program will be one of our main avenues for reaching the 5-15 year old youths and their families (consumers).

In 2014, CHA databases indicated children under the age of 18 made up 53% of all Housing Choice Voucher Residents. African Americans represent 69% of Housing Choice Voucher participants. Single parent female-led households are also predominant. This population, along with residents in public housing, will constitute our consumer base.

Key:

#HH=number in household

PH=Public Housing

HCV=on a housing choice voucher

b. Why will these particular consumers be served? (1500 character limit)

Through the Moving Ahead Program, we have access to 82 youth of low income and of minority status in Boone County. Because CHALIS has a unique level of access to these consumers, the organization offers an existing structure of established support through which to provide this program. Our organization reduces transaction costs for the County and builds trusting relationships with these families, on a daily basis; therefore, we have a working system and interpersonal ties to some of Columbia's most vulnerable families—whose children stand in critical need of these services.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Parents may not trust in our strategy for maintaining confidentiality. To mitigate concerns, we'll consult with an advisory committee to draft permission

slips which parents may sign on behalf of their children. Staff will answer questions as they arise. Youth will be able to privately sign a pledge to participate, or decline to participate, as they so choose. By giving youth the choice, they can invest in their own well-being and assure parents that participation is voluntary. Attendance and transportation may pose a challenge, and MAP will employ vans as needed.

d. Total number of unduplicated individuals to be served by the proposed program:

82

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

2482.46

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

82

City of Columbia

82

Other Counties

0

Residence Total

82

Record Lock

0

Race

White (alone)

4

Black or African American (alone)

68

Native American Indian or Alaskan Native

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

6

Some Other Race

4

Race Total

82

Ethnicity

Hispanic or Latino (of any race)

0

Not Hispanic or Latino

0

Ethnicity Total

Gender

Female

38

Male

44

Other

0

Gender Total

82

Income

At or below 200% of Federal Poverty Level

82

Over 200% of Federal Poverty Level

0

Income Total

82

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

46

Middle School (12 years – 14 years)

36

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

82

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

3

b. Provide information on the types of training that will be offered. (1500 character limit)

Staff will receive training in the following trauma informed methods:

- Teachers as Therapists
- Arts for Healing
- Conscious Drumming

At the end of the training, these staff will be classified as trained facilitators and will be able to offer the trauma informed art-making to youth in other after school programs and throughout the community.

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

The location of this program is the JW "Blind" Boone Community Center, within the Moving Ahead Afterschool and Summer Program. The program currently operates Monday - Friday when school is in session from 2:30 p.m. to 6:30 p.m. and for 4 - 5 weeks in the summer Monday - Friday from 8:30 a.m. to 6:30 p.m.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

All youth within MAP shall receive behavioral and socioemotional health screenings and frontline mental health screenings, as well as access to workshops, activities and events described herein. By virtue of their enrollment at MAP, youth will be eligible to participate on a voluntary basis and if/when their caregivers sign consent forms to release information as the need for referral arises.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

Narrative

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Narrative

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Narrative

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

No fee is charged.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Facilitators of therapeutic art-making, expressive writing, applied theater and conscious drumming do not require licensure, as these activities, although rooted in empirically supported therapeutic paradigms, are not considered art or music "therapy."

Licensed art and music therapists, as well as an ethno-musicologist, will be consulted as part of the advisory committee.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

If Yes - Provide the name of the accreditation agency. (300 character limit)

The program is informed by techniques and methodology espoused by BuildaBridge International (BABI).

BABI Institute partners with an institution of higher learning, Eastern University, to offer accredited courses and provide CEUs.

The Institute is accredited by the Art Therapy Credentials Board.

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

Eastern University became an accredited member of Middle States Commission on Higher Learning (MSCHL) in 1954 and renewed accreditation in 2013. The state of Pennsylvania signed the State Authorization Reciprocity Agreement (SARA) in January 2017, and this allows Eastern to operate in SARA states.

If Yes - Provide a description of the accreditation process: (600 character limit)

Eastern University, partner of BABI in offering the Institute, is also accredited through MSCHL on a 2015 Carnegie Classification for Master's Colleges & Universities.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

BABI curricula for arts in healing launched in 1997 as a unique methodology accredited by ATCB in content areas 1, 2, 3 and, 4. It facilitates three goals: hope in a future orientation; healing and holistic well-being; resilience by acquiring and using tools gained to bounce back from adversity. Four concepts underpin the method: Child-Centered; Hope-Infused; Trauma-Informed; Arts-Integrated.

Conscious Drumming is rooted in music therapy and the work of BABI therapist, Jim Borling MM, MT-BC, FAMI and author, Jeff Strong.

Expressive Writing and Applied Theater: see articles in References.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

To maintain accountability, the program will consult with an advisory committee made up of experts in emerging best practices, which we affirm as

integral to the program in order to do no harm and adhere to consensus on methods. All activities will remain informed by empirical research and experimental research in the fields of trauma, behavioral and clinical psychology, music and art therapy, while striving to meet standards set by: the American Psychiatric Association and the American Psychological Association. Non-clinical interventions will adhere to community development principles (CDS).

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

Narrative

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

The work of van der Kolk, B. (1994,2005) is fundamental to vicarious trauma & how trauma is linked to the body (psychobiology). Bath, Howard (2008) & Benard, B. (2004); Cohen, B., Barnes, M., & Rankin, A. (1995) informs our trauma-informed care to reduce traumatic stress and build resilience; we'll use Caine, R. & Caine, G. (1994) as a teaching guide and consult the "Child trauma handbook..." in designing courses (Greenwald, R. 2003).

Art therapy and neurobiological-based trauma protocols noted by Hass-Cohen, N., Clyde Findlay, J., Carr, R., & Vanderlan, J.(2014) show that remaining flexible is key to refining this work, for it is emerging as we speak. Nevertheless, there is ample discussion by Cohen, J., Mannarino, A., & Deblinger, E. (2006) noting that these techniques support treating trauma and traumatic issues in children and adolescents.

So too, Steele, W., & Kuban, C. (2013) cite evidence-based, sensory interventions as a way to treat trauma. Self-disclosure via expressive writing is cathartic according to Evans, C.M.G. (2000) in "The effects of writing about traumatic experiences..." Furthermore, a new study by Greenbaum, C. & Javdani, S. (2017) claims that expressive writing, as an intervention, promotes resilience. Mindfulness and guided imagery promotes wellness (Curran, E. 2007) and numerous studies inform our best practices in applied theater, as follows: Nicholson, H. (2005); Taylor, P. (2003); Thompson, J., and Schechner, R. (2004); Rohd, M. (2017).

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

Narrative

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

All of these activities are unique and innovative to an afterschool program. Within Missouri, the BABI method has been used once previous to this program, through the cooperation of Vessels International, BuildaBridge, Rotary District 6080, and Rotary Club of Columbia, during the inaugural 2017 COMO Creative Arts Camp in Columbia funded through a Rotary district simplified grant. At that time, 5 youth from MAP attended the camp and made marked progress in self-regulation and addressing behavioral concerns through expressive art-making, writing and theater. They have since asked for more--more use of these techniques in their everyday lives. We are, therefore, responding to a consumer need.

Perhaps the most innovative feature of this program is its adherence to the Community Development Society's Principles of Best Practice. Based upon a belief that a community, or a village, must work together, surround youth and support their success, the MAP program will hold community-building events to reinforce the use of these positive coping skills in the wider community while strengthening social bonds among youth, parents, educators and our local community.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

An advisory committee comprised of experts in several fields will continuously provide suggestions for quality improvement and serve as a sounding board for feedback and accountability, including members of the following organizations:
Members of the University of Missouri International Center for Psychosocial Trauma (ICPT) have trained over 6000 educators worldwide. The Center is comprised of multiple clinicians with local licenses as psychiatrists, counselors, psychologists and art therapists.
BuildaBridge International (BABI) has worked around the world, since 1997, in communities ravaged by war, disaster and conflict. The best practices established by BABI will provide exceptional guidance for improvement.
University of Missouri Center for Applied Theater and Research will offer the insights and expertise of faculty to guide the theater-related side of our program, according to best practices and emerging research in applied theater.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Narrative

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

- University of Missouri International Center for Psychosocial Trauma (ICPT):
Members will serve on the advisory committee and train staff.
- Family Counseling Center: CHALIS will consult with and send referrals to FCC.
- BuildaBridge International (BABI) for training, program development and sustainability, and guidance in best practices.
- Boys and Girls Club (BGC):
Members will serve on the advisory committee. CHALIS will offer services to BGC, in the form of workshops and collaborative, combined community-based events.
- University of Missouri Center for Applied Theater and Research:
Faculty will serve on the advisory committee and guide the theater-related side of program, according to best practices and emerging research in applied theater.
- Vessels International, Inc. will offer continued program development support, referrals, and forge connections to: ICPT and BABI, trauma-informed artist-educators, general volunteer support on a local level, and donations-in-kind of gently used art supplies.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Program Director	MQ1 Bachelors Degree in social work, education, counseling, psychology, or related field; experience working with a diverse population, families, elderly and persons with disabilities.	FTE1 0.10	SR1 FROM \$42,000.00	SR1 TO \$69,000.00
P2 Program Coordinator	MQ2 Bachelors Degree in social work, education, counseling, psychology, or related field; experience working with a diverse population, families, the elderly and persons with disabilities.	FTE2 0.40	SR2 FROM \$38,000.00	SR2 TO \$55,000.00
P3 Project Coordinator	MQ3 Bachelor Degree in social work, counseling, psychology, or related field required. License or extensive experience preferred.	FTE3 0.20	SR3 FROM \$40,000.00	SR3 TO \$57,000.00
P4 Instructor of Applied Theater	MQ4 MFA in Theater; Preferred PhD (in-progress): Theatre and Performance Studies with an emphasis in applied theater and instruction; Certification in: Multicultural Education; Community Processes or Comm	FTE4 0.50	SR4 FROM \$38,000.00	SR4 TO \$50,000.00
P5	MQ5	FTE5 0.00	SR5 FROM \$0.00	SR5 TO \$0.00
P6	MQ6	FTE6 0.00	SR6 FROM \$0.00	SR6 TO \$0.00
P7	MQ7	FTE7 0.00	SR7 FROM \$0.00	SR7 TO \$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Program Director (PD): program oversight and supervision/management of all employees within program; development & fiscal leadership, reporting & evaluation; management of marketing/media/public relations.

Program Coordinator (PC): consult with PD to align all efforts; consult with Project Coordinator (PJC) to approve outlay of programming; coordinate all parties—paid and non-paid staff who screen and teach youth; collect permission slips and pledges of participation from youth; collaborate with PJC to design community showcase events.

Project Coordinator (PJC): consult with PC to conduct planning sessions and refine on-site programming related to trauma-informed art-making, applied theater and drumming; collaborate with Instructor of Applied Theater (IAT) to design workshops; recruit and manage volunteers associated with activities; coordinate staff training for capacity-building in these techniques and best practices; organize community showcase events with IAT; provide referrals to

services.

Instructor of Applied Theater (IAT): (part-time) will design & facilitate 2-3 evidence-based sessions/wk. at 1.5 hrs. each; organize youth & community-building performances; fund-raise; use best practices & guide evaluation

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
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1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Funding proposal for one year	\$168,607.00	83
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %

Federal funding sources that also help and support this program

\$34,955.00 17

K. State (Purchase of Service, Grants, etc.) (300 character limit)

2K 2K %

Narrative

\$0.00 0

L. Other (Schools, Courts, etc.) (300 character limit)

2L 2L %

Narrative

\$0.00 0

3. Program Service Fees (300 character limit)

3. 3 %

Narrative

\$0.00 0

4. Investment Income (realized & unrealized) (300 character limit)

4. 4 %

Narrative

\$0.00 0

5. Other Revenue Items (300 character limit)

5. 5 %

Narrative

\$0.00 0

TOTAL REVENUE

203562

TOTAL PROGRAM REVENUE

PROGRAM EXPENSES

1. Personnel

1. 1 %

\$159,323.00 78

Personnel Narrative (300 character limit)

Total Salaries and Benefits

2. Non-Personnel

2. 2 %

\$44,239.00 22

Non-Personnel Narrative (300 character limit)

Total Program Supplies, Mileage, Office Supplies and Other Expenses

TOTAL EXPENSES

203562

TOTAL PROGRAM EXPENSES

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$168,607.00

Year 2 Total Request

\$160,087.00

Total Amount Request from CSF

328694

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

We will attempt to seek additional funding through:

Walmart Foundation

The Rotary Foundation

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Bath, Howard. (2008). The three pillars of trauma-informed care. Reclaiming children and youth. 17(3), 17-21.

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Caine, R. & Caine, G. (1994) Making connections: Teaching and the human brain. NY: Addison Wesley.

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Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	CHA Low-Income Services, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Trauma Informed Therapeutic Art-Making in After School & Summer Program
Amount of Request	\$168,607.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$8,520.00

b. Describe how the funds will be utilized. (600 character limit)

In order to deliver contracted services to youth, three CHALIS staff members will receive training in trauma-informed therapeutic techniques: program coordinator; project coordinator; resident services/social worker.

Training costs, at a total of \$5520, include the following courses:

Teachers as Therapists (\$750)

Arts for Healing and Conscious Drumming (total, combined: \$4770)

Art and Percussion Supplies will be purchased as follows:

\$3000 is a one-time cost, to purchase djembe drums which will be used on-site and at partner sites

c. Provide justification for the request for one-time funding. (600 character limit)

Staff will utilize existing knowledge of "Foundational Trauma-informed Art-Making" rooted in an evidence-based training they received in 2017, from Build-a-Bridge International (hereafter BABI). In order to appropriately design and manage this project, staff require more capacity to act in a trauma responsive manner and use trauma-informed therapeutic activities, as non-clinicians; they require insight and skill, to understand how trauma manifests, and how to appropriately design activities that address psychosocial and complex trauma underpinning acute behavioral issues in youth of MAP.

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Trauma-informed afterschool and summer programming consisting of evidence-based therapeutic and enrichment activities designed to increase resilience

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Content of sessions will align with Bessel van der Kolk's (2005) definition of complex trauma: "the experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of the interpersonal nature...and early life onset" (p.402)

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Evidence-based services will be delivered on the premises of Moving Ahead Program, 3 times a week, during voluntary group-based workshop intervals of 1.5 hours each, during which MAP youth will:

- use mindfulness exercises for reflection & relaxation
- use trauma-informed art-making & expressive writing to view life through metaphor, symbol and ritual, while learning to regulate and process emotion based on improved interpersonal interactions and feedback gained within peer-based groups
- engage with peers and community through applied theater, role-play & improvisation for difficult dialogues such as social justice, identity and transformative community change (Taylor 2003)
- learn about the cathartic benefits (neurological, socioemotional, psychosocial) of conscious drumming as a positive coping strategy. The resonating nature of drumming soothes the mind and halts the body's stress response.

Therapeutic art-making and drumming calms the "reptilian brain" (MacLean 1983), reducing reliance on negative pathways that lead straight to the limbic system—on a paved highway to hyperarousal—where the fight/ flight response resides. As youth engage in therapeutic art-making and conscious drumming, as a positive coping strategy, they may opt to use these tools during moments of high emotional distress, when triggered or nearing their threshold of agitation and despair. Rather than relying on learned negative coping behaviors (that may heighten arousal, exacerbate conditions and lead to additional harmful choices) youth who engage in mindfulness, trauma-informed art-making and conscious drumming may learn to center their emotions and channel anxiety into a productive and transformative opportunity for reflection and healing.

Expressive writing (EW) & applied theater (AT) as a complement to art-making and drumming, allows youth—when centered and relaxed—to engage in productive dialogues and process through writing. AT gives youth an opportunity to discuss complex concerns in a safe and nurturing environment, with ground rules, guidance and positive feedback. Expressive writing, rooted in "empirically supported therapeutic paradigms" (Greenbaum and Javdani 2017), promotes resilience in youth.

All art and percussion-based therapeutic activities shall adhere to three foundational pillars of trauma-informed care:

- 1.) safety—creating a "multifaceted" safe atmosphere in which to heal (Greenwald 2005);
- 2.) connections—developing stronger interpersonal skills, balancing power and control (autonomy), strengthening therapeutic and supportive, community-based, social ties; guiding youth to modulate when an "adult wary," or hyper-vigilant stance may or may not be appropriate (Seita and Brendtro 2005);
- 3.) emotion and impulse management—helping youth understand hyperarousal and emotional dysregulation—reactions linked to the fear-based response—and reinforcing neurological pathways associated with more accurate discernment and detection of threats (Bath 2008).

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 hour for 1 individual

b. Unit Rate (#1)

\$88.93

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

Treatment for mental illness, emotional disturbances and/or maladaptive behaviors that are subsequent to child maltreatment or a traumatic event in attempts to alleviate the emotional disturbances, reverse or change the maladaptive patterns of behavior and encourage personal growth and development. Treatment interventions will utilize a trauma focused evidence based or promising practice and include a trauma focused assessment at intake and at regular intervals throughout treatment to monitor client's progress and inform trauma focused treatment planning which is billable at \$142.58 per hour.

d. Total Number of Units of Service to be Provided (#1)

1800

e. Total Number of Unduplicated Individuals (#1)

82

f. Average Number of Units of Service per Unduplicated Individual (#1)

21.95

g. Average Cost of Service per Individual (#1)

1952.12

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

The Moving Ahead Program is provided free of charge to children of low-income households. Adding a charge for such a key element to the programming would be detrimental to its success.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

No service is of a billable nature since it is not provided by licensed therapists.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

No (if no, move on to the Funding Request section.)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$0.00	0	\$0.00
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00

c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$160,087.00

b. Proposed Number of Units of Service (#1)

1800.15

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

The requested level of funding will facilitate the start up of a valuable evidence based practice. This funding and the experience and data gained during the fulfillment of this contract will be used to leverage additional funding from sources like the Missouri Foundation for Health.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Academic performance improves	25% improve grades between first quarter and last quarter of the school year	Case mgt. records, school data pre and post progress, group participation rates, pre- and post-surveys, referral forms, ethnographic/field notes of instructors, family support specialists and/or family life coach
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
School attendance improves	80% of students who participate will improve attendance rate between first quarter and last quarter of school year	Case mgt. records, school data pre and post progress, group participation rates, pre- and post-surveys
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Access to healthy coping strategies and methods of self-regulation improve for youth who participate in more than 5 sessions	50% of students will gain access to alternate methods for managing stress, communicating with parents, emotional self-regulation and coping with trauma	Case mgt. records, school data pre- & post progress, group participation rates, pre- & post-surveys, referral forms, qualitative data via ethnographic/field notes of instructors, family support specialists and/or family life coach, elective sharing of autobiographical written material (journals)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Time spent in family events and/or community-building events increases	75% of participant families will report spending, at minimum, 3 hours per month in a family activity that strengthens parent/guardian-child bonds and builds social bonds.	Case mgt. records, school data pre and post progress, group participation rates, pre- and post-surveys, referral forms, ethnographic/field notes of family support specialists and family life coach, feedback from community-based response boards during all events
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)
Families connect with services to improve well-being of the household, on a socioemotional level	70% of group participants referred to a service they have not used before	Case mgt. records, school data pre and post progress, group participation rates, pre- and post-surveys, referral forms, qualitative data via ethnographic/field notes of instructors, family support specialists and/or family life coach, elective sharing of autobiographical experiences—via journals

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Trauma-informed therapeutic services, and behavioral health & socioemotional screenings lead to:

- improved referrals (for mental health needs)
- engagement in academic sphere (youth self-regulate using healthy coping strategies while at school)
- improved resilience, confidence and self-efficacy in processing psychosocial stressors, shocks and adversity
- interpersonal learning and greater self-awareness
- improved participation by families accessing services for well-being of home
- socioemotional healing and social bonding among participants, as well as members of household and community

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

External factors may include lack of participation, stigma and group safety/necessary exclusion.

1. Parents may decline to sign permission slip and ROI; youth may decline, or may drop out of, sessions. Participation is voluntary.
2. There is a stigma associated with mental health screening.
3. Individuals who disrupt the group or pose a threat may re-traumatize or trigger peers. They'll be redirected to other activities if they manifest: clinical psychosis, active suicidality, hyperactivity or agitation, extreme distractibility, and/or act verbally or physically abusive to peers and staff.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Measurement levels exceed previous thresholds reached by CHALIS, with regard to said outcomes, on past projects. MAP strives to excel beyond it's past successes. CHALIS selected new levels in order to gauge the overall effectiveness of the pilot program, based on the use of past indicators. Data collected will indicate the potential (or lack thereof) for effective use of these innovative techniques, on a wider scale, in Boone County.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

A mixed methods approach to measurement allows us to comprehensively combine the "head and heart" on a project that deals with performance as well as emotive measures. We will collect quantitative data, in order to align with established protocols for afterschool programming as it pertains to maintaining licensure. Qualitative data, in the form of ethnobiographical data via field notes, direct quotes, and autobiographical data via journal entries, will be: 1.)voluntary; 2.)transcribed (anonymously), 3.)coded appropriately, and 4.)compared with quantitative data, to analyze/unpack the numbers.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

b. Service #2 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

b. Unit Rate (#2)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

0

e. Total Number of Unduplicated Individuals (#2)

0

f. Average Number of Units of Service per Unduplicated Individual (#2)

0

g. Average Cost of Service per Individual (#2)

0

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)
\$0.00

b. Proposed Number of Units of Service (#2)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)
- Provide a rationale for each method of measurement (2). (600 character limit)

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)
- Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. [Click here to view document.](#) (#4)

- Service #4 - Taxonomy of Service Name (150 character limit)
- Service #4 - Taxonomy Definition of Service (300 character limit)
- Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

- Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)
- Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

- Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

- Total Number of Units of Service to be Provided (#4)

0

- Total Number of Unduplicated Individuals (#4)

0

- Average Number of Units of Service per Unduplicated Individual (#4)

0

- Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

- Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)
\$0.00

b. Proposed Number of Units of Service (#4)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)
- d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

- a. Service #5 - Taxonomy of Service Name (150 character limit)
- b. Service #5 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)
- b. Unit Rate (#5)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

- c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

- d. Total Number of Units of Service to be Provided (#5)
0
- e. Total Number of Unduplicated Individuals (#5)
0
- f. Average Number of Units of Service per Unduplicated Individual (#5)
0
- g. Average Cost of Service per Individual (#5)
0

Service #5 - Service Fee

- a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

- b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00

b. Proposed Number of Units of Service (#5)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

168607



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m. Central Time** in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymmo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing/Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.
- 4.3. Competitive Negotiation of Proposals:**
- The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:
- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/05/2017

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

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

PRODUCER JLT Re (North America) Inc. 225 West Wacker Drive Suite 500 Chicago, IL 60606	CONTACT NAME: Embry Nichols	
	PHONE (A/C, No, Ext): 267-254-5049	FAX (A/C, No):
INSURED CHA Low Income Services, Inc. 201 Switzler St. Columbia, MO 65203-4156	E-MAIL ADDRESS: embry.nichols.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Philadelphia Indemnity Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 18058		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK1710315	10/25/2017	10/25/2018	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability			PHPK1710315	10/25/2017	10/25/2018	Per Occ - \$1,000,000 Aggregate - \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

County of Boone, Missouri C/O Purchasing Department 613 E. Ash Street Columbia, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Embry Nichols</i>

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Scope of Coverage Document No. MHAPCI2017

CERTIFICATE OF AUTO LIABILITY COVERAGE

INSURER: Missouri Housing Authorities Property & Casualty, Inc., a HUD-approved government entity risk pool organized under the laws of the State of Missouri

EFFECTIVE DATE: 01/01/2017 – 01/01/2018

MEMBER NAME: Housing Authority of the City of Columbia


DESCRIPTION OF COVERAGE: Auto Liability Coverage \$2,762,789/Per Occurrence, \$414,418/Per Person, # 320-2724592-55 for the following vehicles owned by the Columbia Housing Authority.

CERTIFICATE HOLDER: Red Stone Equity Manager, LLC, its successors and/or assigns, 200 Public Square, Cleveland, OH 44114

2014	Nissan	NV200SV Cargo Van	Vin # 3N6CM0KNXEK700552	
2014	Nissan	NV200S Cargo Van	Vin # 3N6CM0KN7EK693446	
2014	Ford	Escape SE	Vin # 1FMCU9GX1EUA86200	
2014	Ford	Escape S	Vin # 1FMCU0F72EUA86199	
2012	Ford	Econoline Van	VIN # 1FBSS3BL3CDB14460	
2011	Ford	F-150	VIN # 1FTNF1CF9BKD84247	
2011	Ford	F-150	VIN # 1FTNF1CF0BKD84248	
2010	Ford	Escape	VIN # 1FMCU0DGXAKC90130	
2010	Ford	Escape	VIN # 1FMCU0DG3AKC90129	
2009	Ford	F-150	VIN # 1FTRF12W69KB97898	
2008	Ford	Econoline Van	VIN # 1FBSS31LX8DA49440	
2008	Ford	Escape	VIN # 1FMCU93108KA50083	
2007	Carry-On	Utility Trailer	VIN # 4YMUL12167M057481	
2006	Load	Trailer	VIN # 4ZEDT142961014181	
2006	Ford	Pickup	VIN # 1FTWF31596EC94630	
2006	Ford	Pickup	VIN # 1FTWF31526EC94629	
2004	Ford	Econoline Van	VIN # 1FTNE24W24HB31570	
2002	Ford	Econoline Van	VIN # 1FTRE14W42HA85555	
2002	Ford	Pickup	VIN # 1FTRF172X2KC42305	
2002	Ford	Pickup	VIN # 1FTRX18L32NB10151	
2001	Ford	Econoline Van	VIN # 1FBSS31L61HA92025	
1998	Ford	Club Wagon	VIN # 1FBSS31L0WHA64308	
1998	Ford	Ranger	VIN # 1FTZR15UXWPB38496	

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage, and does not constitute a contract between the insurer or certificate holder.

We reserve the right to cancel the Scope of Coverage in accordance with its terms and notice will be delivered in accordance with the Scope of Coverage Document.


Susan McNary, Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2017

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

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

PRODUCER 1306-1 MHAPCI 173 Chesterfield Business Pkwy Chesterfield, MO 63005-1233	CONTACT NAME:		
	PHONE (A/C, No, Ext): 636-530-6181	FAX (A/C, No):	
INSURED Columbia Housing Authority 201 Switzler Street Columbia, MO 65203	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Missouri Employers Mutual Insurance Company		10191
	INSURER B :		
	INSURER C :		
	INSURER D :		
INSURER E :			
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	MEM 1011301-11	12/16/2016	12/16/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**County of Boone, Missouri
c/o Purchasing Department 613 E Ash St
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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This policy was electronically delivered to susan.mcnary@mhapci.com on 12/12/2017



P.O. Box 1810, Columbia, MO 65205-1810
1.800.442.0593 www.mem-ins.com

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

SCHEDULE RATING DETAIL

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Schedule Rating Detail:

Management	-8.00%
Employees: Selection, Training and Supervision	-7.00%

Total Schedule Rating: -15.00%

ISSUE DATE: 12/12/2017



WC 00 00 01B (01/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413

INFORMATION PAGE												
1.	INSURED: Columbia Housing Authority 201 Switzler Street Columbia, MO 65203		PRODUCER: 1306-1 MHAPCI 173 Chesterfield Business Pkwy Chesterfield, MO 63005-1233									
	FEDERAL ID NO.: 43-6014416		OTHER NAMED INSURED:									
	RISK ID NO.: 240212889		OTHER LOCATIONS: See WC 99 06 04									
	INSURED'S LEGAL STATUS: Other											
2.	The policy period is from: 12/16/2017 to 12/16/2018 12:01 A.M. standard time at the insured mailing address.											
3a.	Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MO											
3b.	Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3a. The limits of our liability under Part Two are: <table border="0" style="margin-left: auto; margin-right: auto;"><tr><td>Bodily Injury by Accident</td><td>\$ 1,000,000</td><td>each accident</td></tr><tr><td>Bodily Injury by Disease</td><td>\$ 1,000,000</td><td>policy limit</td></tr><tr><td>Bodily Injury by Disease</td><td>\$ 1,000,000</td><td>each employee</td></tr></table>			Bodily Injury by Accident	\$ 1,000,000	each accident	Bodily Injury by Disease	\$ 1,000,000	policy limit	Bodily Injury by Disease	\$ 1,000,000	each employee
Bodily Injury by Accident	\$ 1,000,000	each accident										
Bodily Injury by Disease	\$ 1,000,000	policy limit										
Bodily Injury by Disease	\$ 1,000,000	each employee										
3c.	Other States Insured: Part Three of the policy applies to the states, if any, listed here: NONE											
3d.	This policy includes these endorsements and schedules: See WC 99 06 02											
4.	<i>The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.</i> <table border="0" style="margin-left: auto; margin-right: auto;"><tr><td>See Classification Schedule</td><td>Total Estimated Premium:</td><td>\$52,399.00</td></tr><tr><td></td><td>Estimated Second Injury Fund Surcharge:</td><td>\$3,143.00</td></tr></table>			See Classification Schedule	Total Estimated Premium:	\$52,399.00		Estimated Second Injury Fund Surcharge:	\$3,143.00			
See Classification Schedule	Total Estimated Premium:	\$52,399.00										
	Estimated Second Injury Fund Surcharge:	\$3,143.00										
Expense Constant: \$240.00												
Minimum Premium: \$633.00		Total Estimated Premium and Surcharges:	\$55,542.00									
Billing Payment Mode: Two Installment - 50% Down												

ISSUING OFFICE:101 N. Keene St.
Columbia, MO 65201

Countersigned By:

ISSUE DATE: 12/12/2017

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WC 00 00 01B (01/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413

CLASSIFICATION SCHEDULE

Insured: Columbia Housing AuthorityThe policy period is from: **12/16/2017** to **12/16/2018**The policy rating period is from: **12/16/2017** to **12/16/2018**

Classifications	Code No.	Premium Basis	Rate Per	Estimated
		Total Estimated Annual Remuneration	\$100 of Remuneration	Annual Premium
Location: 1 201 Switzler Street, Columbia MO 65203				
Housing Authority & Clerical, Salespersons, Drivers	9033	2,540,975	2.71	68,860.00
				Manual Premium
				68,860.00
				Increased Employers Liability 1.1%
				757.00
				Exp. Modifier 0.91
				(\$6,266.00)
				Modified Premium
				63,351.00
				Schedule Rating Credit/Debit -15%
				(9,503.00)
				Standard Premium
				53,848.00
				Premium Discount
				(2,197.00)
				Expense Constant
				240.00
				Terrorism Risk Act
				508.00
				Total Estimated Premium
				52,399.00
				Missouri SIF 6%
				3,099.00
				Missouri SIF Expense Constant 6%
				14.00
				Missouri SIF Terrorism 6%
				30.00
				Total Premium and Missouri Second Injury
				55,542.00

Billing Payment Mode: Two Installment - 50% Down
ISSUE DATE: 12/12/2017

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WC 00 00 01B (01/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413

INFORMATION PAGE

Coverage is provided by Missouri Employers Mutual Insurance Company. The complete Home Office address and location for receipt of premium payment is:

Missouri Employers Mutual Insurance Company
101 N. Keene St.
Columbia, MO 65201

By acceptance of this policy, the named insured becomes a member of the Company and shall be entitled to vote at all meetings of the members and, upon termination of this policy, shall participate in the distribution of dividends as fixed and determined by the directors in accordance with the law.

This policy is not assessable. Your liability as a policyholder and a member of the Company under this policy is limited to payment of premium.

The annual meeting will be held at the principle offices of the Corporation or at such other place within the State as the Board of Directors shall from time to time determine, on the first business day of July or as deemed by majority vote of the Board of Directors.

MEM offers loss prevention resources including consultation, seminars and custom training to help you protect your employees and your business. Information about MEM's free safety resources and additional services can be found at worksafecenter.com

The Information Page and all the forms and endorsements listed on it and including with it complete this policy. Coverage under this policy is provided by the Company named in the Information Page (a Mutual Company). In witness whereof we have executed and attested this policy, but this policy is not valid unless it has been countersigned by our authorized representative.

A handwritten signature in cursive script, appearing to read 'Jennifer Barth'.

Secretary

A handwritten signature in cursive script, appearing to read 'Andrew C. Owen'.

President and CEO



WC 99 06 04 (06/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKPLACE OF INSURED ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Schedule of Locations

211 Boone Drive
Columbia, MO 65205
Effective: 12/16/2017 to 12/16/2018

700 N Garth Ave
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

1201 Paquin St
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

201 Switzler Street
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

Annie Fisher Center
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

616 Park Ave
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

2112 Business Loop 70 E
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

301 N Providence Rd
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

ISSUE DATE: 12/12/2017



WC 99 06 04 (06/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKPLACE OF INSURED ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

1109 Elleta Blvd
Columbia, MO 65202
Effective: 12/16/2017 to 12/16/2018

Blind Boone Center
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 99 06 02 (09/02)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

SCHEDULE OF ENDORSEMENTS

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Schedule of Endorsements:

SCHRATING	Schedule Rating
WC 00 00 01 B	Information Page
WC 99 06 04	Other Locations Endorsement
WC 99 06 02	Schedule of Endorsements
WC 99 06 05	Installment Schedule
WC 00 00 00 C	Workers Compensation and Employers Liability Insurance Policy
WC 00 04 03	Experience Rating Modification Factor Endorsement
WC 00 04 06	Premium Discount Endorsement
WC 00 04 14	Notification of Change in Ownership Endorsement
WC 00 04 19	Premium Due Date Endorsement
WC 00 04 22 B	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
WC 00 04 25	Experience Rating Modification Factor Revision Endorsement
WC 24 03 02	Missouri Notification of Additional Mesothelioma Benefits Endorsement
WC 24 04 06 D	Missouri Employer Paid Medical Endorsement
WC 24 06 02 B	Missouri Property and Casualty Guaranty Association Notification Endorsement
WC 24 06 04 A	Missouri Amendatory Endorsement
WC 89 04 06	Experience Modification Endorsement
WC 99 03 01	Limited Coverage for Temporary & Incidental Operations in Other States
WC 99 06 01 A	Second Injury Fund Surcharge
WC 99 06 08	Payment Plan Endorsement
WC 99 06 18	Safety Grant Endorsement
WC 99 06 19	Safety Dividend Endorsement
WC 99 06 20	Cancellation and Nonrenewal Endorsement

ISSUE DATE: 12/12/2017

ISSUE DATE: 12/12/2017



Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE - WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
 - a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO - EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 USC Sections 1651 -1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued there under, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.



Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.
A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. Bodily Injury by Disease. The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.
Bodily injury by disease does not include disease that results directly from a bodily injury by accident.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE - OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR - YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE - PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

1. You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the follow way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancelation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.



Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

PART SIX - CONDITIONS

A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.



WC 00 04 03 (04/84)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 00 04 06 (08/84)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

PREMIUM DISCOUNT ENDORSEMENT

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. <u>State</u>	<u>Estimated Eligible Premium</u>							
	First	Next	Next	Next	Next	Next	Next	Next
Missouri	\$10,000	\$15,000	\$25,000	\$25,000	\$25,000	\$100,000	\$1,550,000	\$1,750,000
	0.0%	4.5%	5.0%	7.0%	8.5%	9.5%	11.3%	12.3%

2. Average percentage discount:

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017

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WC 00 04 14 (07/90)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 00 04 19 (01/01)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

PREMIUM DUE DATE ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

PART FIVE PREMIUM

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of billing.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insured Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.



Policy Number: MEM 1011301-12

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
 - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
 - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State**Rate****Premium**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



WC 00 04 25 (05/17)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement is added to Part Five - Premium of the policy.

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Missouri Notification of Additional Mesothelioma Benefits Endorsement

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Section 287.200.4, subdivision (3), of the Missouri Revised Statutes provides additional benefits in the case of occupational diseases due to toxic exposure that are diagnosed to be mesothelioma and result in permanent total disability or death. Your policy provides insurance for these additional benefits.

If you reject liability for mesothelioma additional benefits provided under Section 287.200.4, subdivision (3), of the Missouri Revised Statutes, you must notify us of this election. Once you notify us, we will endorse this policy to exclude insurance for these additional benefits. If you reject liability for mesothelioma additional benefits, the exclusive remedy provisions under Missouri Revised Statutes Section 287.120 shall not apply to your liability for mesothelioma additional benefits.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies because Missouri is shown in Item 3.A. of the Information Page.

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed 20% of the current primary and excess loss split point amount, as shown in the Schedule below, excluded from your experience rating modification calculation. This will only be allowed when you pay all of the employee's medical costs, there is no lost time from the employment, other than the first three days or less of disability; and no claim is filed. The current primary and excess loss split point amount is provided in the rating values of NCCI's *Experience Rating Plan Manual*. You still must report all injuries, regardless of the dollar amount, to the Division of Workers' Compensation and to us.

However, it should be noted that if, at any time, the medical expenses that are paid out-of-pocket due to a particular injury ever exceed 20% of the current primary and excess loss split point amount, and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience modification calculation.

Schedule

20% of the Current Primary and Excess Loss Split Point Amount

\$3,300.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 24 06 02 B (07/06)

Policy Number: MEM 1011301-12

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

**MISSOURI PROPERTY AND CASUALTY GUARANTY
ASSOCIATION NOTIFICATION ENDORSEMENT**

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Missouri Property and Casualty Insurance Guaranty Association Coverage Limits:

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (Association), the Association will pay claims covered under the Act if we become insolvent.
2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitation applies subject to all other provisions of the Act:

- a. Claims covered by the Association do not include a claim by or against an insured of an insolvent insurer if the insured has a net worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes an insolvent insurer; provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.

If the insured prepares an annual report to shareholders, or an annual report to management reflecting net worth, then such report for the fiscal year immediately preceding the date of insolvency of the insurer will be used to determine net worth.

However, the association will not:

- (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
- (2) Return to an insured any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

MISSOURI AMENDATORY ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page

Section G., **Audit**, of Part Five (Premium) of the policy is replaced by the following:

G. Audit

You will let us examine and audit all your records that relate to this policy during regular business hours during and after the policy period ends. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

Audits shall be completed, billed, and premiums returned within 120 days of policy expiration or cancellation. This standard of 120 days shall not be applicable if:

1. A delay is caused by your failure to respond to reasonable audit requests provided that the requests are timely and adequately documented; or
2. A delay is by the mutual agreement of you and us provided that the agreement is adequately documented.

If you or we have any objection to the results of any audit, you or we shall have up to three years from the date of expiration or cancellation of this policy in which to send a written notice demanding a reconsideration of the audit. The written notice shall be based upon sufficiently clear and specific facts as to why the audit should be reconsidered.

If you do not allow us to examine and audit all of your records that relate to this policy or do not provide audit information as reasonably requested, we may apply an Audit Noncompliance Charge equal to estimated annual premium.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, your premium will be revised accordingly.

Failure to cooperate with this policy provision may also result in the cancellation of your insurance coverage, as specified under the policy and allowed under Missouri law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 89 04 06 (07/01)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

EXPERIENCE MODIFICATION ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Experience Modification is changed to read:

12/16/2017 to 12/16/2018 - 0.91

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

LIMITED COVERAGE FOR TEMPORARY AND INCIDENTAL OPERATIONS IN OTHER STATES**Insured:** Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

"PART THREE-OTHER STATES INSURANCE" of the policy is replaced by the following:**A. How this insurance applies:**

1. We will pay promptly, when due, the benefits required of you by the workers compensation law of any state other than Missouri, but only if the claim for such benefits involves work performed by a Missouri employee.
2. If we are not permitted to pay the benefits directly to persons entitled to them under circumstances described in Item 1. above, we will reimburse you for the benefits required to be paid.

B. This insurance does not apply to:

1. Any employee unless the contract of employment was made in Missouri, or the employment was principally localized in Missouri.
2. Any person claiming benefits under the workers compensation law of any state that requires you to obtain coverage in such state before you begin work in such state; or
3. Any person claiming benefits in a state for which you have workers compensation coverage; or
4. Your operations in any state other than Missouri, unless these operations are of a temporary and incidental nature, and are performed by a Missouri employee; or
5. Fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

IMPORTANT NOTICE

If you hire any employees outside of Missouri or begin operations in any state other than Missouri, you must obtain insurance coverage in that state and do whatever else may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law. Missouri Employers Mutual Insurance Company cannot provide coverage that is required under any state's laws other than Missouri.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 99 06 01A (01/03)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

SECOND INJURY FUND SURCHARGE

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

In addition to the premium charged by Missouri Employers Mutual Insurance, the Missouri Division of Workers' Compensation has made the policy subject to a surcharge. The surcharge will finance the Second Injury Fund.

The amount of the surcharge will be shown on the Policy Information Page and collected from you at the same time that we collect your premium. We will then remit the amount due to the State of Missouri. Any adjustments to your premium will require an adjustment to the surcharge.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

PAYMENT PLAN ENDORSEMENT

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Please check your Policy Information Page to see the basis upon which your policy was issued, in order to determine which of the following apply:

Annual Payment:

The premium for this policy is payable in whole before the policy's effective date. This premium is based on the estimates shown on your Policy Information Page. Final premium for each annual period of this policy is subject to audit. If the policy was issued without payment, payment in full must be received by the invoice date or your policy will be canceled.

EZ-Pay:

The premium for this policy will be calculated weekly, bi-weekly, twice monthly or monthly based on the EZ-Pay plan indicated on your Policy Information Page. The online premium reporting form must be filled out and submitted with the premium payment from the approved payroll service company. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to final audit. Premium reports received are subject to review.

Installment Payments:

The premium for this policy is based on the estimates shown on your Policy Information Page and will be divided into installments according to the plan shown there. Premium is due on or before the date shown on the installment billing statement. If premium is not received by the due date on the installment billing, your policy will be canceled. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to final audit.

Monthly Premium Reporting:

The premium for this policy will be calculated on a monthly basis. At the end of each month, you must access the online premium reporting form, which must be filled out and returned with the premium payment. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. In the event of cancellation, the security deposit will be applied to any unpaid premium balance. Any remaining unpaid premium will be billed to you. Any remaining funds will be returned to you, subject to the final audit. Premium reports received are subject to review.

Quarterly Premium Reporting:

The premium for this policy will be calculated on a quarterly basis. At the end of each calendar quarter, you must access the online premium reporting form, which must be filled out and returned with the premium payment. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. In the event of cancellation, the security deposit will be applied to any unpaid premium balance. Any remaining unpaid premium will be billed to you. Any remaining funds will be returned to you, subject to the final audit. Premium reports received are subject to review.

ISSUE DATE: 12/12/2017



WC 99 06 18 (07/17)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Safety Grant Program Endorsement

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

We offer all MEM policyholders the opportunity to apply for a grant through our Safety Grant Program. The objective of the Safety Grant Program is to offer matching funds to financially assist employers in the implementation of approved programs or equipment that reduce injuries and illnesses associated with a particular workplace. Grants are awarded to selected applicants that meet certain eligibility criteria and best satisfy the Safety Grant Program goals for the Program Year as determined by an internal selection committee.

Details of the Safety Grant Program and the application process can be found on our website at www.mem-ins.com or by contacting MEM's Safety & Risk Services Department at 1-888-499-SAFE (7233).

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Safety Dividend Plan Endorsement

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

You may be entitled to participate in a Safety Dividend distribution in accordance with the criteria approved by the Board of Directors, which accounts for your safety record and performance. Such criteria may change annually upon renewal. The following eligibility criteria must also be met in order to participate in a Safety Dividend distribution:

1. Your policy must remain in effect for the entire policy period without a lapse in coverage;
2. Your policy term must be a minimum of six months;
3. All audit disputes must be resolved prior to distribution. For any financed audit balance, the dividend will be applied to the outstanding balance and any remainder will be remitted to you;
4. No payment will be made if you have past-due premiums in collections;
5. You must satisfy the safety program requirements established for your policy based on premium at time of issuance.

DIVIDENDS ARE NOT GUARANTEED AND MUST BE DECLARED BY THE BOARD OF DIRECTORS.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

CANCELLATION AND NONRENEWAL ENDORSEMENT

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by the following:

Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you not less than 60 days advance written notice stating when the cancellation is to take effect and our reason for the cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice. This notice shall be the last and final notice of cancellation of your policy prior to the effective date and time of cancellation indicated in the notice. You hereby agree to the sufficiency of this notice for this purpose. Any additional communications from us to you, including, but not limited to, billing notices or offers to reinstate your policy, do not invalidate or void any cancellation pursuant to this section.
3. The 60-day notice requirement does not apply where cancellation is based on one or more of the following reasons:
 - a. nonpayment of premium;
 - b. fraud or material misrepresentation affecting the policy or in the presentation of a claim under the policy;
 - c. a violation of policy terms;
 - d. changes in conditions after the effective date of the policy materially increasing the hazards originally insured;
 - e. our insolvency;
 - f. our involuntary loss of reinsurance for the policy.
4. The policy period will end on the day and hour stated in the cancellation notice.

Nonrenewal

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice stating when the nonrenewal will take effect and our reason for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. we show you our willingness to renew the policy but you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Service Contract
Youth Community Coalition – Communities that Care Project

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **CHA Low-Income Services Inc.**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **CHALIS**.

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

WHEREAS, CHALIS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY CHALIS

CHALIS is expected to the greatest extent possible to maximize funding from all other sources. CHALIS shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CHALIS shall only request reimbursement for services not reimbursable by any other source. CHALIS shall not invoice the Children's Services Fund for units of service invoiced to another funding source. CHALIS shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** CHALIS will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and CHALIS's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over CHALIS's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from CHALIS and CHALIS agrees to furnish the **Youth Community Coalition – Communities that Care Project** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in CHALIS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$94,596.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. CHALIS agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of CHALIS be renewed for **an additional one (1), one-year period**. CHALIS agrees and understands that the BCCSB may require supplemental information to be submitted by CHALIS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Community Collaboration	One hour	\$30.79	2,400	\$73,896.00
Positive Youth Development	One hour	\$15.00	700	\$10,500.00
Community Needs Assessment	One assessment	\$850.00	12	\$10,200.00

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty

days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of CHALIS, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. *Reporting.* The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by CHALIS to monitor service delivery and program expenditures. CHALIS agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by CHALIS and, if so stipulated, are noted on this contract document. Payments may be withheld from CHALIS if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CHALIS agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

9. *Monitoring.* CHALIS agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect CHALIS's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, CHALIS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and

personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** CHALIS may enter into subcontracts for components of the contracted service as CHALIS deems necessary within the terms of the contract. All such

subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, CHALIS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. BCCSB may terminate this agreement should CHALIS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, CHALIS shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the CHALIS for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

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

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

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or

contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** CHALIS shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

Any written notice or communication to CHALIS shall be mailed or delivered to:

CHA Low-Income Services Inc.
Philip Steinhaus
201 Switzler St.
Columbia, MO 65203

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

CHA Low-Income Services Inc.

By: Phil Steinhaus
Signature

By: Phil Steinhaus, Executive Director
Printed Name/ Title

APPROVED AS TO FORM:

B. Burks
County Counselor

Boone County, Missouri

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

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

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk *DKB*

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

June Rutledge by jgr 12/20/2017 (2161/71106/\$94,596.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 6, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 - Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: CHA Low-Income Services

Address: 201 Switzler Street, Columbia, MO 65203

Telephone: Fax: 573-443-0051

Federal Tax ID (or Social Security #): 77601167

Print Name: Phil Steinhaus Title: Chief Executive Officer

Signature: Phil Steinhaus Date: 11/6/2017

E-mail: psteinhaus@columbiaha.com

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	CHA Low-Income Services, Inc.
Name of Program	Youth Community Coalition Communities that Care Project

Program Overview Form	
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1. Consumer Demographics/Ethnicity Section – This was not completed.

Action Required: Provide the information in the table below.

Ethnicity:	
Hispanic or Latino (of any race):	2
Not Hispanic or Latino:	523
Ethnicity Total:	

2. Collaboration – There were mentions of partnerships in the narrative but no organizations were listed or MOUs provided.

Action Required: Provide the names and information about these organizational partnerships in the field below. Submit any MOUs with your response.

3. As a coalition rather than a single agency applicant, YC2 is itself a collaboration of member agencies and other community partners who work together on an ongoing basis for a variety of activities and initiatives. Since receiving Boone County Children's Services funding in 2016, YC2 has expanded the reach of all our partner members by helping to establish community coalitions in four of our communities outside of Columbia. Our YC2 member partners are now joining those community networks to further their work in Boone County outside of Columbia.

In a general sense, there is an ongoing agreement between YC2 and all members that we help further connect one another throughout the county as each community builds its capacity to address the specific needs of youth in their area.

On a more formal basis, YC2 will explicitly partner with MU IPP for evaluations services for the proposed programming, the Columbia-Boone County Public Health and Human Services Department for Teen Outreach Program, and three of the out county public school districts: Centralia, Hallsville and Southern Boone for proposed developmental asset assessments. We also have community liaisons established in 3 of our 5 communities outside of Columbia.

MOUs attached for each of these partnerships. All MOUs will be signed upon funding of proposed programs.

nel and Narrative – There are a couple of follow-up questions about this section (1) Provide salary clarification about the five Community Liaisons who are working as a .05 FTE in the table below. Is the \$2,500 a stipend? The columns with the salary range are for full-time staff, even if these liaisons are not full-time staff. (2) Is the full-time salary range listed for the YC2 Program Assistant? Update the chart below. (3) There is not any time listed in the Personnel table for Director. All staff who receives any funding from this proposal must be listed in this personnel table.

Action Required: Update the Program Personnel Table below and provide written clarification on staff in the section below the chart.

Program Personnel Information				
Position/Title	Minimum Qualifications	FTE	FT Salary Range From:	FT Salary Range To:
YC2 Coordinator	B.A.	1.0	\$35,000	\$46,000
YC2 Program Assistant	High school diploma or equivalent	0.5	\$26,000	\$35,000
YC2 Director	M.A. or equivalent experience	0.10	\$42,000	\$69,000

Program Services Form (1-5)

Because the Coordinator position requires a great deal of skill and confidence, a minimum of BA degree is required. Masters is preferred. Pay rates are set to be competitive so as to retain quality employees. Coordinator will be responsible for managing efforts to support each community coalition's progress in community and program goals. Coordinator is also responsible for maintenance and programming of main Youth Community Coalition organization working throughout Boone County including efforts in Columbia.

Program Assistant will support YC2 Coordinator and its prevention activities generally. Duties to include support for peer education and social hosting campaigns, compliance check programs, local youth commissions and councils, and support for other emerging youth coalitions in Boone County.

The Project Director oversees the project to ensure that efforts continue to support the overall goals and objectives set forth in the proposal. The position requires a broad range of skills, including supervision of a diverse staff. The Project Director is a high level staff position reporting directly to the Chief Executive Officer. The Project Director position will not be funded by this grant. This position is funded by other sources.

Community Liaisons are volunteers who receive a stipend of \$625 per quarter for their assistance. Liaisons must have a specific connection with their assigned community. Experience in prevention or community development is preferred. Liaison duties include recruitment and organization of local networks for youth prevention work. Coordinating local Safe Place sites and serving as local representative for YC2 and Boone County prevention coalitions.

4. Service #1 - Name, Definition, and Description – The definition for Community Collaboration should have been taken directly from the *Taxonomy for Services*. The definition should read, coordinates the partnership of stakeholders to collectively improve health, social, educational, and economic opportunities for the community. We will need more information on the actual service and activities that will be provided.

Action Required: Provide a detailed description in of this service in the field below. Complete the 'Services Change Chart' with the updated information.

A model for wellness set forth by The Robert Wood Johnson Foundation recommends promoting wellness at the community level. (Robert Wood Johnson Foundation, July 2014) As evidenced by YC2's success over the past 12 years, coalitions can be an asset when seeking to break down silos within a community and encourage a collaborative environment among community sectors. In keeping with this recommendation, our proposed Community Collaboration Program (CCP) includes two main components: 1) continued maintenance of YC2 activities in the Columbia area and 2) further support for our five emerging youth community coalitions outside Columbia to promote wellness at a local level.

During the previous funding cycle, YC2 has helped to establish working youth coalitions in 4 of 5 communities outside Columbia and will seek to establish a fifth in Harrisburg during this upcoming cycle. In this proposed project we are requesting to add support for the main YC2 collaboration work as well. The reasoning for this shift is twofold. First, the work of YC2 members is increasingly spreading out into the outer county communities via our activity in these communities. In conjunction with this movement, our 2018-2020 YC2 strategic plan will include a focus on increasing developmental assets throughout Boone County communities further encouraging member organizations to support activities in the communities outside Columbia. Second, our previous CCP requested one full time and one part time staff person to organize the new community coalition collaborations out in the county. While we did not receive the full funding proposed, we have been able to deliver nearly all of our targets including some in excess of original targets despite having one third of the staff originally proposed for the work. We were able to accomplish this in large part because of federal prevention funding from SAMHSA that supplemented the current YC2 staff. At this time, those federal funds are not available yet for the next funding cycle. While we expect those funds to be available in the near future, we have a shortfall to continue current basic YC2 activities until they are announced at the federal level.

Consistent with our previous CSF community collaboration activities, this CCP will continue to assist Community Liaisons in each community to help assess and address the needs of their youth and to grow a sustainable network of citizens committed to making their town a better place for youth to grow up in. Under the proposed CCP, YC2 staff will continue to provide needed support with organizing meetings, providing training and activities for the community, and evaluating the progress in conjunction with MU IPP designed surveys and assessments. New for this proposal, we are also requesting to assess students in three communities using the Developmental Asset Profile. The hope in doing so it to provide more precise information to our community coalitions and partners regarding the assets and needs of our area youth and increasing capacity to address these needs across all sectors of our communities.

Further expanding upon the previous CCP, the current proposal includes all YC2 activities under the umbrella of the project, preparing the way for a larger Boone County wide youth prevention coalition. While current YC2 members are already reaching out to engage with the new community coalitions, the proposed project formalizes this connection, streamlining YC2 collaboration goals with those of the emerging networks outside Columbia. To assist in further connecting YC2 members to the new community coalitions, we have requested the addition of a part time program assistant. This staff addition will coordinate with community liaisons and YC2 members to better ensure that resources available in our county are known to all our partners.

Finally, this proposal moves community trainings into CCP where we expect to provide up to three trainings per year for each of the six supported coalitions. As knowledge and understanding of the Strategic Prevention Framework for community organizing increase through ongoing trainings and assessments, community goals will become more focused and known throughout each community. Again, we have also included Columbia as an assessed community in our evaluation program for this proposal. This addition will help YC2 further target programming needs in Columbia with accuracy we have not be able to achieve over the past 3 years without these assessments.

5. Service #1 – Community Collaboration/Outputs – There is some confusion about the 175 unduplicated individuals receiving the Community Collaboration services. The service description does not explain whether these individuals are youth, community members, stakeholders, etc.

Action Required: Provide more information about the 175 unduplicated individuals listed in the field below.

As each community served has different needs and different members interested in meeting these needs, YC2 assists in organizing all potential categories of community members: youth, parents, interested community members, stakeholders including government, agency, civic and faith groups and schools.

As a breakdown of the proposed numbers of unduplicated individuals, we propose to collaborate with approximately 25 members of each target community through our efforts out ion the county and 50 members of Columbia via our work as Youth Community Coalition proper. These targets gives us 25 x 5 communities for 125 out county individuals and 50 mostly in Columbia to add up to 175 unduplicated individuals for this program.

6. Service #1 – Community Collaboration/Outputs – The justification for the unit rate needs to be revised. It doesn't appear to make sense to compare Non-Therapeutic Counseling to Community Collaboration. The current unit rate is \$45.75 and the proposed unit rate is \$54.01. Provide a justification for the higher rate. Please review the attached Developing Unit of Service Rate Sheet.

Action Required: Provide the new justification and, if necessary, a reason for the higher rate in the field below.

Proposed Service 1 included funding for program evaluations where our previous project separated these into a separate programs. As such, the cost per unit of service was higher because the unit of service included more services than the similar program from the previous funding cycle.

As requested, we will revise the current proposal to include program 3 for evaluation services under the Community Needs Assessment taxonomy. When this change is made, the cost per unit of service of the Community Collaboration program is reduced to \$47.76. See the revised Services Change chart for these details.

7. Service #1 – Service Performance Measures and Narratives – There were no outcomes/indicators/method of measurement data for the success of the events.
Action Required: Complete the 'Services Change Chart' with the updated information. Provide any further comments in the field below.

This was an apparent oversight on the previous application submission. Outcomes and indicators listed in the Services Change Chart below.

8. Service #1 – Service Performance Measures and Narratives – There was a mention of assessments being completed by IPP. If so, this would need to be another service (Community Needs Assessment) and become Service #3.
Action Required: Update the 'Services Change Chart' if IPP is conducting Community Needs Assessments. This new service (#3) will need to have its own original information for outputs, outcomes, indicators, and method of measurement. Provide any further comments in the field below.

We have made suggested changes in the proposal to include a new service 3 for evaluations. See Services Change Chart Program 3.

9. Service #2 - Name, Definition, and Description – The definition for Positive Youth Development should have been taken directly from the *Taxonomy for Services*. The definition should read, develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities. We will need more information on the actual service and activities that will be provided.
Action Required: Provide a detailed description in of this service in the field below. Complete the 'Services Change Chart' with the updated information.

Positive Youth Development (PYD) is a model for youth support emphasizing strengthening of individual and community resources necessary to reduce risk factors and

increase protective factors for youth as they grow up in their respective communities. YC2 has successfully implemented dozens of PYD programs and events over its 12 year history and seeks to bring more of these activities to youth outside Columbia with the current project proposal.

The foundation of our approach in this area is the idea that all youth require access to specific developmental assets in order to grow up into productive adults. The more of these assets a community can provide or make readily available, the greater the likelihood a child will grow up with the ability to avoid risky choices and instead make positive ones. PYD activities seek to provide internal assets for youth through direct contact with them but also external assets for youth by strengthening the community environment within which they are developing. Additionally, rather than target one specific type of risky behavior to avoid, the PYD approach affects a youth's ability to avoid any risky choice that he or she might encounter and instead make positive choices whether it be connected to values and identities or education and social competency.

For this funding cycle, we are augmenting our outcomes and the assessments related to those for this program in order to better track YC2 and community efforts to increase the developmental assets provided in each community. With agreements from schools in Centralia, Hallsville, and Southern Boone we will administer the Search Institute's Developmental Asset Profile (DAP) to up to 800 4-12 grade students three times per year in each district. From these assessments, we will be able to provide the school and community partners with specific data regarding assets for youth in their community in hopes of further honing local community coalition efforts to address their own specific needs. Summary reports from each community as well as an aggregate report for the three communities combined will be compiled as well and shared with all interested partners including the Children's Services Board. Sample DAP survey and report attached.

Regarding specific PYD programming, YC2 will continue its partnership with the Public Health and Human Services department to provide the Teen Outreach Program (TOP) to Boone County Middle and High School students. In recent years, this program has provided over 400 students hundreds of hours of after school programming and service learning opportunities each year in Columbia, Sturgeon, and Harrisburg. Because those groups will be assessed using the DAP, YC2 will be able to add that information to our reports to community and the Children's Services Board.

YC2 will also continue to support activities targeted at youth ages 6-19 in the Columbia area like peer education at local high schools, leadership trainings for high school youth, as well as, the City of Columbia Youth Advisory Council, partnering with schools and member agencies for events like U Matter, ParentUp, ShredFest, Rock the Community, and National Night Out among others, and bring local and national speakers for youth enrichment on topics such as substance use, bullying, and reducing risk factors in their lives.

In order to reach more youth ages 6-19 outside Columbia, YC2 will partner with the emerging coalitions in each community to bring PYD programming that meets their specific needs as determined by our community meetings in each location and the ongoing assessments directed by MU IPP. While some communities will require support

to put on events like Prom lock-ins and fifth quarter alternative socials, sports tournaments, and local movie nights, others will need support to bring specific programming related to bullying, mental health, distracted driving and substance use. YC2 will also actively seek to establish local youth peer education groups as we do in CPS schools and encourage parents groups to form around issues of social hosting, bullying and positive parenting.

As a breakdown of the proposed numbers of unduplicated individuals for this program, we propose to collaborate with each community coalition to organize 3 one hour PYD events per year per community for 30 youth each event. Including Columbia, that is 6 communities x 3 events x 30 youth = 540 PYD participants annually. Additionally, we have another 160 youth in the 10 Teen Outreach Program groups we serve with our partner the Public Health and Human Services Department. These targets add up to 700 youth served and we estimate that half of these will be unduplicated individuals for this program.

10. Service #2 – Program Performance Measures – There are a couple of concerns based on the utilization of the Missouri State Student Survey to be used as a Method of Measurement, (1) not all Boone County Schools complete this survey and (2) This survey is reported every two years. There was also confusion on the Cradle to Career survey listed in the Method of Measurement. We will need more information on this survey.

Action Required: Provide possible alternative method of measurement to utilizing the Missouri State Student Survey and more information about the proposed Cradle to Career Survey in the field below. Complete the 'Services Change Chart' with possible alternatives.

Including Cradle to Career survey instrument in the final draft of the previous proposal was an editing oversight from a previous draft. That proposed instrument was not developed and was not intended to be used as a measuring tool for the 2018-2019 cycle.

All Boone County school districts administer the MSS currently including CPS to at least some of their students. We originally set our PYD outcomes based on SAMHSA categories for substance use prevention funding and the required core measures for that grant. After several years of working with the local schools districts, the MSS instrument was the best evaluation tool available for the required categories of outcomes. We would like to continue to monitor these substance use categories for our youth using that instrument and can do so at no additional program cost. However, we can add another evaluation tool to better measure our effects on PYD and further focus our programming efforts countywide.

In our revised proposal, we would like to add assessments of developmental assets across the county to determine progress in PYD outcome categories. To do so, we propose to implement Search Institute's Developmental Asset Profiles (DAP) to as many area students as we can grades 4-12 across the county. In support of this assessment proposal, we have procured agreements from Centralia, Hallsville, and Southern Boone school districts to assess student assets at least once per school year (see attached MOUs) using the DAP. We have approached Columbia Public Schools and are working with them to find the best way to assess for our chosen categories at this time. We will further pursue Harrisburg and Sturgeon school districts for their participation as well. We have also amended our funding request to include bi-annual surveys and reports to

each participating school district.

One of primary goals in this upcoming funding cycle is to establish and grow our participation in these assessments from at least one time a year in some districts to two times per year in all school districts county wide. Doing so will not only further guide our organizing efforts in each community. Sharing the community specific information with coalition partners and with the Boone County Children Services Board will allow area providers to focus resources where they are needed most for our children as grow up in each community.

Finally, the DAP has been approved by the Drug Free Communities (DFC) federal grant program to capture the Four Core Measures and as such, can be the basis for assessment under this program. Establishing these assessments regularly in all our communities will further prepare groups from our area to apply for that grant and bring DFC funding back into Boone County again to support a wide range of efforts focused on increasing positive values, social competencies, and positive identities for our youth.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

11. An attachment is provided to submit your best and final offer for the program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Boone County Children's Services Fund

Purchase of Service Contracts for Proposal (RFP) #30-20JUL17

Developing Unit of Service Rate

Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

Service Change Chart
Organization Name: CHA Low-Income Services, Inc.
Program Name: Youth Community Coalition Communities that Care Project
Service #1 – Taxonomy of Service Name: Community Collaboration
Service #1 – Taxonomy Definition of Service: coordinates the partnership of stakeholders to collectively improve health, social, educational, and economic opportunities for the community.
<p>Provide a detailed description of the proposed service:</p> <p>A model for wellness set forth by The Robert Wood Johnson Foundation recommends promoting wellness at the community level. (Robert Wood Johnson Foundation, July 2014) As evidenced by YC2's success over the past 12 years, coalitions can be an asset when seeking to break down silos within a community and encourage a collaborative environment among community sectors. In keeping with this recommendation, our proposed Community Collaboration Program (CCP) includes two main components: 1) continued maintenance of YC2 activities in the Columbia area and 2) further support for our five emerging youth community coalitions outside Columbia to promote wellness at a local level.</p> <p>During the previous funding cycle, YC2 has helped to establish working youth coalitions in 4 of 5 communities outside Columbia and will seek to establish a fifth in Harrisburg during this upcoming cycle. In this proposed project we are requesting to add support for the main YC2 collaboration work as well. The reasoning for this shift is twofold. First, the work of YC2 members is increasingly spreading out into the outer county communities via our activity in these communities. In conjunction with this movement, our 2018-2020 YC2 strategic plan will include a focus on increasing developmental assets throughout Boone County communities further encouraging member organizations to support activities in the communities outside Columbia. Second, our previous CCP requested one full time and one part time staff person to organize the new community coalition collaborations out in the county. While we did not receive the full funding proposed, we have been able to deliver nearly all of our targets including some in excess of original targets despite having one third of the staff originally proposed for the work. We were able to accomplish this in large part because of federal prevention funding from SAMHSA that supplemented the current YC2 staff. At this time, those federal funds are not available yet for the next funding cycle. While we expect those funds to be available in the near future, we have a shortfall to continue current basic YC2 activities until they are announced at the federal level.</p> <p>Consistent with our previous CSF community collaboration activities, this CCP will continue to assist Community Liaisons in each community to help assess and address the needs of their youth and to grow a sustainable network of citizens committed to making their town a better place for youth to grow up in. Under the proposed CCP, YC2 staff will continue to provide needed support with organizing meetings, providing training and activities for the community, and evaluating the progress in conjunction with MU IPP designed surveys and assessments. New for this proposal, we are also requesting to assess students in three communities using the Search Institute Developmental Asset Profile. The hope in doing so it to provide more precise information to our community coalitions and partners regarding the assets and needs of our area youth and increasing capacity to address these needs across all sectors of our communities.</p>

Further expanding upon the previous CCP, the current proposal includes all YC2 activities under the umbrella of the project, preparing the way for a larger Boone County wide youth prevention coalition. While current YC2 members are already reaching out to engage with the new community coalitions, the proposed project formalizes this connection, streamlining YC2 collaboration goals with those of the emerging networks outside Columbia. To assist in further connecting YC2 members to the new community coalitions, we have requested the addition of a part time program assistant. This staff addition will coordinate with community liaisons and YC2 members to better ensure that resources available in our county are known to all our partners.

Finally, this proposal moves community trainings into CCP where we expect to provide up to three trainings per year for each of the six supported coalitions. As knowledge and understanding of the Strategic Prevention Framework for community organizing increase through ongoing trainings and assessments, community goals will become more focused and known throughout each community. Again, we have also included Columbia as an assessed community in our evaluation program for this proposal. This addition will help YC2 further target programming needs in Columbia with accuracy we have not be able to achieve over the past 3 years without these assessments.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour of supportive services to one individual	\$47.76	2400	175

Funding Request

Amount Requested to Boone County: \$114,622	Proposed Number of Units of Service: 2400
----------------------------------------------------	--------------------------------------------------

Performance Measures

Outcome:	Indicator:	Method of Measurement:
Multiple community sectors are engaged and representatives recruited to support or become part of local coalition.	Membership represents 12 sectors of the recruited to support or become part of local coalition.	Membership Roster, Collaborative Agreements
Coalition members are committed to membership and processes	90% of coalition members attend at least 6 meetings, and 2 non-meeting training sessions annually.	Attendance rosters
	95% of coalition members will state they understand the goals and objectives of the coalition.	Coalition Assessment conducted annually by IPP
Coalition members take active responsibility for writing and implementing their community prevention plan.	90% of coalition members are involved in identifying and writing the coalition's prevention plan.	Attendance rosters, Staff notes

Service Change Chart
Organization Name: CHA Low-Income Services, Inc.
Program Name: Youth Community Coalition Communities that Care Project
Service #2 – Taxonomy of Service Name: Positive Youth Development
Service #2 – Taxonomy Definition of Service: Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.
<p>Provide a detailed description of the proposed service:</p> <p>YC2 has successfully implemented dozens of PYD programs and events over its 12 year history and seeks to bring more of these activities to youth outside Columbia with the current proposal. The foundation of our approach in this area of service is the idea that all youth require access to specific basic developmental assets in order to grow up into productive adults. The more of these assets a community can provide or make readily available, the greater the likelihood a child will grow up with the ability to avoid risky choices and instead make positive ones. PYD activities seek to provide internal assets for youth through direct contact with them but also external assets for youth by strengthening the community environment within which they are developing. Additionally, rather than target one specific type of risky behavior to avoid, the PYD approach affects a youth's ability to avoid any risky choice that he or she might encounter and instead make positive choices whether it be connected to values and identities or education and social competency.</p> <p>For this funding cycle, we are augmenting our outcomes and related assessments for this program in order to better track YC2 and community efforts to increase the developmental assets provided in each community across the county. With agreements from schools in Centralia, Hallsville, and Southern Boone we will administer the Search Institute's Developmental Asset Profile (DAP) to up to 800 4-12 grade students three times per year in each district. From these assessments, we will be able to provide the school and community partners with specific data regarding assets for youth in their community in hopes of further honing local community coalition efforts to address their own specific needs. Summary reports from each community as well as an aggregate report for the three communities combined will be compiled as well and shared with all interested partners including the Children's Services Board. Sample DAP survey and report attached.</p> <p>Regarding specific PYD programming, YC2 will continue its partnership with the Public Health and Human Services department to provide the Teen Outreach Program (TOP) to Boone County Middle and High School students. In recent years, this program has provided over 400 students hundreds of hours of after school programming and service learning opportunities each year in Columbia, Sturgeon, and Harrisburg. Because those groups will be assessed using the DAP, YC2 will be able to add that information to our reports to community and the Children's Services Board.</p> <p>YC2 will also continue to support activities targeted at youth ages 6-19 in the Columbia area like peer education at local high schools, leadership</p>

trainings for high school youth, as well as, the City of Columbia Youth Advisory Council, partnering with schools and member agencies for events like U Matter, ParentUp, ShredFest, Rock the Community, and National Night Out among others, and bring local and national speakers for youth enrichment on topics such as substance use, bullying, and reducing risk factors in their lives.

In order to reach more youth ages 6-19 outside Columbia, YC2 will partner with the emerging coalitions in each community to bring PYD programming that meets their specific needs. These emerging programs will be determined by our community coalitions in each location and will be assisted by review of the ongoing assessments directed by MU IPP. While some communities will require support to put on events like prom lock-ins and fifth quarter alternative socials, sports tournaments, and local movie nights, others will need support to bring specific programming related to bullying, mental health, distracted driving and substance use. YC2 will also actively seek to establish local youth peer education groups as we do in CPS schools and encourage parents groups to form around issues of social hosting, bullying and positive parenting.

As a breakdown of the proposed numbers of unduplicated individuals for this program, we propose to collaborate with each community coalition to organize 3 one hour PYD events per year per community for 30 youth each event. Including Columbia, that is 6 communities x 3 events x 30 youth = 540 PYD participants annually. Additionally, we have another 160 youth in the 10 Teen Outreach Program groups we serve with our partner the Public Health and Human Services Department. These targets add up to 700 youth served and we estimate that half of these will be unduplicated individuals for this program.

Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour of service for 1 individual	\$15.00	700	350
Funding Request			
Amount Requested to Boone County: \$10,500		Proposed Number of Units of Service: 700	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Youth attitudes toward substance use change	10% reduction in number of youth who report use of substances in the past 30 days		Missouri State Student Survey (Boone County Statistics)

	10% reduction in number of youth reporting that using substances could be harmful	Missouri State Student Survey (Boone County Statistics)
	10% reduction in number of youth reporting that their parents would disapprove of them using substances	Missouri State Student Survey (Boone County Statistics)
	10% reduction in number of youth who report that their friends use substances	Missouri State Student Survey (Boone County Statistics)
Improved commitment to learning	At least a 10% increase in percent of surveyed students categorized as Adequate or Thriving for Improved Commitment to Learning through pre-/post Search Institute Developmental Asset Profile	Pre-/Post Development Asset Profile: Student Survey
Improved positive identity	At least a 10% increase in percent of surveyed students categorized as Adequate or Thriving for Positive Identity through pre-/post Search Institute Developmental Asset Profile	Pre-/Post Development Asset Profile: Student Survey
Improved positive values	At least a 10% increase in percent of surveyed students categorized as Adequate or Thriving for Positive Values through pre-/post Search Institute Developmental Asset Profile	Pre-/Post Development Asset Profile: Student Survey
Increased social competencies	At least a 10% increase in percent of surveyed students categorized as Adequate or Thriving for Positive Values through pre-/post Search Institute Developmental Asset Profile	Pre-/Post Development Asset Profile: Student Survey

Service Change Chart
Organization Name: CHA Low-Income Services, Inc.
Program Name: Youth Community Coalition Communities that Care Project
Service #3 – Taxonomy of Service Name: Community Needs Assessment
Service #3 – Taxonomy Definition of Service: A process of determining the needs/assets of the community
<p>Provide a detailed description of the proposed service:</p> <p>Youth Community Coalition (YC2) will contract with the Institute of Public Policy (IPP) to conduct a comprehensive Coalition Evaluation of the development and progress of the five emerging youth coalitions based in Boone County (in Ashland, Centralia, Hallsville, Harrisburg and Sturgeon). IPP will also analyze data collected by YC2 and produce a final report of the Developmental Assets Profile (DAP).</p> <p>The evaluation will be conducted using the Tri-Ethnic Center's Community Readiness Model and an annual Coalition Assessment. In December 2015, IPP used The Community Readiness Model to evaluate community capacity to address issues of substance use and risky behaviors amongst youth in the five communities where YC2 plans to develop youth coalitions. In 2016 and 2017, IPP repeated the Community Readiness Assessment to measure change in the readiness indicators of each community. IPP will continue to monitor each community's change in readiness utilizing an online version of the assessment tool. The results will allow program coordinators to pinpoint areas of concern and success.</p> <p>The annual Coalition Assessment will be twofold. It will provide information on the outputs of the Coalitions, including the number of meetings and attendees, representation of stakeholder groups involved in the meetings and number of events planned and conducted. IPP will also conduct annual surveys with Coalition members to gauge their opinions related to the specific stages of implementation and programming. This survey data will also be reported in the Annual Coalition Assessment.</p> <p>IPP will also analyze data collected utilizing the Developmental Assets Profile and produce a final report including outcome measures.</p> <p>Each unit of service in this program area corresponds to a particular evaluation service for a Boone County community. Each quarter, all six communities in our proposed service area, Centralia, Columbia, Hallsville, Harrisburg, Southern Boone and Sturgeon, will receive an average of one evaluation service for a total of 24 per year. Additionally, we are proposing that three school districts will be assessed using the DAP three times per year with an aggregate evaluation provided for each of the three assessment periods for a total of 12 units per year for administration of the DAP profiles in our partnering schools.</p>

For the DAP surveys, each school district will survey all 6-12 grade students, approximately 800 per school, three times per year. We have coordinated that these assessments coincide with the mental health coalition assessments that the students take three times per year. These surveys, the individual reports for each district and the aggregate county wide reports will cost \$5200 for each assessment. The total cost to assess three times per year will be \$15,600. This data will help guide YC2 and community coalition work throughout the county. It will also be shared with the Children's Services board for publication on the BID so that community partners can further benefit from the data regarding youth developmental assets and Boone Indicators. To our knowledge no other agency is proposing or providing this kind of data for any communities, in particular, those outside Columbia.

Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 evaluation service for 1 community	\$850.00	36	2550
Funding Request			
Amount Requested to Boone County: \$30,600		Proposed Number of Units of Service: 36	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased readiness to address behavioral health issues and substance use	75% of stakeholders interviewed will increase readiness by at least 1 point	Tri-Ethnic Readiness Assessment, End of year assessment compared to initial assessment	
Increased knowledge of community needs and resources	90% of coalition members will increase knowledge of community needs and resources	Community Assessment, Resource Assessment, Pre-and post-survey	
Increased knowledge of coalition processes	90% of coalition members will increase knowledge of processes involved with developing a local coalition	Annual Coalition Assessment	
Increased knowledge of youth developmental assets and needs	100% of community coalition members will increase knowledge of their youth's developmental assets and needs	Developmental Asset: Profile Report, Pre and post survey	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: CHA Low-Income Services, Inc.				
Program Name: Youth Community Coalition Communities that Care Project				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Community Collaboration	1 hour of supportive services to one individual	\$47.76	2400	175
Positive Youth Development	1 hour of service for 1 individual	\$15.00	700	350
Community Needs Assessment	1 evaluation service for 1 community	\$850.00	36	2550
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Community Collaboration	\$114,622		2400	
Positive Youth Development	\$10,500		700	
Community Needs Assessment	\$30,600		36	
Development/Start Up Service Funding	\$0			
Total Amount Requested to Boone County:	\$155,722			

Developmental Assets Profile

Self-Report for Ages 11-18

Name / ID: _____ Today's Date: Mo: _____ Day: _____ Yr: _____

Sex: ☐ Male ☐ Female Age: _____ Grade: _____ Birth Date: Mo: _____ Day: _____ Yr: _____

Race/Ethnicity (Check all that apply):

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ American Indian or Alaska Native

☐ Hispanic or Latino/Latina

☐ Other (please specify): _____

☐ Asian

☐ White

Instructions: Below is a list of positive things that you might have in yourself, your family, friends, neighborhood, school, and community. For each item that describes you **now or within the past 3 months**, check if the item is true: **Not At All or Rarely, Somewhat or Sometimes, Very or Often, Extremely or Almost Always**. If you do not want to answer an item, leave it blank. But please try to answer all items as best you can.

	Not At All or Rarely	Somewhat or Sometimes	Very or Often	Extremely or Almost Always
I...				
1. Stand up for what I believe in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feel in control of my life and future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Feel good about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Avoid things that are dangerous or unhealthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Enjoy reading or being read to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Build friendships with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Care about school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do my homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Stay away from tobacco, alcohol, and other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Enjoy learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Express my feelings in proper ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Feel good about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Seek advice from my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Deal with frustration in positive ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Overcome challenges in positive ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Think it is important to help other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Feel safe and secure at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Plan ahead and make good choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Resist bad influences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Resolve conflicts without anyone getting hurt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Feel valued and appreciated by others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Take responsibility for what I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Tell the truth even when it is not easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Accept people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Feel safe at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to page two of the survey.

Note: The term "Parent(s)" means 1 or more adults who are responsible for raising you.

	Not At All or Rarely	Somewhat or Sometimes	Very or Often	Extremely or Almost Always
I am...				
26. Actively engaged in learning new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Developing a sense of purpose in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Encouraged to try things that might be good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. Included in family tasks and decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Helping to make my community a better place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Involved in a religious group or activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Developing good health habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Encouraged to help others.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34. Involved in a sport, club, or other group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Trying to help solve social problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Given useful roles and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Developing respect for other people.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Eager to do well in school and other activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Sensitive to the needs and feelings of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Involved in creative things such as music, theater, or art.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Serving others in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Spending quality time at home with my parent(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have...				
43. Friends who set good examples for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. A school that gives students clear rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Adults who are good role models for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. A safe neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Parent(s) who try to help me succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Good neighbors who care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. A school that cares about kids and encourages them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Teachers who urge me to develop and achieve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Support from adults other than my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. A family that provides me with clear rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Parent(s) who urge me to do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. A family that gives me love and support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Neighbors who help watch out for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Parent(s) who are good at talking with me about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. A school that enforces rules fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. A family that knows where I am and what I am doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this survey.

SAMPLE REPORT PAGES

STRENGTHS AND SUPPORTS IN THE LIVES OF “ANYTOWN” YOUTH

Based on the Results from the *Developmental Assets Profile*

04/03/2013

These sample pages highlight key elements of the report you will receive on your *Developmental Assets Profile*. It not only provides the data in an easy-to-use format, but it offers step-by-step recommendations for using the data for planning.

PREPARED BY



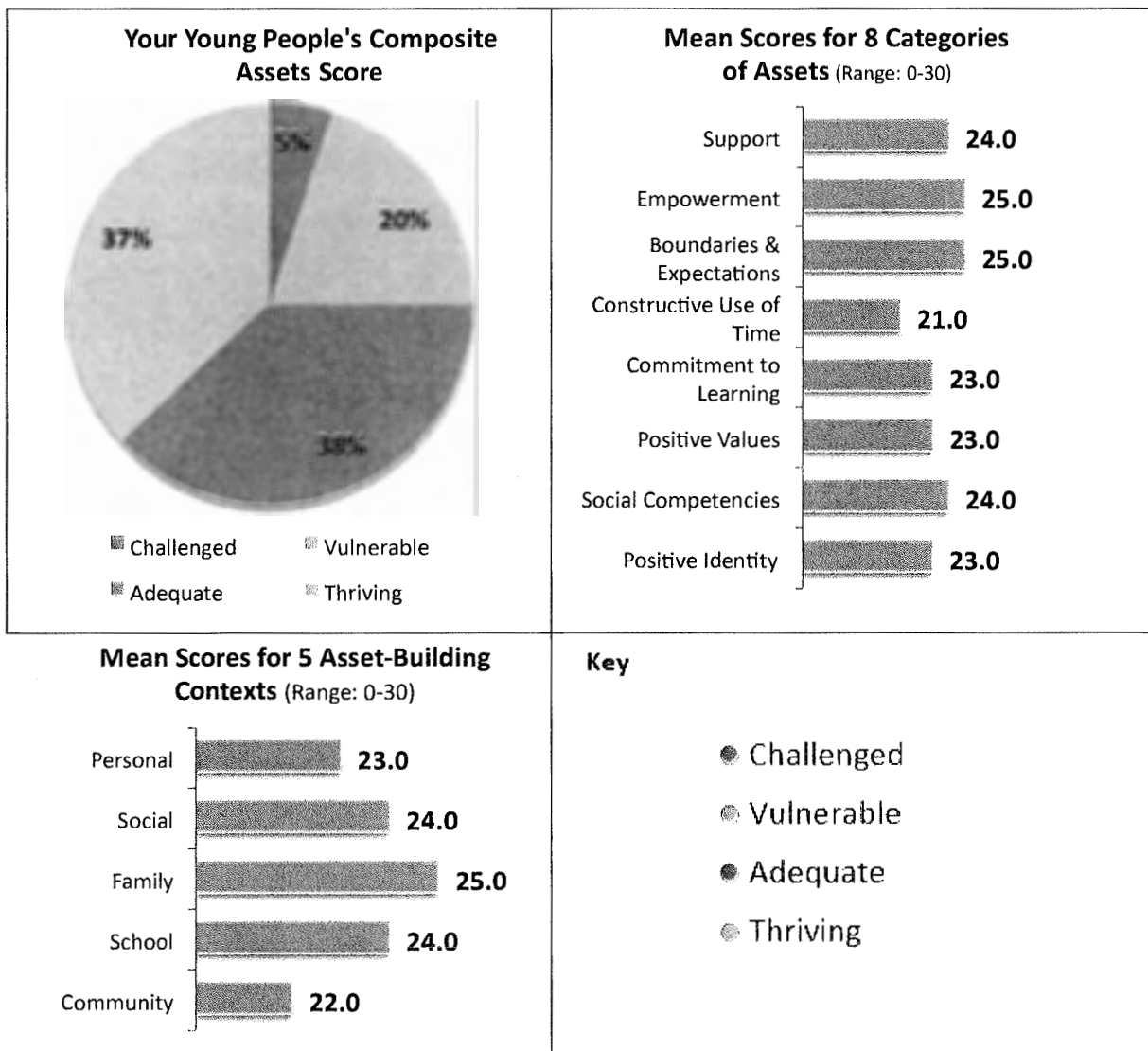
Discovering what kids need to succeed

NOTE: The data in this sample report are for illustration purposes only from a single community report. They are not intended for comparison purposes.

A one-page summary of your overall findings that you can use to share with key stakeholders and partners.

RESULTS DASHBOARD

The information in this report is based on a survey by Central High School of 2,129 youth in Anytown, US, between 02/01/2013 and 03/12/2013. It is based on data from Search Institute's survey, *Developmental Assets Profile*. It focuses on understanding the strengths and supports (or "Developmental Assets") that young people experience in their lives. Extensive research has shown that having these assets in their lives helps young people make positive life choices.



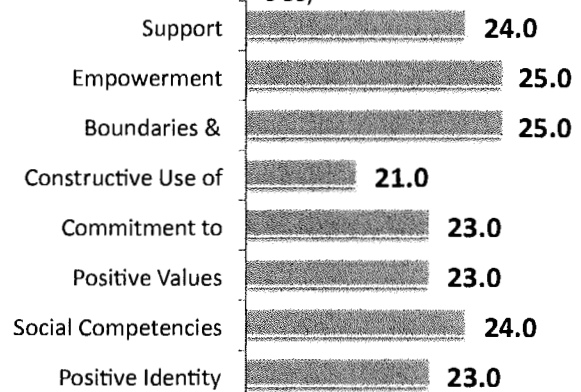
Get an overall, holistic understanding of the external supports and internal strengths that young people experience.

SUMMARY OF ASSET CATEGORY SCORES

This page highlights which categories of Developmental Assets, on average, are experienced most strongly and weakly by your youth overall. You can see how well your young people are doing, on average, in each asset category.

Your survey shows that particular areas of relative strength for your youth are the asset categories of Empowerment, and Boundaries and Expectations. These are areas of strength to build on in your organization's policies, practices, programs, and partnerships.

Figure 3. Asset Category Scores (Range: 0-30)



On the flip side are asset category that is not as strong is constructive use of time. This reflects an area that may need more emphasis in your organization's policies and programs in order to respond to realities young people face.

DIFFERENT EXPERIENCES IN EACH CATEGORY

Another important factor in examining young people's experiences of the eight categories of assets is to look at the distribution of responses; that is, the proportion of youth whose scores in each category fall in the ranges of challenged, vulnerable, adequate, and thriving. Table 5 shows this distribution for each of the eight categories of assets.

STRENGTHS AND CHALLENGES FOR DIFFERENT YOUTH

Not all young people experience these categories of asset the same way, as shown in Tables 6 and 7 (with Table 6 focusing on external assets and Table 7 focusing on internal assets). These tables show the percentages of youth at each level, disaggregated by demographic variables.

NOTICE AND TALK ABOUT

- Does the relative strength of the different categories reflect what you've seen with youth in your community or program? What examples have you seen that illustrate the strengths that young people have in their lives? What might you do to tap those strengths?
- Do the distributions of scores (Table 5) reflect what you see and experience among youth? Are there some categories with substantially higher percentages of youth in the "challenged" or "thriving" levels, suggesting particular strengths or difficulties?
- What about the gaps? Where do you see critical gaps that require further reflection and action? In what ways do your programs or other efforts contribute to or influence these areas of young people's lives?

Percentages of Challenged to Thriving Youth in the Eight Asset Categories

This table shows the percentages of youth whose score on each category of assets falls into each level. Typically, we expect to see between 5 and 15 percent scoring in the “challenged” and the “thriving” range, with most youth scoring in the “vulnerable” or “adequate” ranges. Do you see particular areas of strength (high in “thriving”) or worry (high in “challenged”) that merit additional exploration and action?

	Challenged (Range: 0-14)	Vulnerable (Range: 15-20)	Adequate (Range: 21-25)	Thriving (Range: 26-30)
External Assets				
Support	8%	14%	18%	59%
Empowerment	5%	19%	31%	47%
Boundaries & Expectations	6%	9%	28%	57%
Constructive Use of Time	15%	35%	26%	29%
Internal Assets				
Commitment to Learning	9%	23%	29%	40%
Positive Values	4%	21%	43%	31%
Social Competencies	5%	20%	34%	41%
Positive Identity	9%	25%	30%	37%

See the ranges of youth people's experiences for each category, which allows you to gain a deeper understanding of youth realities.

Mean Scores on Categories of Internal Assets, Selected Demographics

This table shows the score (on a scale of 0 to 30) for each of the categories of *internal* assets, by selected demographic subgroups. The cutoff points for each level on the internal asset scores are 0-14 (challenged); 15 – 20 (vulnerable); 21 – 25 (adequate); and 26 – 30 (thriving).

NOTE: Providing data by subgroups allows you to focus on the results for the specific youth you are serving in a particular program. However, any differences between subgroups must be interpreted with caution. Small differences are likely not meaningful. As a rule, differences less than 3 points are unlikely to be meaningful or actionable.

	Sample Size	Commitment to Learning	Positive Values	Social Competencies	Positive Identity
Total Sample	2,124	23	24	24	23
Gender					
Female	1,147	24	24	25	23
Male	977	22	22	23	23
Grade Level					
Grade 6	622	25	24	25	24
Grade 8	419	23	23	24	23
Grade 10	749	21	22	23	22
Grade 12	71	19	20	20	21
Race/Ethnicity					
American Indian	86	22	23	22	22
Asian American	34	24	24	25	23
Black/African American	125	22	22	22	23
Hispanic or Latino/a	130	22	22	23	22
White	1,392	23	23	24	23

Disaggregated data for your youth, allowing you to focus dialogue and planning based on different strengths and challenges.

(Demographic information included in the charts is based on the population you survey.)



POSITIVE IDENTITY

Young people need to believe in their own self-worth and to feel that they have control over the things that happen to them.

A "dashboard" of your results for each category, along with prompts for interpreting and using your data.

Mean Score for Your Youth (Range: 0-30)	Percent of Youth at Each Level			
	Challenged (Range: 0-14)	Vulnerable (Range: 15-20)	Adequate (Range: 21-25)	Thriving (Range: 26-30)
23	9%	25%	30%	37%

NOTICE: WHAT DO YOU SEE IN THE FINDINGS?

The Positive Identity category of assets was, comparatively a strong area in your study. As you reviewed and discussed the findings, you likely came to important conclusions about young people's sense of positive identity. Note those key insights here as part of the context to consider as you discuss the findings with youth and adult stakeholders.

What study findings about Positive Identity assets confirmed your experiences?	What study findings about Positive Identity assets challenged your perceptions?
What study findings about Positive Identity assets do you question because they contradict other data?	What key takeaways do you have about Positive Identity assets from your study?

TALK WITH YOUTH AND ADULT STAKEHOLDERS

In addition to talking about the "notice" questions in relation to specific findings in your study, below are some recommended discussion questions about Positive Identity assets to use with youth and adult stakeholders to deepen your understanding of their perspectives.

YOUTH

1. What are people and places that let you know that you are valued and loved for who you are?
2. How do you know when encouragement from a friend or adult is genuine?
3. How do people let you know that you are capable? What might they do that makes you feel like you don't have much influence over things?
4. What gives you hope for your own future? What worries you?

ADULTS (staff, volunteers, parents/caregivers)

1. How do you show young people that they are valued for who they are, particularly if they feel left out of the mainstream?
2. What explicit messages do you give and steps do you take to show young people from a wide range of backgrounds that your organizations things they are capable and competent?
3. What opportunities do young people have to talk about their own future, including their hopes and plans beyond high school?

POSITIVE IDENTITY (CONTINUED)

Research-based guidance for developing strategies based on your findings.

CONNECT PRIORITIES TO EFFECTIVE PRACTICE

Here are some principles and practices from research to keep in mind as you seek to nurture a positive identity in young people.

- A healthy positive identity is more likely to develop when people around youth emphasize the inherent worth and value of each young person, rather than focusing on external factors, such as looks, athletic ability, intelligence, or creativity.
- Building strong, positive relationships is the foundation of a positive identity.
- Feedback to young people is most valuable in shaping their self-concept when it is specific and from someone who they respect in the area. Thus, feedback on their contributions to a basketball game tends to be more valuable when a coach identifies the specific things they did that merited commendation (for example, not saying “good job out there,” but instead, “you did a great job keeping your hands up on defense”).
- Some of the most consistent ways of strengthening a positive identity involve empowering youth through leadership, service, and other ways of giving voice to who they are.
- Giving young people tasks that they will be genuinely successful in completing can help to rebuild a sense of competence for those whose self-concept has been damaged by previous, repeated failures or being belittled or shamed by others.
- Some young people whose identity may not fit social norms (such as gay, lesbian, or gender-variant youth, or youth with a minority cultural or religious identity) often need extra support to help them form a positive identity when it is not valued or recognized by community norms or expectations.

SET STRATEGIES

What is your long-term goal in this category?	What do you have the power to do right now?
Who else needs to be involved?	What is your first step? By when?

**Youth Community Coalition
BOONE COUNTY COALITION
EVALUATION PROPOSAL
November 2017**

Program Title Boone County Coalition Evaluation	Date November, 2017
Agency & Contact CHALIS CHALIS 201 Switzler St, Columbia, MO 65203 573-449-1993	
Present Contract Period From Jan. 2018 To Dec. 2018	Contract Number
Type of Agreement Interagency Agreement	
<i>CHALIS does hereby enter into this interagency agreement with the Curators of the University of Missouri to provide services in accordance with the attached scope of work for the fixed price of \$15,000. Invoices will be submitted on a quarterly basis.</i>	
By signing, the parties are agreeing to the provisions both listed here.	
CHALIS _____	University of Missouri – Columbia Karen Geren, Submissions Specialist _____
Date	Date

Scope of Work

The Institute of Public Policy (IPP) proposes to contract with the Youth Community Coalition (YC2) to conduct a comprehensive Coalition Evaluation of the development and progress of the five emerging youth coalitions based in Boone County (in Ashland, Centralia, Hallsville, Harrisburg and Sturgeon). IPP will also analyze data collected by YC2 and produce a final report of the Developmental Assets Profile.

The evaluation will be conducted using the Tri-Ethnic Center's Community Readiness Model¹ and an annual Coalition Assessment. In December 2015, IPP used The Community Readiness Model to evaluate community capacity to address issues of substance use and risky behaviors amongst youth in the five communities where YC2 plans to develop youth coalitions. In 2016 and 2017, IPP repeated the Community Readiness Assessment to measure change in the readiness indicators of each community. IPP will continue to monitor each community's change in readiness utilizing an online version of the assessment tool. The results will allow program coordinators to pinpoint areas of concern and success.

The annual Coalition Assessment will be twofold. It will provide information on the outputs of the Coalitions, including the number of meetings and attendees, representation of stakeholder groups involved in the meetings and number of events planned and conducted. IPP will also conduct annual surveys with Coalition members to gauge their opinions related to the specific stages of implementation and programming. This survey data will also be reported in the Annual Coalition Assessment.

IPP will also analyze data collected utilizing the Developmental Assets Profile and produce a final report including outcome measures.

Project Deliverables:

- Survey Instrument(s) for coalition trainings completed by end of March 2018.
- Interim Community Readiness Assessment completed by end of October 2018 for 5 communities
- Annual Coalition Assessment completed by end of December 2018 for 5 communities.
- Developmental Assets Profile final report completed by December 2018.

¹ Pleasted, B.A., Edwards, R.W., & Jumper-Thurman, P. (2006 April). Community Readiness: A handbook for successful change. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.

Cost and Invoicing

The total cost of the project will be \$15,000, payable to IPP on a quarterly basis, corresponding with points of service. One evaluator will contribute to this project, with the primary investigator dedicating 23% of her time. One Graduate Research Assistant will also contribute services to this evaluation as necessary.

Invoicing and Deliverables Schedule

Activity Dates	Deliverables	Invoice Amount	Invoice Date
Quarter 1: Jan – March, 2017	Review and update evaluation design and timeline for new evaluation period. Develop survey instrument(s) for coalition trainings.	\$3,750	March 31 st , 2018
Quarter 2: April – June, 2017	Ongoing data collection	\$3,750	June 30 th , 2018
Quarter 3: July-September, 2017	Ongoing data collection. Community Readiness Assessment contact information collected. Developmental Assets Profile data collected.	\$3,750	September 30 th , 2018
Quarter 4: October – December, 2017	Interim Community Readiness Assessment completed. Annual Coalition Assessment report completed. Developmental Assets Profile final report completed.	\$3,750	December 31 st , 2018

YC2 Coalition Evaluation Logic Model

Activities	Outputs	Outcomes	Measurement Tool
Contact and recruit community liaisons and other champions	Number of collaborators	Multiple engaged community sectors with representation in the coalition	Interim Community Readiness Evaluation Annual Coalition Assessment (applicable in communities with established coalitions)
Hold meetings	Number of meetings	Increased community knowledge regarding local needs and resources	
Provide trainings	Number of contacts or participants	Increase in knowledge of coalition process Increase in knowledge of strategic prevention framework Increase in knowledge of evidence based practices for coalition building	
Hold/Support events for youth	Number of youth events	Increase in knowledge of protective factors and risk factors Increase in community's readiness to address behavioral health issues and substance use	
Provide Safe Places for youth in crisis	Number of Safe Place sites		
Conduct Developmental Assets Profile Survey	Number of completed surveys	Change in responses	DAP survey final report

Agreement
between the
City of Columbia, Missouri,
and
Columbia Housing Authority Low-Income Services, Inc.,
for
Teen Outreach Program

THIS AGREEMENT (the "Agreement") by and between Columbia Housing Authority Low-Income Services, Inc., (hereinafter "CHALIS") and the City of Columbia, Missouri, a political subdivision of the State of Missouri, (hereinafter "City"), is entered into on the date of the last signatory noted below (hereinafter "Effective Date"). City and CHALIS are each individually referred to herein as a "Party" and collectively as the "Parties".

WHEREAS, the Parties recognize the need for teen programs in the community; and

WHEREAS, the Parties desire to cooperate to plan, implement, and evaluate nine teen outreach programs in schools in the community.

WITNESSETH:

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations in this Agreement, the Parties agree as follows.

1. **PURPOSE:** The purpose of this Agreement is to formalize the understanding between the Parties with regard to the implementation of the Teen Outreach Program in the Columbia area.
2. **RESPONSIBILITIES OF THE PARTIES FOR TEEN OUTREACH PROGRAM.** The Parties commit to working together through September 30, 2018 in the planning, implementation, and evaluation of the Teen Outreach Program (TOP) clubs in Columbia/Boone County schools. The Parties also commit to an ongoing discussion of their roles and responsibilities. Both parties agree to:
 - Serve as a local TOP provider and implement TOP with fidelity.
 - Provide each club with a minimum of 25 weekly meetings and 20 hours of community service learning (CSL) over a nine month period.
 - Adhere to the TOP Changing Scenes curriculum, and present the curriculum from a values neutral standpoint.

- Assure its facilitators are TOP certified, have completed Child Abuse and Neglect Background checks, and are scheduled to remain the same throughout the nine month duration of the program.
- Assure the program is delivered to groups of adolescents grades 6 through 12. The facilitator shall strive to have at least 10 adolescents per group, and the facilitator cannot have more than 25 adolescents per group.
- Assure that the program is inclusive of, and non-stigmatizing towards adolescents of any race, ethnicity, religion, sexual or gender identity, and sexual orientation.
- Obtain signed consent forms for all adolescents participating in the program.
- Administer student pre and post program surveys to all clubs and the developmental assets profile survey to designated clubs.
- Submit required paperwork including consents, surveys, sequencing forms, CSL description forms, and attendance logs to City's TOP coordinator (Michelle Shikles) and/or to Wyman Connect according to the submission timeline outlined in the facilitator training.
- Participate in at least one on-site evaluation.
- Assist in organizing and transporting teens to and from volunteer events.
- Partner to provide a recognition event/trip for adolescents who have successfully participated in the program.
- Participate in technical assistance sessions as requested with Missouri DHSS, City, Boone County Children Services, or Wyman during the Term of the Agreement.

3. CHALIS'S ADDITIONAL RESPONSIBILITIES. CHALIS shall:

- a. Provide 1 Facilitator for 5 TOP clubs
- b. Provide an itemized invoices to City for TOP on the 7th day of the month following the month in which the services were provided. Itemized invoices shall include line item purchases with according receipts and personal expenditures for the month. Allowable costs shall not exceed \$15,000 over the twelve month period. Allowable costs include personnel for TOP club facilitators, mileage, background checks, supplies, and up to 8% for indirect costs. Indirect costs may include such things as utilities, rent, administrative salaries, financial staff salaries, and building maintenance.
- c. Provide information and assistance necessary to meet additional Missouri DHHS or Boone County Children Services contract needs.

4. CITY'S ADDITIONAL RESPONSIBILITIES. City shall:

- a. Provide one staff member to serve as TOP coordinator and ensure all TOP fidelity requirements are met including, but not limited to, consent forms, surveys, values neutral lessons, CSL hour requirements, and site visits.
- b. Oversee Boone County Children Services Contract and MODHHS contract and assure all deliverables and reporting requirements are met and that expenditures align with contract budgets.

- c. Provide 1 facilitator for 5 clubs and 2 facilitators for 5 clubs.
 - d. Send appropriate staff to required contract and technical assistance trainings.
 - e. Maintain all records.
 - f. Reimburse CHALIS for allowable costs associated with the operation of the TOP in an amount not to exceed fifteen thousand dollars (\$15,000.00).
5. TERM. The "Term" of this Agreement shall commence on the Effective Date, and shall continue until the date that is one (1) year following the Effective Date.
6. TERMINATION.
- a. By Mutual Agreement. This Agreement may be terminated at any time during its Term upon mutual agreement by both Parties.
 - b. By Convenience. With thirty (30) days written notice, either Party may terminate this Agreement for convenience.
 - c. By Default. Either Party may terminate this Agreement in accordance with Section 10.
7. TERMINATION UPON DEFAULT. Upon the occurrence of an event of Default, the non-Defaulting Party shall be entitled to immediately terminate this Agreement. A Party shall be considered in Default of this Agreement upon:
- a. The failure to perform or observe a material term or condition of this Agreement, including but not limited to any material Default of a representation, warranty or covenant made in this Agreement;
 - b. The Party (i) becoming insolvent; (ii) filing a voluntary petition in bankruptcy under any provision of any federal or state bankruptcy law or consenting to the filing of any bankruptcy or reorganization petition against it under any similar law; (iii) making a general assignment for the benefit of its creditors; or (iv) consenting to the appointment of a receiver, trustee or liquidator;
 - c. The purported assignment of this Agreement in a manner inconsistent with the terms of this Agreement;
 - d. The failure of the Party to provide information or data to the other Party as required under this Agreement, provided that the Party entitled to the information or data under this Agreement requires such information or data to satisfy its obligations under this Agreement.
8. NO ASSIGNMENT. This Agreement shall inure to the benefit of and be binding upon the Parties and their respective successors and permitted assigns. Neither Party shall assign

this Agreement or any of its rights or obligations hereunder without the prior written consent of the other Party.

9. NOTICES. Any notice, demand, request, or communication required or authorized by the Agreement shall be delivered either by hand, facsimile, overnight courier or mailed by certified mail, return receipt requested, with postage prepaid, to:

If to City:

City of Columbia

Department of Health and Human Services

P.O. Box 6015

Columbia, Missouri 65205-6015

ATTN: Stephanie Browning, Director

If to CHALIS:

Columbia Housing Authority Low-Income Services, Inc.

201 Switzler Street

Columbia, Missouri 65203

Attn: Phil Steinhaus, CEO

The designation and titles of the person to be notified or the address of such person may be changed at any time by written notice. Any such notice, demand, request, or communication shall be deemed delivered on receipt if delivered by hand or facsimile and on deposit by the sending party if delivered by courier or U.S. mail.

10. NO THIRD-PARTY BENEFICIARY. No provision of the Agreement is intended to nor shall it in any way inure to the benefit of any third party, so as to constitute any such person a third-party beneficiary under the Agreement.
11. AMENDMENT. No amendment, addition to, or modification of any provision hereof shall be binding upon the Parties, and neither Party shall be deemed to have waived any provision or any remedy available to it unless such amendment, addition, modification or waiver is in writing and signed by a duly authorized officer or representative of the applicable Party or Parties.
12. GOVERNING LAW AND VENUE. This Agreement shall be governed, interpreted, and enforced in accordance with the laws of the State of Missouri and/or the laws of the

United States, as applicable. The venue for all litigation arising out of, or relating to this Agreement, shall be in Boone County, Missouri, or the United States Western District of Missouri. The Parties hereto irrevocably agree to submit to the exclusive jurisdiction of such courts in the State of Missouri. The Parties agree to waive any defense of forum non conveniens.

13. GENERAL LAWS. The Parties shall comply with all applicable federal, state, and local laws, rules, regulations, and ordinances.
14. NO WAIVER OF IMMUNITIES. In no event shall the language of this Agreement constitute or be construed as a waiver or limitation for either Party's rights or defenses with regard to each Party's applicable sovereign, governmental, or official immunities and protections as provided by federal and state constitutions or laws.
15. HOLD HARMLESS AGREEMENT. To the fullest extent not prohibited by law, CHALIS shall indemnify and hold harmless the City of Columbia, its directors, officers, agents, and employees from and against all claims, damages, losses, and expenses (including but not limited to attorney's fees) for bodily injury and/or property damage arising by reason of any act or failure to act, negligent or otherwise, of CHALIS, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with CHALIS or a subcontractor for part of the services), of anyone directly or indirectly employed by CHALIS or by any subcontractor, or of anyone for whose acts the CHALIS or its subcontractor may be liable, in connection with CHALIS's services provided pursuant to this Agreement. This provision does not, however, require CHALIS to indemnify, hold harmless, or defend the City of Columbia from the City's own negligence.
16. AUTHORITY. The individuals signing this agreement below certify that they have obtained the appropriate authority to execute this Agreement on behalf of the respective Parties.
17. ENTIRE AGREEMENT. This Agreement represents the entire and integrated Agreement between CHALIS and City relative to the services. All previous or contemporaneous agreements, representations, promises and conditions relating to the Teen Outreach Program services herein are superseded.

IN WITNESS WHEREOF the Parties through their duly authorize representatives have executed this Agreement effective as of the date of the last party to execute the same.

CITY OF COLUMBIA

**COLUMBIA HOUSING AUTHORITY LOW-
INCOME SERVICES, INC.**

Mike Matthes, City Manager

Date: _____

Phil Steinhaus, CEO

Date: _____

ATTEST:

ATTEST:

Sheela Amin, City Clerk

Date: _____

Date: _____

APPROVED AS TO FORM:

APPROVED AS TO FORM:

Nancy Thompson, City Attorney

Date: _____

Name/Title: _____

Date: _____

CERTIFICATION: I, hereby certify that this Agreement is within the purpose of the appropriation to which it is to be charged, Account Number _____, and that there is an unencumbered balance to the credit of such appropriation sufficient to pay therefor.

Michele Nix, Director of Finance

Memorandum of Understanding

between

Youth Community Coalition

and

Alicia Ozenberger

(hereinafter referred to as the Community Liaison)

The Youth Community Coalition (YC2) and Alicia Ozenberger desire to partner by working together on positive youth development programming with a goal of further organizing the community in Ashland around issues pertaining to youth.

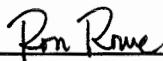
Youth Community Coalition agrees to:

- A. Support organizing efforts in Ashland and Southern Boone.
- B. Provide material and other support for area youth events.
- C. Provide local trainings to further goals of emerging network.
- D. Facilitate liaison participation in non-local training and events.
- E. Provide general coordination for Boone County Children's Services Fund project.
- F. Provide a stipend in the amount of \$2,500/year in even distributions

Community Liaison agrees to:

- A. Recruit youth and adults to local network, its trainings and events.
- B. Serve as principal contact between local network and YC2.
- C. Communicate regularly with YC2 coordinator.
- D. Keep track of community contacts for Boone County Children's Services Fund project reporting.
- E. Organize and train sites for local Safe Place Program.
- F. Serve as liaison to YC2 for meetings and other events.

This memorandum of understanding is effective beginning January 1, 2018 through December 31, 2018.



Ron Rowe, Program Coordinator YC2

Alicia Ozenberger, Southern Boone
Community Liaison

Date

Date

Memorandum of Understanding

between

Youth Community Coalition

and

Lisa Matthiessen

(hereinafter referred to as the Community Liaison)

The Youth Community Coalition (YC2) and Lisa Matthiessen desire to partner by working together on positive youth development programming with a goal of further organizing the community in Centralia around issues pertaining to youth.

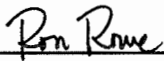
Youth Community Coalition agrees to:

- A. Support Centralia Youth Community Coalition (CYC2) organizing efforts.
- B. Provide material and other support for CYC2 events.
- C. Provide local trainings to further CYC2 goals.
- D. Facilitate liaison participation in non-local training and events.
- E. Provide general coordination for Boone County Children's Services Fund project.
- F. Provide a stipend in the amount of \$2,500/year in even distributions

Community Liaison agrees to:

- A. Recruit youth and adults to CYC2, its trainings and events.
- B. Serve as principal contact between CYC2 and YC2.
- C. Communicate regularly with YC2 coordinator.
- D. Keep track of community contacts for Boone County Children's Services Fund project reporting.
- E. Organize and train sites for local Safe Place Program.
- F. Serve as liaison to YC2 for meetings and other events.

This memorandum of understanding is effective beginning January 1, 2016 through December 31, 2016.



Ron Rowe, Program Coordinator YC2

Lisa Matthiessen, Centralia Community
Liaison

Date

Date

Memorandum of Understanding

between

Youth Community Coalition

and

Sherri Briedwell

(hereinafter referred to as the Community Liaison)

The Youth Community Coalition (YC2) and Sherri Briedwell desire to partner by working together on positive youth development programming with a goal of further organizing the community in Hallsville around issues pertaining to youth.

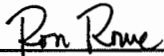
Youth Community Coalition agrees to:

- A. Support organizing efforts in Hallsville.
- B. Provide material and other support for area youth events.
- C. Provide local trainings to further goals of emerging network.
- D. Facilitate liaison participation in non-local training and events.
- E. Provide general coordination for Boone County Children's Services Fund project.
- F. Provide a stipend in the amount of \$2,500/year in even distributions

Community Liaison agrees to:

- A. Recruit youth and adults to local network, its trainings and events.
- B. Serve as principal contact between local network and YC2.
- C. Communicate regularly with YC2 coordinator.
- D. Keep track of community contacts for Boone County Children's Services Fund project reporting.
- E. Organize and train sites for local Safe Place Program.
- F. Serve as liaison to YC2 for meetings and other events.

This memorandum of understanding is effective beginning January 1, 2018 through December 31, 2018.



Ron Rowe, Program Coordinator YC2

Sherri Briedwell, Hallsville
Community Liaison

Date

Date

Memorandum of Understanding

between

Youth Community Coalition

and

Centralia R-6 School District

The Youth Community Coalition (YC2) and Centralia R-6 School District (School District) desire to partner by working together to assess the developmental assets of district youth with a goal of promoting positive youth development in Centralia and increasing youth resilience to risky behaviors.

Youth Community Coalition agrees to:

- A. Provide SEARCH Institute's Developmental Asset Profile (DAP) instrument for use with district students.
- B. Provide all necessary training for administration of surveys and interpretation/implementation of assessment results.
- C. Provide reports from DAP assessment data to School District.
- D. Facilitate implementation of assessment results with community partners.
- E. Provide general coordination for Boone County Children's Services Fund reporting.

School District agrees to:

- A. Use SEARCH Institute's DAP instrument to assess select students in grades 4-12 at least once annually.
- B. Coordinate data and reporting with YC2 and its evaluation partner(s).
- C. Make necessary staff available for YC2 provided training regarding the use of the DAP data and reports.
- D. Coordinate with community partners to implement results of assessment data.
- E. Assist with reporting to Boone County Children's Services Fund Board.

This memorandum of understanding is effective beginning January 1, 2018 through December 31, 2019.

Ron Rowe, Program Coordinator
Youth Community Coalition

Darin Ford, Superintendent
Centralia R-6 School District

Date

Date

Memorandum of Understanding

between

Youth Community Coalition

and

Hallsville R-IV School District

The Youth Community Coalition (YC2) and Hallsville R-IV School District (School District) desire to partner by working together to assess the developmental assets of district youth with a goal of promoting positive youth development in Hallsville and increasing youth resilience to risky behaviors.

Youth Community Coalition agrees to:

- A. Provide SEARCH Institute's Developmental Asset Profile (DAP) instrument for use with district students.
- B. Provide all necessary training for administration of surveys and interpretation/implementation of assessment results.
- C. Provide reports from DAP assessment data to School District.
- D. Facilitate implementation of assessment results with community partners.
- E. Provide general coordination for Boone County Children's Services Fund reporting.

School District agrees to:

- A. Use SEARCH Institute's DAP instrument to assess select students in grades 4-12 at least once annually.
- B. Coordinate data and reporting with YC2 and its evaluation partner(s).
- C. Make necessary staff available for YC2 provided training regarding the use of the DAP data and reports.
- D. Coordinate with community partners to implement results of assessment data.
- E. Assist with reporting to Boone County Children's Services Fund Board.

This memorandum of understanding is effective beginning January 1, 2018 through December 31, 2019.

Ron Rowe, Program Coordinator
Youth Community Coalition

John Downs, Superintendent
Hallsville R-IV School District

Date

Date

Memorandum of Understanding

between

Youth Community Coalition

and

Southern Boone School District

The Youth Community Coalition (YC2) and Southern Boone School District (School District) desire to partner by working together to assess the developmental assets of district youth with a goal of promoting positive youth development in Southern Boone and increasing youth resilience to risky behaviors.

Youth Community Coalition agrees to:

- A. Provide SEARCH Institute's Developmental Asset Profile (DAP) instrument for use with district students.
- B. Provide all necessary training for administration of surveys and interpretation/implementation of assessment results.
- C. Provide reports from DAP assessment data to School District.
- D. Facilitate implementation of assessment results with community partners.
- E. Provide general coordination for Boone County Children's Services Fund reporting.

School District agrees to:

- A. Use SEARCH Institute's DAP instrument to assess select students in grades 4-12 at least once annually.
- B. Coordinate data and reporting with YC2 and its evaluation partner(s).
- C. Make necessary staff available for YC2 provided training regarding the use of the DAP data and reports.
- D. Coordinate with community partners to implement results of assessment data.
- E. Assist with reporting to Boone County Children's Services Fund Board.

This memorandum of understanding is effective beginning January 1, 2018 through December 31, 2019.

Ron Rowe, Program Coordinator
Youth Community Coalition

Chris Felmlee, Superintendent
Southern Boone School District

Date

Date

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110

Columbia, MO 65201

Phone: (573) 886-4391

Fax: (573) 886-4390

E-mail: mbobbitt@boonecountymo.org

November 3, 2017

CHA Low-Income Services, Inc.
Attn: Becky Markt, Director, Resident Services
201 Switzler St.
Columbia, MO 65203
bmarkt@columbiaha.com

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Markt:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 8, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts*

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

Program Overview Form	
------------------------------	--

Action Required: Provide the information in the table below.

Action Required: Provide the names and information about these organizational partnerships in the field below. Submit any MOUs with your response.

--

Action Required: Update the Program Personnel Table below and provide written clarification on staff in the section below the chart.

Program Personnel Information				
Position/Title	Minimum Qualifications	FTE	FT Salary Range From:	FT Salary Range To:

Program Personnel Narrative:

Program Services Form (1-5)

4. Service #1 - Name, Definition, and Description – The definition for Community Collaboration should have been taken directly from the *Taxonomy for Services*. The definition should read, coordinates the partnership of stakeholders to collectively improve health, social, educational, and economic opportunities for the community. We will need more information on the actual service and activities that will be provided.
Action Required: Provide a detailed description in of this service in the field below. Complete the 'Services Change Chart' with the updated information.

5. Service #1 – Community Collaboration/Outputs – There is some confusion about the 175 unduplicated individuals receiving the Community Collaboration services. The service description does not explain whether these individuals are youth, community members, stakeholders, etc.
Action Required: Provide more information about the 175 unduplicated individuals listed in the field below.

6. Service #1 – Community Collaboration/Outputs – The justification for the unit rate needs to be revised. It doesn't appear to make sense to compare Non-Therapeutic Counseling to Community Collaboration. The current unit rate is \$45.75 and the proposed unit rate is \$54.01. Provide a

justification for the higher rate. Please review the attached Developing Unit of Service Rate Sheet.

Action Required: Provide the new justification and, if necessary, a reason for the higher rate in the field below.

7. Service #1 – Service Performance Measures and Narratives – There were no outcomes/indicators/method of measurement data for the success of the events.

Action Required: Complete the 'Services Change Chart' with the updated information. Provide any further comments in the field below.

8. Service #1 – Service Performance Measures and Narratives – There was a mention of assessments being completed by IPP. If so, this would need to be another service (Community Needs Assessment) and become Service #3.

Action Required: Update the 'Services Change Chart' if IPP is conducting Community Needs Assessments. This new service (#3) will need to have its own original information for outputs, outcomes, indicators, and method of measurement. Provide any further comments in the field below.

9. Service #2 - Name, Definition, and Description – The definition for Positive Youth Development should have been taken directly from the *Taxonomy for Services*. The definition should read, develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities. We will need more information on the actual service and activities that will be provided.

Action Required: Provide a detailed description in of this service in the field below. Complete the 'Services Change Chart' with the updated information.

10. Service #2 – Program Performance Measures – There are a couple of concerns based on the utilization of the Missouri State Student Survey to be used as a Method of Measurement, (1) not all Boone County Schools complete this survey and (2) This survey is reported every two years. There was also confusion on the Cradle to Career survey listed in the Method of Measurement. We will need more information on this survey.

Action Required: Provide possible alternative method of measurement to utilizing the Missouri State Student Survey and more information about the proposed Cradle to Career Survey in the field below. Complete the ‘*Services Change Chart*’ with possible alternatives.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

11. An attachment is provided to submit your best and final offer for the program outputs and funding request amounts.
- Action Required:* Complete the ‘Program Outputs and Funding Request Tables’.

Boone County Children's Services Fund

Purchase of Service Contracts for Proposal (RFP) #30-20JUL17

Developing Unit of Service Rate

Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

Service Change Chart			
Organization Name: CHA Low-Income Services, Inc.			
Program Name: Youth Community Coalition Communities that Care Project			
Service #1 – Taxonomy of Service Name: Community Collaboration			
Service #1 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: CHA Low-Income Services, Inc.			
Program Name: Youth Community Coalition Communities that Care Project			
Service #2 – Taxonomy of Service Name: Positive Youth Development			
Service #2 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: CHA Low-Income Services, Inc.			
Program Name: Youth Community Coalition Communities that Care Project			
Service #3 – Taxonomy of Service Name: Community Needs Assessment			
Service #3 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Development/Start Up Service Funding				
Total Amount Requested to Boone County:				

Organization Profile

Youth Community Coalition
Communities That Care Project

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click **Save Record** on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click **Save Record** you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

CHA Low-Income Services, Inc.

DBA:

CHALIS

Federal EIN Number:

77601167

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

201 Switzler St.

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Phone Number:

573-443-2556 x1100

Website:

www.columbiaha.com

Head of Organization

Philip Steinhaus

Head of Organization Phone:

573-443-2556

Address

201 Switzler Street

City

Columbia

State

Missouri

County

Boone

Zip

65203

Organization Fax Number:

573-443-0051

Email:

bmarkt@columbiaha.com

Head of Organization Title (e.g. Director, President, CEO)

Chief Executive Officer

Head of Organization Email:

psteinhaus@columbiaha.com

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose):	Provide your organization's mission statement. (600 character limit) The Mission of CHA Low-Income Services, Inc. (CHALIS) is to provide a complement of community-based programs and services to public housing residents and other low to moderate income persons focused on youth succeeding; adult self-sufficiency; seniors and persons with disabilities living independently and affordable housing development.
Organization History:	Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit) CHALIS is a 501(c)(3) not-for-profit corporation, created by the Housing Authority of the City of Columbia in 2003 to increase and diversify funding sources for the expansion of resident services and self-sufficiency programs that, historically, have been funded by government grants. Over the years, CHALIS has been successful at obtaining funds and subsequently implementing contracts from SAMHSA, HUD, DNR, MO DPS, MO DESE, MO DHSS, MO Foundation for Health, ACTMissouri, City of Columbia Social Services, and most recently from Boone County Children Services, and Heart of MO United Way,.
Brief Statement of Organization's Major Goals:	Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit) CHALIS works alone and in collaboration with other agencies to increase access to opportunities and services of all kinds and types for persons of low income, who reside in the City of Columbia, Missouri and in Boone County, Missouri; and to increase access to youth programming of all kinds and types for children of low and moderate income persons residing in Boone County Missouri.
Articles of Incorporation:	Articles of Incorporation (MUST BE IN PDF FORMAT) /document/download/filename/1432739286_30405_Articles%26CertificateofIncorporation.pdf/ Provide a copy of the organization's Articles of Incorporation.
Bylaws:	Bylaws (MUST BE IN PDF FORMAT) /document/download/filename/1465412728_34051_CHALISBy-Laws-Adopted2003.docx/ Provide a copy of the organization's Bylaws.
Organizational Chart (must be for the entire organization):	Organizational Chart (MUST BE IN PDF FORMAT) /document/download/filename/1439930477_30406_Appendix1a-OrganizationalChart-CHALIS-Revisions2015-06.pdf/
Strategic Plan:	Strategic Plan (MUST BE IN PDF FORMAT)
Service Area:	Briefly describe the geographic area in which your organization provides services. (600 character limit) CHALIS serves the geographic area known as Boone County, Missouri.

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
 CHALIS serves children, youth, families and all other persons of low and moderate income residing in Boone County, Missouri.

Conflict of Interest Policy: **Does your organization have a written Conflict of Interest policy?**
 yes

Whistleblower Policy: **Does your organization have a written Whistleblower policy?**
 yes

Business Continuity Plan: **Does your organization have a written Business Continuity plan?**
 yes

Records Retention Policy: **Does your organization have a written Records Retention policy?**
 yes

If yes, does the Records retention policy include a Records Retention Schedule?
 yes

Governing Board

Length of Board Term (e.g. "2 years"):

4 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
John French	Board Member	06/19/2017	05/31/2021	2209-A.N. Creasy Springs Rd. Columbia, MO 65202	✓	Added on 06/23/2017
Robin Wenneker	Board Member	06/19/2017	05/31/2021	1404 Torrey Pines Drive Columbia, MO 65203	✓	Added on 06/23/2017
Bob Hutton	Board Member	06/01/2015	05/31/2019	2252 Country Lane Columbia, MO 65201	✓	Added on 05/29/2015
Max Lewis	Public Housing Resident Representative	06/01/2016	05/31/2020	1201 Paquin St, Apt. 609	✓	Added on 05/29/2015
Genie Rogers	Chair	06/01/2014	05/31/2018	1400 Business Loop 70 East Columbia, MO 65201	✓	Added on 09/08/2015

Total Active Links:5, Total Deactivated Links:5, Current Active Links:5, Current Deactivated Links:5

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

October 1 - September 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1432915235_29953_CHALIS501C3Status.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1491947732_29954_CHAAuditReport9-30-2016.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1498143706_29955_CHALISForm990FYE2016filed6-22-2017.pdf.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The CHALIS Board of Directors reviews and approves the annual and midyear CHALIS budget and monthly financial statements. The Board reviews and approves all accounts payable payments before they are issued. The CEO and a Board member have their electronic signatures placed on each check as the only approved endorsers of the agency's checks. Board members follow a Conflicts of Interest policy whereby they do not accept gifts, gratuities, favors or other items of value which might appear to influence purchasing decisions. Property and equipment dispositions require the approval of the Board.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation				Link Info		Active	
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:		Date	

Program Coordinator	BA	1.00	\$45,870.00	\$8,914.00	✓	Added on 07/28/2015
Program Coordinator	BA	1.00	\$47,664.00	\$8,999.00	✓	Added on 06/03/2015
CEO	B.A.	0.02	\$120,230.00	\$16,314.00	✓	Added on 07/28/2015
Director of Resident Services	BA	1.00	\$60,972.00	\$9,969.00	✓	Added on 06/03/2015
Program Coordinator	BA or equivalent	1.00	\$42,557.00	\$7,800.00	✓	Added on 06/03/2015

Total Active Links:5, Total Deactivated Links:3, Current Active Links:5, Current Deactivated Links:3

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Non-applicable

Accreditation 2:

Non-applicable

Accreditation 3:

Non-applicable

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1499978109_32839_OrgBudgetTemplate_For_Apricot_Upload_Jul_1_17-Jun_30_18_ReviewTeam1.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1498144995_32678_CHAPHPK1567670InsurancePolicy10252016_10252017.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473804760_32841_CHALIS.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473804760_32847_CHALIS.pdf/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 10 Links

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
2017 Health RFP (Open ends 02/03/2017 11:59 PM CST)	CHA Low-Income Services, Inc.	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018	✓	Added on 01/09/2017
Children's Services Fund - POS RFP #25-15JUN15 (Modified Interim POS Report ends 08/01/2017 12:00 PM CDT)	CHA Low-Income Services, Inc.	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	✓	Added on 05/29/2015
Total Active Links:10, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0						Next

System Fields

Record ID

12689

Modification Date

07/13/2017 3:35 PM CDT

Modified By

CHA Low-Income Services, Inc. ORG

Creation Date

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

CHA Low-Income Services, Inc.

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Youth Community Coalition Communities that Care Project

Amount of Request

\$140,122.00

County-Children's Services - Service Type (check all that apply)

Home-based and community-based family intervention programs

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)

www.columbiaha.com

Address

201 Switzler St.

City

Columbia

State

Missouri

County

Boone

Zip

65203

Program Administrator Name

Becky Markt

Phone Number

573-443-2556 x1250

Address

201 Switzler Street

City

Columbia

State

Missouri

County

Boone

Zip

65203

Program Administrator Title

Director, Resident Services

Email

bmarkt@columbiaha.com

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500043490_30421_AttachmentA2017OrganizationAssuranceSheet.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500043490_30420_AttachmentBCertificationRegardingDebarment%2CSuspension%2CIneligibilityandVoluntaryExclusion.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500043490_30419_AttachmentCWorkAuthorizationCertification.pdf/

Signed Addendums

/document/download/filename/1500389810_30418_SignedAddendums1_3.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
CHA Low-Income Services, Inc.	201 Switzer Street	Philip Steinhaus	✓	Added on 06/09/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

77601167

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Phil Steinhaus

Printed Name - Organization Executive Director/President/CEO

7/11/17

Date

Phil Steinhaus

Signature - Organization Executive Director/President/CEO

7/11/17

Date

GENIE ROGERS

Printed Name - Organization Board Chair

7/13/17

Date

Genie Rogers

Signature - Organization Board Chair

7-13-17

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Phil Steinhaws, Executive Director
Name and Title of Authorized Representative

Phil Steinhaws 7/11/17
Signature Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

My name is Phil Steinhaus I am an authorized agent of CHA Low-Income Services, Inc. (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Phil Steinhaus 7/11/17
Affiant Date

Phil Steinhaus
Printed Name

Subscribed and sworn to before me this 11 day of July, 2017.



ELTONYA R. RHOADES
My Commission Expires
February 28, 2021
Boone County
Commission #13454534

Eltonya R. Rhoades
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – Purchase of Service Contracts was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By: Melinda B. Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: CHA LOW-INCOME SERVICES INC

Address: 201 SWITZER ST, COLUMBIA, MO. 65203

Phone Number: 573-443-2556 Fax Number: 573-443-0051

E-mail: psteinhaus@columbiaha.com

Authorized Representative Signature: Phil Steinhaus Date: 7/18/17

Authorized Representative Printed Name: Phil Steinhaus

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David Clifton	Heartland Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank K.C.	874-8506	874-8432
8.	Rob Hull	US Bank	446-3394	446-8061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

23.	Bonnellayler	Central Bank		874-8501
24.	Jennifer Hockman	US Bank		446-6736
25.	Erica Wright	US Bank		573-231-5902
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

a. You included the following requested attachments:

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 - *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: CHA LOW-INCOME SERVICES INC.

Address: 201 SWITZLER ST. COLUMBIA, MO. 65203

Phone Number: 573-443-2566 Fax Number: 573-443-0051

E-mail: psteinhaus@columbiaha.com

Authorized Representative Signature:  Date: 7/18/17

Authorized Representative Printed Name: Phil Steinhaus



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda A. Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: CHA LOW-INCOME SERVICES INC.

Address: 201 SWITZLER ST., COLUMBIA, MO 65203

Phone Number: 573-443-2556 Fax Number: 573-443-0051

ext 1100
E-mail: psteinhaus@columbiacha.com

Authorized Representative Signature: Phil Steinhau Date: 7/18/17

Authorized Representative Printed Name: Phil Steinhau

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMCO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Tim Artag	U of Mo CFPR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Lucke	Rainbow House	573-473-2963	
15.	Ron Rome	XC2	573-554-7011	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Johnnie King	Tree Top LLC	886-4391	
3.	Earnestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klostermann	CMCA BRIDGE	573 427 7897	
5.	Mernell King	CMCA Bridge	573-999-4119	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A!	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573 884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vicki Dawatt	EC-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Jill Kiessling	Kiessling & Assoc.	573-554-2122	
15.	Tara Wesley	Kiessling & Assoc.	573-821-5370	
16.	Melody Boring	SOAR	573-884-6324	
17.	Carole Schuch	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(717) 677-1215	
19.	Becky Markitt	CHA Low-Income Svcs	573-443-2556	0551
20.	Gay Litzken	MLJ CLC	573 449-5600	573 875 1535
21.	Miriam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Cheryl	WV Bridge	268-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Beatrice Stewart	Great Circle	673 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys Girls Club	268 8549	
28.	Mark Brunkel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dimmick	At Fletcher, BBS	573-874-3677	
31.	Lance Bang-Walker	Rep of Ryck	884-6136	
32.	Michelle Shinkle	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017
Application.

22.	Nelly H71	Heart of MO CASH	442-4670	N/A
23.	Jim Trust	Grade A Plus	573-268-4322	
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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	CHA Low-Income Services, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Youth Community Coalition Communities that Care Project
Amount of Request	\$140,122.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The Youth Community Coalition (YC2) Communities that Care Project (CTC) addresses the statutory eligible service area of prevention programs which promote healthy lifestyles among children, youth, and families with programming primarily falling under Community Collaboration (BIG Taxonomy 2.1) and Positive Youth Development (BIG Taxonomy 9.13).

According to 2015 statistics, there are 1648 households with children living in poverty and of those, 1459 families live in Columbia. (BIG Dashboard) Chronic stressors like family poverty are leading risk factors for increased substance use in youth and the public health problems associated with this behavior. (NIH: National Inst on Drug Abuse)

Additionally, the youth who live in Boone County communities are already at a high risk for substance abuse. Surveys conducted in 2016 indicate 46.0% of Boone County high school students reported using alcohol at least once with 17.1% reporting use within the past 30 days; 22.3% reported using cigarettes at least once with 6.0% reporting use within the past 30 days, 25.3% reported using e-cigarettes at least once with 15.4% reporting use within the past 30 days, and 19.1% reported using marijuana at least once with 9.4% reporting use within the past 30 days. (Missouri Institute of Mental Health 2016)

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

According to the 2010 Census, the communities originally targeted for coalitions by this project differ greatly from that of Columbia.

Columbia has a minority population of 21% compared to an average of 3.22% among the five communities targeted outside Columbia. (ACS 2010) The differences go the other direction when looking at the number of children age 5 - 17. According to local data, in 2015 only 11.90% of individuals in

Columbia are between the ages of 5 - 17 compared to an average of 18.68% in those communities outside Columbia. (BIG Dashboard) Of course the absolute numbers show that Columbia has 14,178 in that age range (BIG Dashboard) compared to only 61 in Harrisburg. (ACS 2010)

The data seem to support the theory behind the YC2 CTC suggesting that local community level planning will be useful to the smaller communities in Boone County, allowing them to identify strategies that fit the needs of their unique populations. That said, the sheer absolute numbers of Boone County children living in Columbia, 57%, warrant that sustained commitment to prevention strategies for the population in Columbia is also vital for the overall children's outcomes in Boone County as a whole.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Establish, support, and continuously build the capacity of local coalitions to advocate for and deliver services which promote strong families and successful youth in Ashland, Centralia, Columbia, Hallsville, Harrisburg, and Sturgeon

Program Overview

Provide an overview of the proposed program. (1500 character limit)

YC2 CTC will provide supportive services to each of the emerging Boone County coalitions, as well as, maintain the ongoing collaborations and activities of YC2 throughout the county. The supportive services include implementation of evidence based strategies which have resulted in continued growth and effectiveness for YC2 in Columbia over the past 12 years.

In particular, YC2 will continue to support established Community Liaisons in each community to provide ongoing support and resources for their respective communities, as well as, facilitate assessments of coalition activities, community needs, and community readiness using the services of the Institute for Public Policy. Next, YC2 will assist in recruiting and training coalition members using evidence based models for coalition building and prevention planning. YC2 will also assist in implementing different forms of positive youth development programming for youth in both the emerging coalition communities and in Columbia.

By project's end, the YC2 CTC will seek the formation of a county-wide prevention network with representatives from all 6 community coalitions and partnering youth agencies and institutions across multiple community sectors. This Network will meet regularly to develop wellness strategies for all of Boone County and prepare the way for more substantial funding sources for coalition prevention activities.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The YC2 CTC will target two key populations. The first and ultimate target of the project's planned outcomes and objectives is youth ages 6 - 18. To achieve the greatest impact on youth, the project will continue to target those who influence the environments in which youth are developing. The YC2 CTC will raise up, mobilize, train and maintain prevention coalitions in six Boone County communities. The project will also recruit members from those coalitions to serve on a county-wide, multi sector prevention network representing each of the following influencing community sectors: Youth, Parent, Business, Media, School, Youth Serving Organizations, Law Enforcement, Religious/Fraternal, Civic/Volunteer, Healthcare, Government, and Prevention.

b. Why will these particular consumers be served? (1500 character limit)

In order to provide a comprehensive approach to the prevention of substance abuse, the promotion of positive behaviors, and the overall behavioral health of youth, it is imperative that the entire community is engaged in the process. Years of research around youth development and mental health have shown that the child is directly influenced by the environments in which they develop. It has led to the understanding of the risk and protective factor framework and the importance of changing the environments in which youth develop in a way that promotes positive behaviors. Hawkins, J. (1996). Delinquency and crime: Current theories. Cambridge: Cambridge University Press.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Remaining culturally sensitive while conducting environmental change is challenging. Local level data regarding behavioral health and substance abuse is difficult to obtain. The Missouri State Student Survey is not mandatory, it is unfunded, and therefore many school districts choose not to take part. YC2 contracted with the MU IPP to conduct a Tri-Ethnic Readiness Assessment to identify the readiness of each new community to address behavioral health and substance abuse issues. The initial assessment was completed in September 2015 and we will complete another assessment in 2017.

d. Total number of unduplicated individuals to be served by the proposed program:

525

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

266.9

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)	City of Columbia	Other Counties
525	475	0
Residence Total		
525		
Record Lock		
0		

Race

White (alone)	Black or African American (alone)
417	50
Native American Indian or Alaskan Native	Asian (alone)
0	25
Native Hawaiian or other Pacific Islander (alone)	Multiple Races
0	16
Some Other Race	
17	
Race Total	
525	

Ethnicity

Hispanic or Latino (of any race)
0
Not Hispanic or Latino
0
Ethnicity Total
0

Gender

Female	Male	Other
270	255	0
Gender Total		
525		

Income

At or below 200% of Federal Poverty Level

407

Income Total

525

Over 200% of Federal Poverty Level

118

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

90

Middle School (12 years – 14 years)

135

High School (15 years – 19 years)

175

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

125

Age Total

525

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Narrative

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

Coalitions will be maintained and strengthened in Ashland, Columbia, Centralia, Hallsville, and Sturgeon. A new coalition will be established in Harrisburg. Columbia will continue to be represented primarily by YC2. Meetings, trainings, and events will be held in local public buildings or parks whenever possible. Mentoring services will be provided either in schools or in the community depending on the need of the individual community. Times and days will be set by the individual communities.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Coalition activities will target families with school-age children and youth, and youth. Mentoring services will target children of prisoners, children in out of home placements, and children of single parent homes. The Coalition Membership will be made up of representatives from 12 different community sectors. Every effort will be made to match the demographics of the community to the membership of the Coalition.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

Narrative

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Any strategies and events must be easily accessible. Charging a fee for participation could limit participation of the most vulnerable youth and discourage the voluntary participation of adults who influence the community environment in which youth develop.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Narrative

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

No fee applies.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

None known at this time.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

N/A

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

N/A

If Yes - Provide a description of the accreditation process: (600 character limit)

N/A

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

The proposed project involves one nationally recommended practice, and two evidence-based practices. Strategic Prevention Framework Model (SAMHSA, Center for Application of Prevention Technology), Strengthening Families 10 -14 (SAMHSA National Registry Evidence Based Practices), and Communities that Care (SAMHSA National Registry Evidence Based Practices).

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

The Strategic Prevention Framework Model is a nationally recommended framework for developing sustainable community activity to prevent risky and promote protective factors for local youth.

Strengthening Families 10-14 is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect.

The Communities that Care Model guides communities through a proven five-phase change process. Using prevention science as its base, CTC promotes healthy youth development, improves youth outcomes, and reduces problem behaviors.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

Narrative

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

The Strategic Prevention Framework is recommended by the Center for Application of Prevention Technology, National Institute for Drug Abuse, Missouri Division of Alcohol and Substance Abuse. The model is used by Coalitions across the country as a tool to identify strategies, build capacity, and evaluate efforts, and is currently the focus of a statewide epidemiological study through the Missouri Institute of Mental Health. YC2 is a part of this study.

Strengthening Families 10 - 14 is a family skills training intervention targeting children 10 - 14 and their parents. It is listed on the National Registry of Evidence Based Practices as a universal intervention with outcomes related to substance use, school success, and aggression.

Communities that Care is a community-level intervention that mobilizes stakeholders to collaborate on selecting evidence-based strategies to prevent youth problem behaviors. It is listed on the National Registry of Evidence Based Practices as a Universal intervention with outcomes related to alcohol and tobacco use, drugs, violence, crime and delinquency.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

Narrative

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

The YC2 CTC engages community stakeholders on many different levels. While participating in the strategies for building a coalition, these key stakeholders are becoming informed about true wellness and how to create a community that cares, with environments that support living, learning, playing and growing. In the delivery of specific evidence based strategies they learn the importance of family relationships, and how a community can work together to build whole and healthy children. Whatever problems exist today will be brought to light as the new coalitions go through the process of assessing, planning, building capacity, implementation of strategies, and evaluating the results.

The YC2 CTC takes a community-wide public health approach to prevention, yet not so wide as to let one community overshadow another. It allows each community to view itself clearly, buy in to community-specific strategies, learn from any mistakes, and take credit for any successes. Each local coalition has the benefit of dedicated staff, and the immediate ability to provide resources to build stronger families and children, engage youth, create safe places, and educate the entire community about issues they have identified in their own community. Then, they will receive training so that they can sustain their own efforts, and share their resources with others to impact more communities by serving on the county-wide Prevention Network.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

All communities participating in YC2 CTC have taken part in a community readiness assessment administered by MU IPP. Subsequent follow up assessments are completed annually by each community to track progress in addressing the needs of youth and for recalibrating efforts consistent with the Strategic Prevention Framework. Previously the project only assessed the communities outside Columbia. The current project will also include Columbia in the readiness assessments.

Additionally, IPP has designed training and event survey tools for program sponsored activities and overall coalition goals. Program participants are surveyed regularly for tracking program outcome and other goals.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Survey tools are administered annually to community stakeholders by evaluator staff. Coalition participants take periodic surveys online and in person to assess progress on outcome and coalition goals. Feedback is collated into reports for community review and for recalibration of coalition focus.

Program participants take event surveys in person and online to collect feedback on program effectiveness and to assess consumer demand for further programming.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

The mission of YC2 is to help youth develop into productive and self-sufficient citizens by working together to decrease substance abuse and promote healthy behaviors. To accomplish this YC2 engages multiple sectors of the community. For the last 12 years, YC2 has experienced great collaborative success in the promotion of healthy behaviors and creating partnerships across the community. YC2 now seeks to utilize the best practices discovered while working in the Columbia community to continue serving the youth and families across the entire county. It has established dozens of partnerships across the community and out in the county and will expand those partnerships to have further countywide impact. CHA Low-Income Services, Inc. is YC2's fiscal agent partner.

The next partners to formally join in this effort are Moving Ahead Program, Boone County Health Department, and Rainbow House. But, YC2 has more than 50 members who represent agencies with an interest in reaching individuals in Boone County through prevention or treatment who will be called upon to help with this project.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE	MINIMUM QUALIFICATIONS	FTE	FULL-TIME SALARY RANGE FROM:	FULL-TIME SALARY RANGE TO:
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(Do not use employee names)	(B.A., Licensed, etc.)	(wages, Social Security and Medicare)		(wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
YC2 Coordinator	Bachelor's Degree	1.00	\$38,000.00	\$55,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Community Liaisons (5)	HS Diploma or Equivalent	0.05	\$2,500.00	\$2,500.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
YC2 Program Assistant	HS Diploma or Equivalent	0.50	\$10,400.00	\$15,800.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
		0.00	\$0.00	\$0.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Because the Coordinator position requires a great deal of skill and confidence, a minimum of BA degree is required. Masters is preferred. Pay rates are set to be competitive so as to retain quality employees. Coordinator will be responsible for managing efforts to support each community coalition's progress in community and program goals. Coordinator is also responsible for maintenance and programming of Youth Community Coalition proper.

Community Liaisons must have a specific connection with their assigned community. Experience in prevention or community development is preferred. Liaison duties include recruitment and organization of local networks for youth prevention work. Coordinating local Safe Place sites and serving as local representative for YC2 and Boone County coalitions.

Program Assistant will support YC2 Coordinator and its prevention activities generally. Duties to include support for peer education and social hosting campaigns, compliance check programs, local youth commissions and councils, and support for other emerging youth coalitions in Boone County.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0

C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Funding proposal for one year	\$140,122.00	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Narrative	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Narrative	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Narrative	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0

TOTAL PROGRAM REVENUE

TOTAL REVENUE
140122

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$78,179.00	56

Personnel Narrative (300 character limit)

Salaries, benefits,

2. Non-Personnel	2.	2. %
	\$61,943.00	44

Non-Personnel Narrative (300 character limit)

Program supplies, event supplies, and fees for training, speakers, equipment rentals, etc.

TOTAL PROGRAM EXPENSES

TOTAL EXPENSES

140122

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$140,122.00

Year 2 Total Request

\$140,122.00

Total Amount Request from CSF

280244

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

YC2 has received federal STOP ACT funds in the past as well as other SAMHSA sponsored funding for substance use prevention coalition programming. The current cycle for our SAMHSA funding ends September 30 and we await an RFP for future awards. We have received other awards from SAMHSA and Act Missouri in the past to support the programming proposed here but those funds were nominal in comparison to our STOP ACT funding.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

American Community Survey (2010). Retrieved July 11, 2017, from <http://censusviewer.com/city/MO/Harrisburg>.

Boone Impact Group (June 2017). Boone Impact Group Taxonomy of Services. (p. 8, 18).

Boone Impact Group. Boone Indicators Dashboard: Family Households with Children in Poverty. Retrieved July 11, 2017, from <http://booneindicators.org/IndicatorView.aspx?id=805>.

Substance Abuse & Mental Health Services Administration. (n.d.). Retrieved July 11, 2017, from <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>.

Missouri Institute of Mental Health 2010-2016. Missouri Student Survey. Retrieved July 11, 2017, from <https://seow.dmh.mo.gov/Disclaimer.aspx?NextPage=MSS%2fDefault.aspx>.

National Institute of Health: National Institute on Drug Abuse. Retrieved July 11, 2017, from <https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/chapter-2-risk-protective-factors>.

Robert Wood Johnson Foundation (July 2014). Are the Children Well? A Model and recommendations for Promoting the Mental Wellness of the Nation's Young People (p. 33.).

St. Louis County Children's Service Fund (January 2016). List of Approved Units of Services. (p. 42)
Search Institute (2011). THE ASSET APPROACH. (p. 8).

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	CHA Low-Income Services, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Youth Community Coalition Communities that Care Project
Amount of Request	\$140,122.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

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a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

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Columbia are between the ages of 5 - 17 compared to an average of 18.68% in those communities outside Columbia. (BIG Dashboard) Of course the absolute numbers show that Columbia has 14,178 in that age range (BIG Dashboard) compared to only 61 in Harrisburg. (ACS 2010)

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Provide an overview of the proposed program. (1500 character limit)

YC2 CTC will provide supportive services to each of the emerging Boone County coalitions, as well as, maintain the ongoing collaborations and activities of YC2 throughout the county. The supportive services include implementation of evidence based strategies which have resulted in continued growth and effectiveness for YC2 in Columbia over the past 12 years.

In particular, YC2 will continue to support established Community Liaisons in each community to provide ongoing support and resources for their respective communities, as well as, facilitate assessments of coalition activities, community needs, and community readiness using the services of the Institute for Public Policy. Next, YC2 will assist in recruiting and training coalition members using evidence based models for coalition building and prevention planning. YC2 will also assist in implementing different forms of positive youth development programming for youth in both the emerging coalition communities and in Columbia.

By project's end, the YC2 CTC will seek the formation of a county-wide prevention network with representatives from all 6 community coalitions and partnering youth agencies and institutions across multiple community sectors. This Network will meet regularly to develop wellness strategies for all of Boone County and prepare the way for more substantial funding sources for coalition prevention activities.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The YC2 CTC will target two key populations. The first and ultimate target of the project's planned outcomes and objectives is youth ages 6 - 18. To achieve the greatest impact on youth, the project will continue to target those who influence the environments in which youth are developing. The YC2 CTC will raise up, mobilize, train and maintain prevention coalitions in six Boone County communities. The project will also recruit members from those coalitions to serve on a county-wide, multi sector prevention network representing each of the following influencing community sectors: Youth, Parent, Business, Media, School, Youth Serving Organizations, Law Enforcement, Religious/Fraternal, Civic/Volunteer, Healthcare, Government, and Prevention.

b. Why will these particular consumers be served? (1500 character limit)

In order to provide a comprehensive approach to the prevention of substance abuse, the promotion of positive behaviors, and the overall behavioral health of youth, it is imperative that the entire community is engaged in the process. Years of research around youth development and mental health have shown that the child is directly influenced by the environments in which they develop. It has led to the understanding of the risk and protective factor framework and the importance of changing the environments in which youth develop in a way that promotes positive behaviors. Hawkins, J. (1996). Delinquency and crime: Current theories. Cambridge: Cambridge University Press.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Remaining culturally sensitive while conducting environmental change is challenging. Local level data regarding behavioral health and substance abuse is difficult to obtain. The Missouri State Student Survey is not mandatory, it is unfunded, and therefore many school districts choose not to take part. YC2 contracted with the MU IPP to conduct a Tri-Ethnic Readiness Assessment to identify the readiness of each new community to address behavioral health and substance abuse issues. The initial assessment was completed in September 2015 and we will complete another assessment in 2017.

d. Total number of unduplicated individuals to be served by the proposed program:

525

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

266.9

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

525

City of Columbia

475

Other Counties

0

Residence Total

525

Record Lock

0

Race

White (alone)

417

Black or African American (alone)

50

Native American Indian or Alaskan Native

0

Asian (alone)

25

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

16

Some Other Race

17

Race Total

525

Ethnicity

Hispanic or Latino (of any race)

0

Not Hispanic or Latino

0

Ethnicity Total

0

Gender

Female

270

Male

255

Other

0

Gender Total

525

Income

At or below 200% of Federal Poverty Level

407

Income Total

525

Over 200% of Federal Poverty Level

118

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

90

Middle School (12 years – 14 years)

135

High School (15 years – 19 years)

175

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

125

Age Total

525

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Narrative

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

Coalitions will be maintained and strengthened in Ashland, Columbia, Centralia, Hallsville, and Sturgeon. A new coalition will be established in Harrisburg. Columbia will continue to be represented primarily by YC2. Meetings, trainings, and events will be held in local public buildings or parks whenever possible. Mentoring services will be provided either in schools or in the community depending on the need of the individual community. Times and days will be set by the individual communities.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Coalition activities will target families with school-age children and youth, and youth. Mentoring services will target children of prisoners, children in out of home placements, and children of single parent homes. The Coalition Membership will be made up of representatives from 12 different community sectors. Every effort will be made to match the demographics of the community to the membership of the Coalition.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

Narrative

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Any strategies and events must be easily accessible. Charging a fee for participation could limit participation of the most vulnerable youth and discourage the voluntary participation of adults who influence the community environment in which youth develop.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Narrative

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

No fee applies.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

None known at this time.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

N/A

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

N/A

If Yes - Provide a description of the accreditation process: (600 character limit)

N/A

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

The proposed project involves one nationally recommended practice, and two evidence-based practices. Strategic Prevention Framework Model (SAMHSA, Center for Application of Prevention Technology), Strengthening Families 10-14 (SAMHSA National Registry Evidence Based Practices), and Communities that Care (SAMHSA National Registry Evidence Based Practices).

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

The Strategic Prevention Framework Model is a nationally recommended framework for developing sustainable community activity to prevent risky and promote protective factors for local youth.

Strengthening Families 10-14 is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect.

The Communities that Care Model guides communities through a proven five-phase change process. Using prevention science as its base, CTC promotes healthy youth development, improves youth outcomes, and reduces problem behaviors.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

Narrative

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

The Strategic Prevention Framework is recommended by the Center for Application of Prevention Technology, National Institute for Drug Abuse, Missouri Division of Alcohol and Substance Abuse. The model is used by Coalitions across the country as a tool to identify strategies, build capacity, and evaluate efforts, and is currently the focus of a statewide epidemiological study through the Missouri Institute of Mental Health. YC2 is a part of this study.

Strengthening Families 10-14 is a family skills training intervention targeting children 10-14 and their parents. It is listed on the National Registry of Evidence Based Practices as a universal intervention with outcomes related to substance use, school success, and aggression.

Communities that Care is a community-level intervention that mobilizes stakeholders to collaborate on selecting evidence-based strategies to prevent youth problem behaviors. It is listed on the National Registry of Evidence Based Practices as a Universal intervention with outcomes related to alcohol and tobacco use, drugs, violence, crime and delinquency.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

Narrative

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

The YC2 CTC engages community stakeholders on many different levels. While participating in the strategies for building a coalition, these key stakeholders are becoming informed about true wellness and how to create a community that cares, with environments that support living, learning, playing and growing. In the delivery of specific evidence based strategies they learn the importance of family relationships, and how a community can work together to build whole and healthy children. Whatever problems exist today will be brought to light as the new coalitions go through the process of assessing, planning, building capacity, implementation of strategies, and evaluating the results.

The YC2 CTC takes a community-wide public health approach to prevention, yet not so wide as to let one community overshadow another. It allows each community to view itself clearly, buy in to community-specific strategies, learn from any mistakes, and take credit for any successes. Each local coalition has the benefit of dedicated staff, and the immediate ability to provide resources to build stronger families and children, engage youth, create safe places, and educate the entire community about issues they have identified in their own community. Then, they will receive training so that they can sustain their own efforts, and share their resources with others to impact more communities by serving on the county-wide Prevention Network.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

All communities participating in YC2 CTC have taken part in a community readiness assessment administered by MU IPP. Subsequent follow up assessments are completed annually by each community to track progress in addressing the needs of youth and for recalibrating efforts consistent with the Strategic Prevention Framework. Previously the project only assessed the communities outside Columbia. The current project will also include Columbia in the readiness assessments.

Additionally, IPP has designed training and event survey tools for program sponsored activities and overall coalition goals. Program participants are surveyed regularly for tracking program outcome and other goals.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Survey tools are administered annually to community stakeholders by evaluator staff. Coalition participants take periodic surveys online and in person to assess progress on outcome and coalition goals. Feedback is collated into reports for community review and for recalibration of coalition focus.

Program participants take event surveys in person and online to collect feedback on program effectiveness and to assess consumer demand for further programming.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

The mission of YC2 is to help youth develop into productive and self-sufficient citizens by working together to decrease substance abuse and promote healthy behaviors. To accomplish this YC2 engages multiple sectors of the community. For the last 12 years, YC2 has experienced great collaborative success in the promotion of healthy behaviors and creating partnerships across the community. YC2 now seeks to utilize the best practices discovered while working in the Columbia community to continue serving the youth and families across the entire county. It has established dozens of partnerships across the community and out in the county and will expand those partnerships to have further countywide impact. CHA Low-Income Services, Inc. is YC2's fiscal agent partner.

The next partners to formally join in this effort are Moving Ahead Program, Boone County Health Department, and Rainbow House. But, YC2 has more than 50 members who represent agencies with an interest in reaching individuals in Boone County through prevention or treatment who will be called upon to help with this project.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE	MINIMUM QUALIFICATIONS	FTE	FULL-TIME SALARY RANGE FROM:	FULL-TIME SALARY RANGE TO:
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(Do not use employee names)	(B.A., Licensed, etc.)	(wages, Social Security and Medicare)		(wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
YC2 Coordinator	Bachelor's Degree	1.00	\$38,000.00	\$55,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Community Liaisons (5)	HS Diploma or Equivalent	0.05	\$2,500.00	\$2,500.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
YC2 Program Assistant	HS Diploma or Equivalent	0.50	\$10,400.00	\$15,800.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
		0.00	\$0.00	\$0.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Because the Coordinator position requires a great deal of skill and confidence, a minimum of BA degree is required. Masters is preferred. Pay rates are set to be competitive so as to retain quality employees. Coordinator will be responsible for managing efforts to support each community coalition's progress in community and program goals. Coordinator is also responsible for maintenance and programming of Youth Community Coalition proper.

Community Liaisons must have a specific connection with their assigned community. Experience in prevention or community development is preferred. Liaison duties include recruitment and organization of local networks for youth prevention work. Coordinating local Safe Place sites and serving as local representative for YC2 and Boone County coalitions.

Program Assistant will support YC2 Coordinator and its prevention activities generally. Duties to include support for peer education and social hosting campaigns, compliance check programs, local youth commissions and councils, and support for other emerging youth coalitions in Boone County.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0

C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Funding proposal for one year	\$140,122.00	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Narrative	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Narrative	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Narrative	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0

TOTAL PROGRAM REVENUE **TOTAL REVENUE**

140122

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$78,179.00	56

Personnel Narrative (300 character limit)

Salaries, benefits,

2. Non-Personnel	2.	2. %
	\$61,943.00	44

Non-Personnel Narrative (300 character limit)

Program supplies, event supplies, and fees for training, speakers, equipment rentals, etc.

TOTAL PROGRAM EXPENSES

TOTAL EXPENSES

140122

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$140,122.00

Total Amount Request from CSF

280244

Year 2 Total Request

\$140,122.00

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

YC2 has received federal STOP ACT funds in the past as well as other SAMHSA sponsored funding for substance use prevention coalition programming. The current cycle for our SAMHSA funding ends September 30 and we await an RFP for future awards. We have received other awards from SAMHSA and Act Missouri in the past to support the programming proposed here but those funds were nominal in comparison to our STOP ACT funding.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

American Community Survey (2010). Retrieved July 11, 2017, from <http://censusviewer.com/city/MO/Harrisburg>.

Boone Impact Group (June 2017). Boone Impact Group Taxonomy of Services. (p. 8, 18).

Boone Impact Group. Boone Indicators Dashboard: Family Households with Children in Poverty. Retrieved July 11, 2017, from <http://booneindicators.org/IndicatorView.aspx?id=805>.

Substance Abuse & Mental Health Services Administration. (n.d.). Retrieved July 11, 2017, from <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>.

Missouri Institute of Mental Health 2010-2016. Missouri Student Survey. Retrieved July 11, 2017, from <https://seow.dmh.mo.gov/Disclaimer.aspx?NextPage=MSS%2fDefault.aspx>.

National Institute of Health: National Institute on Drug Abuse. Retrieved July 11, 2017, from <https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/chapter-2-risk-protective-factors>.

Robert Wood Johnson Foundation (July 2014). Are the Children Well? A Model and recommendations for Promoting the Mental Wellness of the Nation's Young People (p. 33.).

St. Louis County Children's Service Fund (January 2016). List of Approved Units of Services. (p. 42)

Search Institute (2011). THE ASSET APPROACH. (p. 8).

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	CHA Low-Income Services, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Youth Community Coalition Communities that Care Project
Amount of Request	\$140,122.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Community Collaboration

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Consulting/supporting local stakeholders to assess, organize and train the community for prevention of risky behaviors among their youth

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

A model for wellness set forth by The Robert Wood Johnson Foundation recommends promoting wellness at the community level. (Robert Wood Johnson Foundation, July 2014) As evidenced by YC2's success over the past 12 years, coalitions can be an asset when seeking to break down silos within a community and encourage a collaborative environment among community sectors. In keeping with this recommendation, our Community Collaboration Program Service (CCP) will continue maintenance of YC2 activities in the Columbia area and foster further organization among five emerging youth community coalitions outside Columbia to promote wellness at a local level. During the previous funding cycle, YC2 has helped to establish working youth coalitions in 4 of 5 communities outside Columbia and will seek to establish a fifth in Harrisburg during this cycle.

Consistent with our previous CSF community collaboration activities, this CCP will continue to assist Community Liaisons in each community to help assess and address the needs of their youth and to grow a sustainable network of citizens committed to making their town a better place for youth to grow up in. Under the proposed CCP, YC2 staff will continue to provide needed support with organizing meetings, bringing in training and activities for the community, and evaluating the progress in conjunction with MU IPP designed surveys and assessments.

Expanding upon the previous CCP, this proposal includes YC2 activities under the umbrella of the project, preparing the way for a larger Boone County wide youth coalition. While current YC2 members are already reaching out to engage with the new community coalitions, the proposed project formalizes this connection, streamlining YC2 collaboration goals with those of the emerging networks outside Columbia.

Also, this proposal moves community trainings and evaluations into CCP and will fully integrate the organizing and coalition support efforts with ongoing education and assessment services. As knowledge and understanding of the Strategic Prevention Framework for community organizing increase through ongoing trainings and assessments, community goals will become more focused and known throughout each community. We have also included Columbia as an assessed community in our evaluation package in this proposal.

While increasing the capacity of YC2 and the emerging coalitions in each community is the near term goal of this CCP, sustaining this activity is a longer term goal. Two specific longer term goals for this project include 1) the establishment of a sustainable Boone County youth coalition including all community coalitions, as well as, our partners in schools, agencies, business and government; and 2) securing significant federal funding that can enhance the support provided by Boone County CSF to help make all of Boone County a better place for youth.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 hour of supportive services to one individual

b. Unit Rate (#1)

\$54.01

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

The Services proposed here seem comparable to Non-Therapeutic Counseling as described by the St. Louis County Children's Services Fund: Counseling or coaching sessions for children and/or parents without a mental illness or behavioral disturbance for the purpose of adding or reinforcing protective factors. The CSF approved rate for this service is \$107.47. (St. Louis County CSF, Jan. 2016)

d. Total Number of Units of Service to be Provided (#1)

2400

e. Total Number of Unduplicated Individuals (#1)

175

f. Average Number of Units of Service per Unduplicated Individual (#1)

13.71

g. Average Cost of Service per Individual (#1)

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Charging a fee for participation could discourage the voluntary participation of youth and adults who influence the community environment in which youth develop.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

There are no fees for the proposed service to be billed to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$45.75	1621	\$74,169.40
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00
	1c1.	1c2.	1c3.
c. City of Columbia - Social Services Funding (#1)	\$0.00	0	\$0.00
	1d1.	1d2.	1d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	\$0.00	0	\$0.00
	1e1.	1e2.	1d4.
e. Heart of Missouri United Way Funding (#1)	\$0.00	0	\$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$129,622.00

b. Proposed Number of Units of Service (#1)

2399.96

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

YC2 has made great strides during the previous funding cycle for this CTC program, establishing youth focused coalitions in four Boone County communities. We want to continue this momentum and support for these communities as they move toward independent status and funding. YC2 contemplates a joint proposal for federal Drug Free Communities funding to support the work of all coalitions within the next three years.

YC2 is requesting additional funding for its main coalition work due to potential changes in its current funding and the need to support a full time position to continue this work.

Service #1- Performance Measures**Outcome (1-1)**

Multiple community sectors are engaged and representatives recruited to support or become part of local coalition.

Indicator (1-1)

Membership represents 12 sectors of the community recruited to support or become part of local coalition.

Method of Measurement (1-1)

Membership Roster, Collaborative Agreements

Additional Outcome (1-2)

Coalition members are committed to membership and processes

Additional Indicator (1-2)

90% of coalition members attend at least 6 meetings, and 2 non-meeting training sessions annually.

Additional Method (1-2)

Attendance rosters

Additional Outcome (1-3)

Coalition members take active responsibility for writing and implementing their community prevention plan.

Additional Indicator (1-3)

95% of coalition members will state they understand the goals and objectives of the coalition.

Additional Method (1-3)

Coalition Assessment conducted annually by IPP

Additional Outcome (1-4)

Coalition members take active responsibility for writing and implementing their community prevention plan.

Additional Indicator (1-4)

90% of coalition members are involved in identifying and writing the coalition's prevention plan.

Additional Method (1-4)

Attendance rosters, Staff notes

Additional Outcome (1-5)

Coalition members take active responsibility for writing and implementing their community prevention plan.

Additional Indicator (1-5)

At least one evidence based strategy will be introduced in each community.

Additional Method (1-5)

Meeting Minutes, Event Rosters, News Coverage

Service #1 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

Outcome 1, 1-2, and 1-3 relate directly to the goal of creating a local coalition. Stakeholders must be engaged and recruited to create a core group who can then take part in the assessments and training provided by the YC2 CTC. The core group of stakeholders remains important for championing the coalition's activities as they help create an environment that is rich with protective factors and promote a whole health approach to behavioral health and substance abuse prevention.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

The readiness of each community to address behavioral health issues varies. YC2 CTC continues to provide ongoing assessment to the communities to determine evidenced based responses given individual levels of readiness. Also, communities are made up of unique sub-populations and sub-systems that often have turf issues to overcome. Integrating the YC2 Coordinator into each coalition so that they can act as a neutral third party and bring an outside perspective to the community's current state seeks to lessen the effect of these issues.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

The measurement levels are higher than the normal 80 - 20 rule because coalition members are expected to be recruited for their affinity with the idea of prevention and positive youth development. It is less than 100% to allow for unforeseen demands on coalition members that might limit the time they can give to this voluntary activity.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The Institute for Public Policy is a respected organization conducting multiple assessment and evaluation efforts in the County. Their assessments will be conducted according to their high standards. The YC2 Coordinator will be keeping attendance records, meeting minutes, and membership rosters. They will also be drawing up the written prevention plan as it is decided upon by the coalition members. Ready access will help to monitor these documents.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Activities designed to increase protective factors and reduce risk factors in youth

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Positive Youth Development (PYD) is a model for youth support emphasizing strengthening of individual and community resources necessary to reduce risk factors and increase protective factors for youth as they grow up in their respective communities. (Search Institute, 2011) YC2 has successfully implemented dozens of PYD programs and events over its 12 year history and seeks to bring more of these activities to youth outside Columbia with the current CSF proposal.

The foundation of our approach in this area is the idea that all youth require access to specific basic assets in order to grow up into productive adults. The more of these assets a community can provide or make readily available, the greater the likelihood a child will grow up with the ability to avoid risky choices and instead make positive ones. PYD activities seek to provide internal assets for youth through direct contact with them but also external assets for youth by strengthening the community environment within which they are developing. Additionally, rather than target one specific type of risky behavior to avoid, the PYD approach affects a youth's ability to avoid any risky choice that he or she might encounter.

To implement such an approach with our PYD program, YC2 will continue to support activities targeted at youth ages 6-19 in the Columbia area like peer education at local high schools; leadership trainings for high school youth as well as the Columbia Youth Advisory Council; partnering with schools and member agencies for events like U Matter, ParentUp, ShredFest, Rock the Community, and National Night Out among others; and bring local and national speakers for youth enrichment on topics such as substance use, bullying, and reducing risk factors in their lives.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

1 hour of service for 1 individual

b. Unit Rate (#2)

\$15.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

The Services proposed here seem comparable to Community Support Services as described by the St. Louis County Children's Services Fund: Coaching sessions designed to educate or reinforce lessons learned for the purpose of reducing risk factors. The CSF approved rate for this service is \$13.25 per 15 minute unit (\$53 per hour). (St. Louis County CSF, Jan. 2016)

d. Total Number of Units of Service to be Provided (#2)

700

e. Total Number of Unduplicated Individuals (#2)

350

f. Average Number of Units of Service per Unduplicated Individual (#2)

2

g. Average Cost of Service per Individual (#2)

30

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Any strategies and events must be easily accessible. Charging a fee for participation could limit participation of the most vulnerable youth and discourage the voluntary participation of adults who influence the community environment in which youth develop.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

No applicable fees to be billed to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$30.20	193	\$5,830.60
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$10,500.00

b. Proposed Number of Units of Service (#2)

700

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

PYD activities are at the heart of YC2's prevention work in Boone County. The communities currently forming coalitions under this project still lack the capacity to provide these activities for their youth on their own. This program service helps them begin this kind of prevention work while organizing greater capacity and sustainability through other funding sources for their activities. An increase in funding from the previous cycle reflects the addition of YC2 PYD activities into the budget, as well as, increased activity in each community outside Columbia.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Youth attitudes toward	10% reduction in number of youth who report use of substances	Missouri State Student Survey (Boone County)

substance use change in the past 30 days

Additional Outcome (2-2) Additional Indicator (2-2)

10% reduction in number of youth reporting that using substances could be harmful

Additional Outcome (2-3) Additional Indicator (2-3)

10% reduction in number of youth reporting that their parents would disapprove of them using substances

Additional Outcome (2-4) Additional Indicator (2-4)

10% reduction in number of youth who report that their friends use substances

Additional Outcome (2-5) Additional Indicator (2-5)

Statistics), Cradle to Career Survey, or other

Additional Method (2-2)

Missouri State Student Survey (Boone County Statistics), Cradle to Career Survey, or other

Additional Method (2-3)

Missouri State Student Survey (Boone County Statistics), Cradle to Career Survey, or other

Additional Method (2-4)

Missouri State Student Survey (Boone County Statistics), Cradle to Career Survey, or other

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

Preventing substance use among youth is key to improving the overall behavioral health of Boone County. The SAMHSA Drug Free Community Program requires its funded coalitions to track these National Outcome Measures.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Some school districts do not participate in the Missouri State Student Survey in Boone County and data is only reported every two years. It may be necessary to find a suitable alternative for this reporting device. Conversation is ongoing with the Boone County Cradle to Career Alliance, Boone County/Columbia Department of Public Health and Human Services, and Boone County Schools Mental Health Coalition.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

These measurement levels are the same measurements that YC2 has set for the STOP Act grant, which has provided some match for YC2 CTC in the previous funding cycle.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The Missouri State Student Survey used to be conducted every other year and has been an important marker for coalitions for more than a decade. Other methods however are being developed using similar questions, and may be able to meet the needs of the Boone County coalitions and subsequent prevention network as they seek funding from other national sources.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Requesta. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)
\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)
- Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

- Service #4 - Taxonomy of Service Name (150 character limit)
- Service #4 - Taxonomy Definition of Service (300 character limit)
- Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to

Service #4 - Outputs

- Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)
- Unit Rate (#4)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

- Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

- Total Number of Units of Service to be Provided (#4)
0
- Total Number of Unduplicated Individuals (#4)
0
- Average Number of Units of Service per Unduplicated Individual (#4)
0

Service #4 - Service Fee

- Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
	4a1.	4a2.	4a3.
a. Boone County - Children's Services Funding (#4)	\$0.00	0	\$0.00
	4b1.	4b2.	4b3.
b. Boone County - Community Health Funding (#4)	\$0.00	0	\$0.00
	4c1.	4c2.	4c3.
c. City of Columbia - Social Services Funding (#4)	\$0.00	0	\$0.00
	4d1.	4d2.	4d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	\$0.00	0	\$0.00
	4e1.	4e2.	4d4.
e. Heart of Missouri United Way Funding (#4)	\$0.00	0	\$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)
\$0.00

b. Proposed Number of Units of Service (#4)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)
- d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

- a. Service #5 - Taxonomy of Service Name (150 character limit)
- b. Service #5 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to

Service #5 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

- b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

- c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

- d. Total Number of Units of Service to be Provided (#5)

0

- e. Total Number of Unduplicated Individuals (#5)

0

- f. Average Number of Units of Service per Unduplicated Individual (#5)

Service #5 - Service Fee

- a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

- b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
	5e1.	5e2.	5e3.

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00

b. Proposed Number of Units of Service (#5)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)

Service #5 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

140122



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m. Central Time** in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
 - 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
 - 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- ### **2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
 - 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

- 4.2.4. **Offeror's Contacts:** Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.
- 4.3. Competitive Negotiation of Proposals:**
The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:
- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/2017

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

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

PRODUCER JLT Re (North America) Inc. 225 West Wacker Drive Suite 500 Chicago, IL 60606	CONTACT NAME: Embry Nichols PHONE (A/C, No, Ext): 267-254-5049 E-MAIL ADDRESS: embry.nichols.com FAX (A/C, No):
INSURED CHA Low Income Services, Inc. 201 Switzler St. Columbia, MO 65203-4156	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 18058

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK1710315	10/25/2017	10/25/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability		PHPK1710315	10/25/2017	10/25/2018	Per Occ - \$1,000,000 Aggregate - \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

County of Boone, Missouri
C/O Purchasing Department
613 E. Ash Street
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Embry Nichols

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Scope of Coverage Document No. MHAPCI2017

CERTIFICATE OF AUTO LIABILITY COVERAGE

INSURER: Missouri Housing Authorities Property & Casualty, Inc., a HUD-approved government entity risk pool organized under the laws of the State of Missouri

EFFECTIVE DATE: 01/01/2017 – 01/01/2018

MEMBER NAME: Housing Authority of the City of Columbia

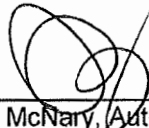
DESCRIPTION OF COVERAGE: Auto Liability Coverage \$2,762,789/Per Occurrence, \$414,418/Per Person, # 320-2724592-55 for the following vehicles owned by the Columbia Housing Authority.

CERTIFICATE HOLDER: Red Stone Equity Manager, LLC, its successors and/or assigns, 200 Public Square, Cleveland, OH 44114

2014	Nissan	NV200SV Cargo Van	Vin # 3N6CM0KNXEK700552	
2014	Nissan	NV200S Cargo Van	Vin # 3N6CM0KN7EK693446	
2014	Ford	Escape SE	Vin # 1FMCU9GX1EUA86200	
2014	Ford	Escape S	Vin # 1FMCU0F72EUA86199	
2012	Ford	Econoline Van	VIN # 1FBSS3BL3CDB14460	
2011	Ford	F-150	VIN # 1FTNF1CF9BKD84247	
2011	Ford	F-150	VIN # 1FTNF1CF0BKD84248	
2010	Ford	Escape	VIN # 1FMCU0DGXAKC90130	
2010	Ford	Escape	VIN # 1FMCU0DG3AKC90129	
2009	Ford	F-150	VIN # 1FTRF12W69KB97898	
2008	Ford	Econoline Van	VIN # 1FBSS31LX8DA49440	
2008	Ford	Escape	VIN # 1FMCU93108KA60063	
2007	Carry-On	Utility Trailer	VIN # 4YMUL12167M057481	
2006	Load	Trailer	VIN # 4ZEDT142961014181	
2006	Ford	Pickup	VIN # 1FTWF31596EC94630	
2006	Ford	Pickup	VIN # 1FTWF31526EC94629	
2004	Ford	Econoline Van	VIN # 1FTNE24W24HB31570	
2002	Ford	Econoline Van	VIN # 1FTRE14W42HA85555	
2002	Ford	Pickup	VIN # 1FTRF172X2KC42305	
2002	Ford	Pickup	VIN # 1FTRX18L32NB10151	
2001	Ford	Econoline Van	VIN # 1FBSS31L81HA92025	
1998	Ford	Club Wagon	VIN # 1FBSS31L0WHA64308	
1998	Ford	Ranger	VIN # 1FTZR16UXWPB38496	

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage, and does not constitute a contract between the insurer or certificate holder.

We reserve the right to cancel the Scope of Coverage in accordance with its terms and notice will be delivered in accordance with the Scope of Coverage Document.



Susan McNary, Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2017

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

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

PRODUCER 1306-1 MHAPCI 173 Chesterfield Business Pkwy Chesterfield, MO 63005-1233	CONTACT NAME:		
	PHONE (A/C, No, Ext): 636-530-6181	FAX (A/C, No):	
INSURED Columbia Housing Authority 201 Switzler Street Columbia, MO 65203	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Missouri Employers Mutual Insurance Company		10191
	INSURER B :		
	INSURER C :		
	INSURER D :		
INSURER E :			
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	MEM 1011301-11	12/16/2016 12/16/2017	X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**County of Boone, Missouri
c/o Purchasing Department 613 E Ash St
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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This policy was electronically delivered to susan.mcnary@mhapci.com on 12/12/2017



P.O. Box 1810, Columbia, MO 65205-1810
1.800.442.0593 www.mem-ins.com

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

SCHEDULE RATING DETAIL

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Schedule Rating Detail:

Management	-8.00%
Employees: Selection, Training and Supervision	-7.00%

Total Schedule Rating: -15.00%

ISSUE DATE: 12/12/2017



WC 00 00 01B (01/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413

INFORMATION PAGE												
1.	INSURED: Columbia Housing Authority 201 Switzler Street Columbia, MO 65203		PRODUCER: 1306-1 MHAPCI 173 Chesterfield Business Pkwy Chesterfield, MO 63005-1233									
	FEDERAL ID NO.: 43-6014416		OTHER NAMED INSURED:									
	RISK ID NO.: 240212889		OTHER LOCATIONS: See WC 99 06 04									
	INSURED'S LEGAL STATUS: Other											
2.	The policy period is from: 12/16/2017 to 12/16/2018 12:01 A.M. standard time at the insured mailing address.											
3a.	Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MO											
3b.	Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3a. The limits of our liability under Part Two are: <table border="0" style="margin-left: 200px;"><tr><td>Bodily Injury by Accident</td><td>\$ 1,000,000</td><td>each accident</td></tr><tr><td>Bodily Injury by Disease</td><td>\$ 1,000,000</td><td>policy limit</td></tr><tr><td>Bodily Injury by Disease</td><td>\$ 1,000,000</td><td>each employee</td></tr></table>			Bodily Injury by Accident	\$ 1,000,000	each accident	Bodily Injury by Disease	\$ 1,000,000	policy limit	Bodily Injury by Disease	\$ 1,000,000	each employee
Bodily Injury by Accident	\$ 1,000,000	each accident										
Bodily Injury by Disease	\$ 1,000,000	policy limit										
Bodily Injury by Disease	\$ 1,000,000	each employee										
3c.	Other States Insured: Part Three of the policy applies to the states, if any, listed here: NONE											
3d.	This policy includes these endorsements and schedules: See WC 99 06 02											
4.	<i>The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.</i> <table border="0" style="margin-left: 100px;"><tr><td>See Classification Schedule</td><td>Total Estimated Premium:</td><td>\$52,399.00</td></tr><tr><td></td><td>Estimated Second Injury Fund Surcharge:</td><td>\$3,143.00</td></tr></table>			See Classification Schedule	Total Estimated Premium:	\$52,399.00		Estimated Second Injury Fund Surcharge:	\$3,143.00			
See Classification Schedule	Total Estimated Premium:	\$52,399.00										
	Estimated Second Injury Fund Surcharge:	\$3,143.00										
<table border="0"><tr><td>Expense Constant: \$240.00</td><td></td><td></td></tr><tr><td>Minimum Premium: \$633.00</td><td>Total Estimated Premium and Surcharges:</td><td>\$55,542.00</td></tr><tr><td colspan="3">Billing Payment Mode: Two Installment - 50% Down</td></tr></table>				Expense Constant: \$240.00			Minimum Premium: \$633.00	Total Estimated Premium and Surcharges:	\$55,542.00	Billing Payment Mode: Two Installment - 50% Down		
Expense Constant: \$240.00												
Minimum Premium: \$633.00	Total Estimated Premium and Surcharges:	\$55,542.00										
Billing Payment Mode: Two Installment - 50% Down												

ISSUING OFFICE:

101 N. Keene St.
Columbia, MO 65201

Countersigned By:

ISSUE DATE: 12/12/2017

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WC 00 00 01B (01/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413

CLASSIFICATION SCHEDULE

Insured: Columbia Housing Authority

The policy period is from: **12/16/2017** to **12/16/2018**

The policy rating period is from: **12/16/2017** to **12/16/2018**

Classifications	Code No.	Premium Basis	Rate Per	Estimated
		Total Estimated Annual Remuneration	\$100 of Remuneration	Annual Premium
Location: 1 201 Switzler Street, Columbia MO 65203				
Housing Authority & Clerical, Salespersons, Drivers	9033	2,540,975	2.71	68,860.00
				Manual Premium
				68,860.00
				Increased Employers Liability 1.1%
				757.00
				Exp. Modifier 0.91
				(\$6,266.00)
				Modified Premium
				63,351.00
				Schedule Rating Credit/Debit -15%
				(9,503.00)
				Standard Premium
				53,848.00
				Premium Discount
				(2,197.00)
				Expense Constant
				240.00
				Terrorism Risk Act
				508.00
				Total Estimated Premium
				52,399.00
				Missouri SIF 6%
				3,099.00
				Missouri SIF Expense Constant 6%
				14.00
				Missouri SIF Terrorism 6%
				30.00
				Total Premium and Missouri Second Injury
				55,542.00

Billing Payment Mode: Two Installment - 50% Down
ISSUE DATE: 12/12/2017

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Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413

INFORMATION PAGE

Coverage is provided by Missouri Employers Mutual Insurance Company. The complete Home Office address and location for receipt of premium payment is:

Missouri Employers Mutual Insurance Company
101 N. Keene St.
Columbia, MO 65201

By acceptance of this policy, the named insured becomes a member of the Company and shall be entitled to vote at all meetings of the members and, upon termination of this policy, shall participate in the distribution of dividends as fixed and determined by the directors in accordance with the law.

This policy is not assessable. Your liability as a policyholder and a member of the Company under this policy is limited to payment of premium.

The annual meeting will be held at the principle offices of the Corporation or at such other place within the State as the Board of Directors shall from time to time determine, on the first business day of July or as deemed by majority vote of the Board of Directors.

MEM offers loss prevention resources including consultation, seminars and custom training to help you protect your employees and your business. Information about MEM's free safety resources and additional services can be found at worksafecenter.com

The Information Page and all the forms and endorsements listed on it and including with it complete this policy. Coverage under this policy is provided by the Company named in the Information Page (a Mutual Company). In witness whereof we have executed and attested this policy, but this policy is not valid unless it has been countersigned by our authorized representative.

Secretary

President and CEO



WC 99 06 04 (06/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKPLACE OF INSURED ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Schedule of Locations

211 Boone Drive
Columbia, MO 65205
Effective: 12/16/2017 to 12/16/2018

700 N Garth Ave
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

1201 Paquin St
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

201 Switzler Street
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

Annie Fisher Center
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

616 Park Ave
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

2112 Business Loop 70 E
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

301 N Providence Rd
Columbia, MO 65203
Effective: 12/16/2017 to 12/16/2018

ISSUE DATE: 12/12/2017



WC 99 06 04 (06/15)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKPLACE OF INSURED ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

1109 Elleta Blvd
Columbia, MO 65202
Effective: 12/16/2017 to 12/16/2018

Blind Boone Center
Columbia, MO 65201
Effective: 12/16/2017 to 12/16/2018

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 99 06 02 (09/02)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

SCHEDULE OF ENDORSEMENTS

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Schedule of Endorsements:

SCHRATING	Schedule Rating
WC 00 00 01 B	Information Page
WC 99 06 04	Other Locations Endorsement
WC 99 06 02	Schedule of Endorsements
WC 99 06 05	Installment Schedule
WC 00 00 00 C	Workers Compensation and Employers Liability Insurance Policy
WC 00 04 03	Experience Rating Modification Factor Endorsement
WC 00 04 06	Premium Discount Endorsement
WC 00 04 14	Notification of Change in Ownership Endorsement
WC 00 04 19	Premium Due Date Endorsement
WC 00 04 22 B	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
WC 00 04 25	Experience Rating Modification Factor Revision Endorsement
WC 24 03 02	Missouri Notification of Additional Mesothelioma Benefits Endorsement
WC 24 04 06 D	Missouri Employer Paid Medical Endorsement
WC 24 06 02 B	Missouri Property and Casualty Guaranty Association Notification Endorsement
WC 24 06 04 A	Missouri Amendatory Endorsement
WC 89 04 06	Experience Modification Endorsement
WC 99 03 01	Limited Coverage for Temporary & Incidental Operations in Other States
WC 99 06 01 A	Second Injury Fund Surcharge
WC 99 06 08	Payment Plan Endorsement
WC 99 06 18	Safety Grant Endorsement
WC 99 06 19	Safety Dividend Endorsement
WC 99 06 20	Cancellation and Nonrenewal Endorsement

ISSUE DATE: 12/12/2017



Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE - WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
 - a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO - EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 USC Sections 1651 -1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued there under, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE - OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR - YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE - PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have



Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

1. You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the follow way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancelation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

PART SIX - CONDITIONS

A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.



WC 00 04 03 (04/84)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 00 04 06 (08/84)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

PREMIUM DISCOUNT ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. <u>State</u>	<u>Estimated Eligible Premium</u>							
	First	Next	Next	Next	Next	Next	Next	Next
Missouri	\$10,000	\$15,000	\$25,000	\$25,000	\$25,000	\$100,000	\$1,550,000	\$1,750,000
	0.0%	4.5%	5.0%	7.0%	8.5%	9.5%	11.3%	12.3%

2. Average percentage discount:

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017

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WC 00 04 14 (07/90)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 00 04 19 (01/01)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

PREMIUM DUE DATE ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

PART FIVE PREMIUM

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of billing.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insured Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.



Policy Number: MEM 1011301-12

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
 - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
 - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
 - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
 - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
 - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
 - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State**Rate****Premium**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



WC 00 04 25 (05/17)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement is added to Part Five - Premium of the policy.

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Missouri Notification of Additional Mesothelioma Benefits Endorsement

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Section 287.200.4, subdivision (3), of the Missouri Revised Statutes provides additional benefits in the case of occupational diseases due to toxic exposure that are diagnosed to be mesothelioma and result in permanent total disability or death. Your policy provides insurance for these additional benefits.

If you reject liability for mesothelioma additional benefits provided under Section 287.200.4, subdivision (3), of the Missouri Revised Statutes, you must notify us of this election. Once you notify us, we will endorse this policy to exclude insurance for these additional benefits. If you reject liability for mesothelioma additional benefits, the exclusive remedy provisions under Missouri Revised Statutes Section 287.120 shall not apply to your liability for mesothelioma additional benefits.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies because Missouri is shown in Item 3.A. of the Information Page.

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed 20% of the current primary and excess loss split point amount, as shown in the Schedule below, excluded from your experience rating modification calculation. This will only be allowed when you pay all of the employee's medical costs, there is no lost time from the employment, other than the first three days or less of disability; and no claim is filed. The current primary and excess loss split point amount is provided in the rating values of NCCI's *Experience Rating Plan Manual*. You still must report all injuries, regardless of the dollar amount, to the Division of Workers' Compensation and to us.

However, it should be noted that if, at any time, the medical expenses that are paid out-of-pocket due to a particular injury ever exceed 20% of the current primary and excess loss split point amount, and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience modification calculation.

Schedule

20% of the Current Primary and Excess Loss Split Point Amount

\$3,300.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

**MISSOURI PROPERTY AND CASUALTY GUARANTY
ASSOCIATION NOTIFICATION ENDORSEMENT**

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Missouri Property and Casualty Insurance Guaranty Association Coverage Limits:

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (Association), the Association will pay claims covered under the Act if we become insolvent.
2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitation applies subject to all other provisions of the Act:
 - a. Claims covered by the Association do not include a claim by or against an insured of an insolvent insurer if the insured has a net worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes an insolvent insurer; provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.

If the insured prepares an annual report to shareholders, or an annual report to management reflecting net worth, then such report for the fiscal year immediately preceding the date of insolvency of the insurer will be used to determine net worth.

However, the association will not:

- (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
- (2) Return to an insured any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

MISSOURI AMENDATORY ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page

Section G., **Audit**, of Part Five (Premium) of the policy is replaced by the following:

G. Audit

You will let us examine and audit all your records that relate to this policy during regular business hours during and after the policy period ends. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

Audits shall be completed, billed, and premiums returned within 120 days of policy expiration or cancellation. This standard of 120 days shall not be applicable if:

1. A delay is caused by your failure to respond to reasonable audit requests provided that the requests are timely and adequately documented; or
2. A delay is by the mutual agreement of you and us provided that the agreement is adequately documented.

If you or we have any objection to the results of any audit, you or we shall have up to three years from the date of expiration or cancellation of this policy in which to send a written notice demanding a reconsideration of the audit. The written notice shall be based upon sufficiently clear and specific facts as to why the audit should be reconsidered.

If you do not allow us to examine and audit all of your records that relate to this policy or do not provide audit information as reasonably requested, we may apply an Audit Noncompliance Charge equal to estimated annual premium.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, your premium will be revised accordingly.

Failure to cooperate with this policy provision may also result in the cancellation of your insurance coverage, as specified under the policy and allowed under Missouri law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 89 04 06 (07/01)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

EXPERIENCE MODIFICATION ENDORSEMENT

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Experience Modification is changed to read:

12/16/2017 to 12/16/2018 - 0.91

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

LIMITED COVERAGE FOR TEMPORARY AND INCIDENTAL OPERATIONS IN OTHER STATES**Insured:** Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

"PART THREE-OTHER STATES INSURANCE" of the policy is replaced by the following:**A. How this insurance applies:**

1. We will pay promptly, when due, the benefits required of you by the workers compensation law of any state other than Missouri, but only if the claim for such benefits involves work performed by a Missouri employee.
2. If we are not permitted to pay the benefits directly to persons entitled to them under circumstances described in Item 1. above, we will reimburse you for the benefits required to be paid.

B. This insurance does not apply to:

1. Any employee unless the contract of employment was made in Missouri, or the employment was principally localized in Missouri.
2. Any person claiming benefits under the workers compensation law of any state that requires you to obtain coverage in such state before you begin work in such state; or
3. Any person claiming benefits in a state for which you have workers compensation coverage; or
4. Your operations in any state other than Missouri, unless these operations are of a temporary and incidental nature, and are performed by a Missouri employee; or
5. Fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

IMPORTANT NOTICE

If you hire any employees outside of Missouri or begin operations in any state other than Missouri, you must obtain insurance coverage in that state and do whatever else may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law. Missouri Employers Mutual Insurance Company cannot provide coverage that is required under any state's laws other than Missouri.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



WC 99 06 01A (01/03)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

SECOND INJURY FUND SURCHARGE

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

In addition to the premium charged by Missouri Employers Mutual Insurance, the Missouri Division of Workers' Compensation has made the policy subject to a surcharge. The surcharge will finance the Second Injury Fund.

The amount of the surcharge will be shown on the Policy Information Page and collected from you at the same time that we collect your premium. We will then remit the amount due to the State of Missouri. Any adjustments to your premium will require an adjustment to the surcharge.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

PAYMENT PLAN ENDORSEMENT

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

Please check your Policy Information Page to see the basis upon which your policy was issued, in order to determine which of the following apply:

Annual Payment:

The premium for this policy is payable in whole before the policy's effective date. This premium is based on the estimates shown on your Policy Information Page. Final premium for each annual period of this policy is subject to audit. If the policy was issued without payment, payment in full must be received by the invoice date or your policy will be canceled.

EZ-Pay:

The premium for this policy will be calculated weekly, bi-weekly, twice monthly or monthly based on the EZ-Pay plan indicated on your Policy Information Page. The online premium reporting form must be filled out and submitted with the premium payment from the approved payroll service company. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to final audit. Premium reports received are subject to review.

Installment Payments:

The premium for this policy is based on the estimates shown on your Policy Information Page and will be divided into installments according to the plan shown there. Premium is due on or before the date shown on the installment billing statement. If premium is not received by the due date on the installment billing, your policy will be canceled. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to final audit.

Monthly Premium Reporting:

The premium for this policy will be calculated on a monthly basis. At the end of each month, you must access the online premium reporting form, which must be filled out and returned with the premium payment. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. In the event of cancellation, the security deposit will be applied to any unpaid premium balance. Any remaining unpaid premium will be billed to you. Any remaining funds will be returned to you, subject to the final audit. Premium reports received are subject to review.

Quarterly Premium Reporting:

The premium for this policy will be calculated on a quarterly basis. At the end of each calendar quarter, you must access the online premium reporting form, which must be filled out and returned with the premium payment. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. In the event of cancellation, the security deposit will be applied to any unpaid premium balance. Any remaining unpaid premium will be billed to you. Any remaining funds will be returned to you, subject to the final audit. Premium reports received are subject to review.

ISSUE DATE: 12/12/2017



WC 99 06 18 (07/17)

Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Safety Grant Program Endorsement

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

We offer all MEM policyholders the opportunity to apply for a grant through our Safety Grant Program. The objective of the Safety Grant Program is to offer matching funds to financially assist employers in the implementation of approved programs or equipment that reduce injuries and illnesses associated with a particular workplace. Grants are awarded to selected applicants that meet certain eligibility criteria and best satisfy the Safety Grant Program goals for the Program Year as determined by an internal selection committee.

Details of the Safety Grant Program and the application process can be found on our website at www.mem-ins.com or by contacting MEM's Safety & Risk Services Department at 1-888-499-SAFE (7233).

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



Policy Number: MEM 1011301-12

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Safety Dividend Plan Endorsement

Insured: Columbia Housing Authority

Effective Date: 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

You may be entitled to participate in a Safety Dividend distribution in accordance with the criteria approved by the Board of Directors, which accounts for your safety record and performance. Such criteria may change annually upon renewal. The following eligibility criteria must also be met in order to participate in a Safety Dividend distribution:

1. Your policy must remain in effect for the entire policy period without a lapse in coverage;
2. Your policy term must be a minimum of six months;
3. All audit disputes must be resolved prior to distribution. For any financed audit balance, the dividend will be applied to the outstanding balance and any remainder will be remitted to you;
4. No payment will be made if you have past-due premiums in collections;
5. You must satisfy the safety program requirements established for your policy based on premium at time of issuance.

DIVIDENDS ARE NOT GUARANTEED AND MUST BE DECLARED BY THE BOARD OF DIRECTORS.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract

Children's Emergency Shelter

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Child Abuse & Neglect Emergency Shelter, Inc., dba Rainbow House** a tax-exempt, not organized for profit RH or governmental entity, hereinafter referred to as **RH**.

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

WHEREAS, RH has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY RH

RH is expected to the greatest extent possible to maximize funding from all other sources. RH shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. RH shall only request reimbursement for services not reimbursable by any other source. RH shall not invoice the Children's Services Fund for units of service invoiced to another funding source. RH shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** RH will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and RH's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over RH's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from RH and RH agrees to furnish the **Children's Emergency Shelter** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in RH's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$13,271.80** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. RH agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of RH be renewed for an **additional one (1), one-year period**. RH agrees and understands that the BCCSB may require supplemental information to be submitted by RH prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Out-of-Home Respite Care	One hour	\$14.85	400	\$5,940.00
Individual Therapy – Child	One hour	\$83.51	50	\$4,175.50
Positive Youth Development	One hour	\$18.63	60	\$1,117.80
Social/Emotional & Developmental Screenings	One screening	\$16.00	30	\$480.00
Public Awareness/Education	One hour	\$20.78	75	\$1,558.50

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of RH, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by RH to monitor service delivery and program expenditures. RH agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by RH and, if so stipulated, are noted on this contract document. Payments may be withheld from RH if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. RH agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

9. **Monitoring.** RH agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect RH's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client

confidentiality. In addition, RH hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** RH may enter into subcontracts for components of the contracted service as RH deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, RH shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

- b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should RH fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, RH shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the RH for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, RH agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Child Abuse & Neglect Emergency Shelter, Inc., dba Rainbow House** (meaning anyone, including but not limited to consultants having a contract with RH or subcontractor for part of the services), or anyone directly or indirectly employed by RH, or of anyone for whose acts RH may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

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

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

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

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

27. **Record Retention Clause.** RH shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

Any written notice or communication to RH shall be mailed or delivered to:

Child Abuse & Neglect Emergency Shelter, Inc., dba Rainbow House
Janie Bakutes
1611 Towne Dr.
Columbia, MO 65202

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

**Child Abuse and Neglect Emergency
Shelter, Inc., dba Rainbow House**

By: _____

Signature

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

By: _____

Printed Name/ Title

Les Wagner, Board Chair

APPROVED AS TO FORM:

County Counselor

ATTEST:

Taylor W. Burks, County Clerk

DKB

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

Signature

Date

Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 1, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: 30-20JUL17 - *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.


Company Name: Child Abuse & Neglect Emergency Shelter, Inc.

Address: 1611 Towne Drive Columbia MO 65201

Telephone: 573.474.6600 Fax: 573.474.5992

Federal Tax ID (or Social Security #): 43-1390192

Print Name: Janie Bakutes Title: Executive Director

Signature:  Date: 10/31/2017

E-mail: jbakutes@rainbowhousecolumbia.org

CBOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Child Abuse & Neglect Emergency Shelter
Name of Program	Children's Emergency Shelter

Organization Profile	
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1. Advisory Board – There are no Advisory Board members listed but three years is entered as the board term.

Action Required: Provide clarification in the box below.

2.

Advisory Board members are no listed on the organization profile.

p

Employee Compensation – The Office Manager's salary is listed as the same as the Executive Director (\$50,000) and other director salaries are listed from \$38,000 – \$45,000. The benefits for the Office Manager are also significantly higher than the Executive Director and other directors.

Action Required: Provide a narrative explanation in the box below.

Salaries for administrative positions are based on years of service in a particular position. Our Office Manager has been in that position for more than ten years; our ED has been in that position for 2+. Our agency benefit total reported for each position includes health insurance. Obviously, not all admin staff have need for agency health insurance and for those who do, premiums are based on age of the employee and family size. Additionally, if an employee is in our 401K plan, agency matches up to 3% and that amount is included in each total.

Proposal Cover Sheet	
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3. Required Attachments – None of the Signed Addendums and the Attachments were uploaded to the appropriate field.

Action Required: Upload Attachments A, B, C, and the Signed Addendums in Apricot's Proposal Cover Sheet. **Files are attached to this email. I was unable to upload the attachments, as the application was locked on Apricot.**

Program Overview Form	
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4. Program Consumers/Consumer Demographics – There are 135 unduplicated individuals listed in the Program Consumers and the Consumer Demographic information. In Service #4, there are 360 unduplicated individuals listed.

Action Required: Clarify in the box below the total number of consumers, funded through all funding sources, who will receive services through the Children's Services Fund.

Service #4 reflects the number of individuals contacts through community outreach services, including those attending a presentation about Rainbow House or coming up to a awareness booth.

5. Program Quality – Please provide information on the current state license with the Missouri Department of Social Services. How often does the Children's Emergency Shelter receive a monitoring visit? Have there been any substantiated complaints?

Action Required: Provide the information in the box below.

The representative that monitors our state license, does two visits a year and the shelter is relicensed every 3 years, which requires more extensive visits and monitoring. At this time there have been no substantiated complaints.

6. Program Personnel Information - The Children's Shelter Program Coordinator, with a high school education, has a higher pay range salary than the Shelter Advocate with a bachelor's degree.

Action Required: Provide an explanation in the box below.

The CES Program Coordinator is a supervisory role. The current Program Coordinator has been with the agency for almost 3 years and demonstrated a high level of skill before being promoted to that position and later receiving a raise to her current salary.

Program
Services
Form
(1-5)

7. Service #1 – The service is offered from 7:00 am – 3:00 pm.

Action Required: Provide a narrative explaining why respite is only offered during these times.

Our respite care program utilizes the same staff as our shelter services. The program must abide by state ratio at all times. During the hours of 7am-3pm school age children living in the shelter are at school which creates availability for respite care children. The Shelter Director can approve extended hours if a family is in need of more time and the shelter is not at capacity.

8. Service #2/Unit Rate – The Unit Rate the Children’s Services Fund is paying is \$83.51/hour, the proposed rate is now \$122.53/hour.

Action Required: Provide an explanation on the significant increase in the rate.

This must have been a mistake from looking at the rate from another program. It should be changed to \$83.51/hour.

9. Service #2/Proposed Number of Units of Service – As of August 2017, there has only been 22.75, out of 50, units of services utilized. The current request, in this proposal, is for 75 units of service.

Action Required: Considering the current utilization information, you will need to provide an updated request for the number of services in the box below. You will also need to provide updated information in the attached ‘Service Change Chart’. Please provide your best and final offer.

10. At the beginning of the year the Children’s Shelter was still getting approval to hire a therapist and then spent the first half of the year interviewing and hiring a therapist. This is why the utilization rate is low. The current therapist started on June 19th of this year. Since then, through September, we has utilized 31.75 units of therapy.

ice #5/Taxonomy Name and Definition of Service – There is not currently a taxonomy service name ‘Social-Emotional/Developmental Assessment’. Typically, the taxonomy name would be driven by the actual screening and/or assessments that will be offered. Information on the assessment/screening tool is needed. (see below).

Action Required: Provide clarification below on whether the Social/Emotional/Developmental Assessment is one assessment tool being utilized. If so, the service name can be called Social-Emotional Screening & Developmental Screening”. Update all the information for this service in the attached ‘Service Change Chart’.

11. Service #5/Service Description – Provide the specific name(s) of the assessment/screening tool(s) that will be used and more information on the children who will receive the assessment screening and how frequently they will receive them.

Action Required: Provide the information in the box below.

The Shelter uses the Ages and Stages Questionnaire (ASQ) as an assessment tool. This is for children 60 months and younger. Children in this age range will receive an assessment upon entering the program. This assessment is then used to make recommendations to staff, parents, and caseworkers, as well as make referrals to other resources, when necessary.

12. Service #5/Unit Measure and Unit Rate – The Unit Measure and the Unit Rate for this service will need to be updated. When completing screenings/assessments the unit measure is always one screening or one assessment. The unit rate will cover the costs of providing that screening/assessments. (ex. cost to administer the screening, the cost to score the screening, etc.)

Action Required: Update all the information for this service in the attached “Service Change Chart”.

See attached chart.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

13. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the ‘Program Outputs and Funding Request Tables’.

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Children's Emergency Shelter			
Service #2 – Taxonomy of Service Name: Individual Therapy - Child			
Service #2 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of the session remains on the individual's treatment plan.			
Provide a detailed description of the proposed service: Children over the age of five will participate in therapy at least once a week while staying in the shelter. If youth do not receive therapy through an outside provider, therapy is provided by the Shelter Clinical Coordinator. Therapy is provided at least weekly, but can occur more often if indicated. The therapist will create a treatment plan for each resident that addresses mental health concerns and goals. Therapy methods utilized could include Cognitive Behavioral Therapy, Motivational Interviewing, elements of play therapy, and other types of talk therapy. Therapist and youth will collaborate to determine what best fits the youth's needs. Therapist will make referrals for psychiatry services, if needed.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour	\$83.51	100	80
Funding Request			
Amount Requested to Boone County: \$4,175.5		Proposed Number of Units of Service: 50	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
To increase mental health functioning of youth residing in the Children's Emergency Shelter	70% of youth participating in therapy will show an increase in positive coping skills		Therapy progress notes, staff documentation of youth's behaviors and activities

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #5 – Taxonomy of Service Name: Social-Emotional Screening & Developmental Screening			
Service #5 – Taxonomy Definition of Service: Identifies if a child is at risk for social emotional delays, problem behaviors, and potential mental health concerns.			
Provide a detailed description of the proposed service: Children under the age of five will receive a developmental assessment while at Rainbow House. This assessment will address social/emotional development and physical development. The assessment will be given the Shelter Clinical Coordinator or Shelter Advocate. The Assessor will use the results from the assessment to make suggestions to program staff about supporting each child's specific developmental needs. The assessment will also allow program staff to make referrals to appropriate resources if development is delayed to the point of concern. The assessment used is the Ages and Stages Questionnaire.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 screening	\$16	55	55
Funding Request			
Amount Requested to Boone County: \$480		Proposed Number of Units of Service: 30	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
To identify developmental needs and address developmental concerns of child under 5 years old, who are staying in the Children's Emergency Shelter	70% of children will demonstrate improvement in developmental skills	Staff documentation of daily routines and behaviors, notes from developmental assessment, clinical discharge summary	
To identify developmental needs and address developmental concerns of child under 5 years old, who are staying in the Children's Emergency Shelter	100% of youth demonstrating significant delays will be referred to the appropriate services	Advocate and therapist notes regarding referrals and other case management	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Child Abuse and Neglect Emergency Shelter, Inc. dba. Rainbow House				
Program Name: Children's Emergency Shelter				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Social-Emotional Screening & Developmental Screening	1 screening	\$16	55	55
Individual Therapy-Child	1 hour	\$83.51	100	80
Out-of-Home Respite Care	1 hour (per youth)	\$14.85	400	25
Positive Youth Development	1 hour (per youth)	\$18.63	75	50
Public Awareness/Education	1hour	\$20.78	75	360
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Social-Emotional Screening & Developmental Screening	\$480		30	
Individual Therapy-Child	\$4,175.5		50	
Respite Care	\$5,940		400	
Positive Youth Development	\$1,178.8		60	
Public Awareness/Education	\$1,558.5		75	
Development/Start Up Service Funding	\$0			
Total Amount Requested to Boone County:	\$13,332.80			

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

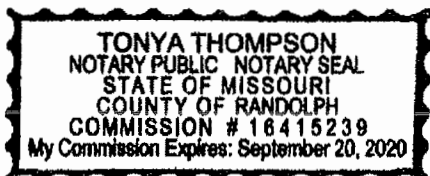
County of Boone)
)ss
State of Missouri)

My name is Janie Bakates I am an authorized agent of Child Abuse & Neglect
Emergency Shelter (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Janie Bakates 10-25-17
Affiant Date
Janie Bakates
Printed Name

Subscribed and sworn to before me this 25th day of October, 2017.



Tonya Thompson
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Janie Bakutes, Executive Director
Name and Title of Authorized Representative

Janie Bakutes 10-24-17
Signature Date

ATTACHMENT A

AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Agency Strategic Plan
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect (If applicable)
- Agency Statement of Confidentiality

Janie Bakutes
Printed Name - Agency Executive Director/President/CEO

10-24-17
Date

Janie Bakutes
Signature - Agency Executive Director/President/CEO

10-24-17
Date

Melissa A. Faurot
Printed Name - Agency Board Chair

10-24-17
Date

Melissa A. Faurot
Signature - Agency Board Chair

10-24-17
Date



Policy Number: MEM 1011301-12

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

CANCELLATION AND NONRENEWAL ENDORSEMENT

Insured: Columbia Housing Authority**Effective Date:** 12/16/2017

The policy period is from: 12/16/2017 to: 12/16/2018

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by the following:

Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you not less than 60 days advance written notice stating when the cancellation is to take effect and our reason for the cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice. This notice shall be the last and final notice of cancellation of your policy prior to the effective date and time of cancellation indicated in the notice. You hereby agree to the sufficiency of this notice for this purpose. Any additional communications from us to you, including, but not limited to, billing notices or offers to reinstate your policy, do not invalidate or void any cancellation pursuant to this section.
3. The 60-day notice requirement does not apply where cancellation is based on one or more of the following reasons:
 - a. nonpayment of premium;
 - b. fraud or material misrepresentation affecting the policy or in the presentation of a claim under the policy;
 - c. a violation of policy terms;
 - d. changes in conditions after the effective date of the policy materially increasing the hazards originally insured;
 - e. our insolvency;
 - f. our involuntary loss of reinsurance for the policy.
4. The policy period will end on the day and hour stated in the cancellation notice.

Nonrenewal

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice stating when the nonrenewal will take effect and our reason for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. we show you our willingness to renew the policy but you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 12/12/2017

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 23, 2017

Child Abuse and Neglect Emergency Shelter, Inc.
Attn: Janie Bakutes, Executive Director
1611 Towne Drive
Columbia, MO 65202
jbakutes@rainbowhousecolumbia.org

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Bakutes:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymtmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

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

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Kelsey Louder – klouder@rainbowhousecolumbia.org

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Child Abuse & Neglect Emergency Shelter
Name of Program	Children's Emergency Shelter

Organization Profile	
-----------------------------	--

1. Advisory Board – There are no Advisory Board members listed but three years is entered as the board term.

Action Required: Provide clarification in the box below.

--

2. Employee Compensation – The Office Manager's salary is listed as the same as the Executive Director (\$50,000) and other director salaries are listed from \$38,000 – \$45,000. The benefits for the Office Manager are also significantly higher than the Executive Director and other directors.

Action Required: Provide a narrative explanation in the box below.

--

Proposal Cover Sheet	
-----------------------------	--

3. Required Attachments – None of the Signed Addendums and the Attachments were uploaded to the appropriate field.

Action Required: Upload Attachments A, B, C, and the Signed Addendums in Apricot's Proposal Cover Sheet.

Program Overview Form	
------------------------------	--

4. Program Consumers/Consumer Demographics – There are 135 unduplicated individuals listed in the Program Consumers and the Consumer Demographic information. In Service #4, there are 360 unduplicated individuals listed.

Action Required: Clarify in the box below the total number of consumers, funded through all funding sources, who will receive services through the Children's Services Fund.

--

5. Program Quality – Please provide information on the current state license with the Missouri Department of Social Services. How often does the Children's Emergency Shelter receive a monitoring visit? Have there been any substantiated complaints?

Action Required: Provide the information in the box below.

--

6. Program Personnel Information - The Children's Shelter Program Coordinator, with a high school education, has a higher pay range salary than the Shelter Advocate with a bachelor's degree.

Action Required: Provide an explanation in the box below.

--

Program Services Form (1-5)	
------------------------------------	--

7. Service #1 – The service is offered from 7:00 am – 3:00 pm.

Action Required: Provide a narrative explaining why respite is only offered during these times.

--

8. Service #2/Unit Rate – The Unit Rate the Children's Services Fund is paying is \$83.51/hour, the proposed rate is now \$122.53/hour.

Action Required: Provide an explanation on the significant increase in the rate.

--

9. Service #2/Proposed Number of Units of Service – As of August 2017, there has only been 22.75, out of 50, units of services utilized. The current request, in this proposal, is for 75 units of service.

Action Required: Considering the current utilization information, you will need to provide an updated request for the number of services in the box below. You will also need to provide updated information in the attached 'Service Change Chart'. Please provide your best and final offer.

--

10. Service #5/Taxonomy Name and Definition of Service – There is not currently a taxonomy service name 'Social-Emotional/Developmental Assessment'. Typically, the taxonomy name would be driven by the actual screening and/or assessments that will be offered. Information on the assessment/screening tool is needed. (see below).

Action Required: Provide clarification below on whether the Social/Emotional/Developmental Assessment is one assessment tool being utilized. If so, the service name can be called Social-Emotional Screening & Developmental Screening". Update all the information for this service in the attached 'Service Change Chart'.

--

11. Service #5/Service Description – Provide the specific name(s) of the assessment/screening tool(s) that will be used and more information on the children who will receive the assessment screening and how frequently they will receive them.

Action Required: Provide the information in the box below.

--

12. Service #5/Unit Measure and Unit Rate – The Unit Measure and the Unit Rate for this service will need to be updated. When completing screenings/assessments the unit measure is always one screening or one assessment. The unit rate will cover the costs of providing that screening/assessments. (ex. cost to administer the screening, the cost to score the screening,

etc.)

Action Required: Update all the information for this service in the attached "Service Change Chart".

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

13. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Children's Emergency Shelter			
Service #2 – Taxonomy of Service Name: Individual Therapy - Child			
Service #2 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of the session remains on the individual's treatment plan.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #5 – Taxonomy of Service Name: TBD			
Service #5 – Taxonomy Definition of Service: TBD			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Child Abuse & Neglect Emergency Shelter, Inc.

DBA:

Rainbow House

Federal EIN Number:

43-1390192

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Phone Number:

573-474-6600 x2116

Website:

www.rainbowhousecolumbia.org

Head of Organization

Janie Bakutes

Head of Organization Phone:

573-474-6600 x2106

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Fax Number:

573-474-5992

Email:

jbakutes@rainbowhousecolumbia.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

jbakutes@rainbowhousecolumbia.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Provide your organization's mission statement. (600 character limit)

Organization
Mission
Statement
(Purpose):

The mission of Rainbow House is to keep children safe and support families in crisis through prevention, assessment and intervention in child abuse and neglect.

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Organization
History:

Founded in 1986 by Kathy Hughes, Rainbow House opened as an Emergency Children's Shelter providing emergency foster care and later expanded to provide emergency crisis care; the Regional Child Advocacy Center (CAC) was added as a program in 1997 and initially served seven counties; SOL House was added in 2007 and provides shelter and life skills for homeless youth ages 16-21. Rainbow House has always provided counseling services as well as child medical exams and has provided parenting classes for the past 5 years.

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Brief Statement
of Organization's
Major Goals:

Our major goals are to be a community resource, provide shelter for children, support services for families, forensic interviews, SAFE's (Sexual Abuse Forensic Exams) for children referred to us by Children's Division, law enforcement, juvenile office, to provide shelter, life skills and support for homeless youth; to provide counseling and parenting classes. We are here to serve the community and to be a beacon for those in need.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of
Incorporation:

Provide a copy of the organization's Articles of Incorporation.

/document/download/filename/1433780664_30405_ArticlesofIncorporation.pdf/

Bylaws (MUST BE IN PDF FORMAT)

Bylaws:
Provide a copy of the organization's Bylaws.

/document/download/filename/1467310528_34051_RainbowHouse-Bylaws2015%283%29.pdf/

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational
Chart
(must be for the
entire
organization):

/document/download/filename/1488225663_30406_February20172%283%29.pdf/

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic
Plan:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Service Area:

The vast majority of children who arrive at our Children's Shelter are from Boone County. We are open to serving children from any area. Our CAC provides services to the counties of Adair, Audrain, Boone, Callaway, Cole, Cooper, Howard, Macon, Monroe,

Randolph and Shelby; the CAC occasionally has a request for an interview from a county served by another CAC and we comply if it is in the best interest of the child. Our Homeless Youth come to us from all over the state and sometimes out of state. Our counselors most often seen clients from Columbia/Boone County.

Briefly describe the population(s) served by your organization. (600 character limit)

Population Served: Children age birth to 18 may be admitted to our Children's Shelter. We have been requested by Children's Division to go to the hospital and assist in placing a new bom when the child is considered in danger due to a high risk mother. CAC referrals are accepted for children ages 3 to 18; the Homeless Youth program serves youth ages 16 - 21. Our counselors work with children and youth ages 4 to 21 and their parents. Our counselors provide parenting classes as well.

Does your organization have a written Conflict of Interest policy?

Conflict of Interest Policy: yes

Does your organization have a written Whistleblower policy?

Whistleblower Policy: yes

Does your organization have a written Business Continuity plan?

Business Continuity Plan: yes

Does your organization have a written Records Retention policy?

Records Retention Policy: yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

3 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Sarah Laupp	Member	01/12/2017	01/12/2020	7512 Wellford Court Columbia, MO 65203		Added on 01/19/2017
Lise' Kathleen Dunning	Member	01/12/2017	01/12/2020	207 E Orange Street Mexico, MO 65265		Added on 01/19/2017
Shawn Sutterer	Board Member	10/01/2016	10/01/2019	Work: 2201 Chapel Plaza Ct. Columbia MO		Added on 06/08/2015
Audrey Sharp	Board member	07/21/2016	07/01/2019	511 Marion Drive, Columbia MO		Added on 07/28/2016
Jamie Patterson	Board member	07/21/2016	07/01/2019	270 Hwy A Tuscumbia, MO		Added on 07/28/2016
Allison Kleiber	Board Member	03/01/2014	03/01/2017	Home: 2312 Redmond Ct. Columbia Mo Work: Stephens College Columbia MO		Added on 06/08/2015
Jared Reynolds	Board Secretary	03/01/2016	03/01/2019	Home: 4400 Crystal Rock Ct., Columbia MO Work: 200 E Southhampton Dr., Suite 101		Added on 06/08/2015

Governing Board Member**Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Drew Smith	Board Vice President	07/01/2014	07/01/2017	Home: 808 Cutters Corner Lane Columbia, MO Work: 901 E Broadway Columbia, MO	✓	Added on 06/08/2015
Melissa Faurot	Board President	05/01/2014	05/01/2017	Home: 3480 S. Bluestem Circle Columbia, MO Work: 401 Locust St. Suite 401 Columbia, MO	✓	Added on 06/30/2016
Tom Schwarz	Board Treasurer	04/01/2014	04/01/2017	Home: 2509 Regis Ct., Columbia, MO Work: P O Box 1867	✓	Added on 06/30/2016

Total Active Links:10, Total Deactivated Links:2, Current Active Links:10, Current Deactivated Links:2

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")**

3 years

Describe the function of the Advisory Board as it relates to the work of your organization:

Notes

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member**Advisory Board Member****Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Active	Date
------	-----------------	--------------------------------	------------------------------	---------	--------	------

Total Active Links:0, Total Deactivated Links:2, Current Active Links:0, Current Deactivated Links:2

Financial Information**Organization Fiscal Year:**

July 1 - June 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1454521475_29953_501%28c%29%283%292016.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1488563412_29954_RainbowHouseAuditReport2016.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1493147684_29955_063016ChildAbuseNeglectandEmergencyTaxReturn-Public.pdf/

is not required to file a 990 or 990 EZ with the IRS.

Financial Policies and Procedures:
Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The Rainbow House Office Manager prepares financials for every monthly Board meeting and the information is included in the Board packet. The Board reviews the documents ahead of the Board meeting and questions are addressed at the meeting. The information contains Income, Revenue, and shows a profit and/or loss. Board members may check on our bank accounts and note activity as they wish.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

					Link Info	
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Director - Emergency Shelter	Licensed	1.00	\$38,000.00	\$9,673.00	✓	Added on 06/10/2015
CAC Program Director	B.S.	1.00	\$45,000.00	\$3,846.00	✓	Added on 06/08/2015
Office Manager	B.A.	1.00	\$50,000.00	\$11,000.00	✓	Added on 06/10/2015
Executive Director	M.A. or B.A. + experience x 5	1.00	\$50,000.00	\$5,651.00	✓	Added on 06/10/2015
Director of Development/Marketing	B.A.	1.00	\$45,000.00	\$8,853.00	✓	Added on 06/10/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

The Rainbow House Regional Child Advocacy Center has been an accredited member of National Children's Alliance (NCA) since 2000. Our re-accreditation has been approved through October 2021. We applied for re-accreditation in 2015 and our site visit was completed in October 2016. The two site reviewers met with multidisciplinary team members, attended a case review, met with members of our Board of Directors and toured the facility. NCA has ten best practice standards which must be met before approval. Our facility satisfactorily met those ten standards.

Accreditation 2:

Notes

Accreditation 3:

Notes

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1454691840_32839_OrgBudget_HMUWApricotOrgProfile_2016-2017RFP.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1500409063_32678_DSSCertificateofLiability062817.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1475271121_32841_RainbowHouse.doc/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1475271121_32847_RainbowHouse.docx/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 9 Links

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
Children's Services Fund - Youth Homelessness Programs - RFP (BCCSB Review ends 05/31/2017 8:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - Youth Homelessness Programs	Boone County	RFP #18-25APR17	✓	Added on 05/05/2017
Children's Services Fund - POS RFP #27-10JUN14 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS	Boone County	RFP #27-10JUN14	✓	Added on 06/26/2015
Total Active Links:9, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0						
						Next

System Fields

Record ID

12696

Modification Date

07/18/2017 3:17 PM CDT

Modified By

Child Abuse & Neglect Emergency Shelter, Inc. ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Child Abuse & Neglect Emergency Shelter, Inc.

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Children's Emergency Shelter

Amount of Request

\$40,560.50

County-Children's Services - Service Type (check all that apply)

Respite care services

Outpatient chemical dependency and psychiatric treatment programs

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Individual, group, or family professional counseling and therapy services

Program Information

Program Website (will default to Organization website)

www.rainbowhousecolumbia.org

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Name

Kelsey Louder

Phone Number

573-474-6600 x3203

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Title

Shelter Director

Email

klouder@rainbowhousecolumbia.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

Signed Addendums

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Link Info

Active Date

Child Abuse & Neglect Emergency Shelter, Inc.

1611 Towne Drive

Janie Bakutes

Added on
07/12/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-1390192

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Child Abuse & Neglect Emergency Shelter, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Children's Emergency Shelter
Amount of Request	\$40,560.50
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Rainbow House offers crisis emergency shelter which allows parents to place their children in a safe environment before they reach a stress level that could lead to abuse or neglect. Rainbow House also provides emergency foster care for children in state custody. The goal is to reduce the number of placements a child must move to, by providing a safe and supportive environment, while Children's Division locates a stable placement. In 2015, 9.4% of families with children in Boone County were in poverty and 31.4 of families were housing cost burdened (Boone Indicators). In calendar year 2016, 26% of crisis care admissions to the Rainbow House Emergency Shelter were due to homelessness. In 2015 there were 41 substituted cases of physical abuse, 54 of neglect, and 24 cases of sexual abuse in Boone County (Boone Indicators). Through the emergency foster care program, children are often placed after home removal due to allegations of abuse. According to the Center for Disease Control and Prevention (2012), a risk factor strongly related to child abuse is parental stress. In calendar year 2016, 50% of crisis care admissions to the Rainbow House Emergency Shelter were due overwhelming parental stress. This data describes the main struggles we see families and children experiencing when they are referred to Rainbow House. By continuing to offer and improve shelter services, Rainbow House has the opportunity to keep children safe and lessen the risk of abuse to children due to crises.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The population served through Children's Emergency Shelter can be the following: Single parents who lack safe friends and family support to care for their children in an emergency -In 2015, 2.9% of households in Boone County had a single father and 6.5% of households had a single mother. (BID); Parents in crisis who are stressed and worried about harming their child if they do not have immediate respite care -In 2015, there were 41 cases of physical abuse substantiated in Boone County. (BID); Mothers with children who are fleeing a domestic violence situation and need a safe place for their children to stay -In 2015, there were 1,628 reported cases of domestic violence in Boone County. (BID); and foster children referred by children's division prior to or in between foster placements. This is just a small snapshot of the population served by Rainbow House. In 2016 the Children's Shelter served

119 youth in a variety of circumstances, with homelessness and overwhelming parenting stress being the main reasons cited for referral to crisis care services.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

To be a resource for parents and Children's Division when immediate, safe, stable, and supportive shelter is needed for a child. Also, to provide supportive services to parents so they may overcome the obstacles that are creating instability and stress in their lives.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The purpose of providing emergency shelter is to provide immediate safety to children who otherwise might not be safe. The Children's Emergency Shelter provides emergency shelter, basic needs and other services to foster children referred by Children's Division prior to placement in an appropriate foster home or between foster placements. Sibling groups may be kept together and children from Columbia may continue in their home school while at Rainbow House. The Shelter also provides crisis care services to children referred by parents/caregivers who are in crisis and are temporarily not able to ensure the safety of their children. Each child is provided with a number of services including: well-check physical examinations, developmental assessments, mental health assessments and counseling, conflict resolution skills, a structured environment, and frequent communication with school personnel and other professionals. The shelter employs a family advocate and family therapist. The family advocate works with families experiencing crisis, and connects them to services that may help alleviate stress and make steps towards resolving the crisis. The shelter therapist provides individual therapy weekly for youth over the age of 5, developmental assessments for younger children, and group sessions that encourage emotional health and skill building. Rainbow House Children's Emergency provides much more than basic needs. The program offers a safe, stable, and supportive environment for

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The Children's Emergency Shelter provides shelter to children ages 0-17, who are in the foster care system and need emergency placement, or whose parents are experiencing crisis and need a safe place for them to stay. In 2016, 105 of 164 (duplicated) children were living in families with an income level that qualified for free lunch. This number could be higher, as we do not always receive income information about the biological families of children in the foster care system. Many children we serve have experienced trauma, in some cases the parents/caregivers also have a trauma history. Families using crisis care services may be experiencing homelessness, incarceration, hospitalization of a part or sibling, overwhelming parental stress, or another crisis. The Children's Emergency Shelter provides services to children in counties throughout Mid-Missouri, as we are the only emergency shelter specifically for children in the area.

b. Why will these particular consumers be served? (1500 character limit)

Rainbow House serves this population, as it fits with our mission to "keep children safe and to support families in crisis through prevention, assessment, and intervention in child abuse and neglect." Our crisis care services are considered preventative, since overwhelming stress can be a risk factor for child abuse. Rainbow House aims to provide safety and support to children, so the consumers served are children and families in vulnerable situations. This is also why Rainbow House provides services to these consumer free of cost, so they may have access to services no matter their financial situation.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

In the Children's Emergency Shelter there are a limited number of beds for children/youth: 14 total. At times the program will meet capacity in bed space and is forced to turn away referrals of other children/youth in the community who also need our services. Severe behavior concerns, usually aggression or inappropriate sexual behaviors, occur on a fairly regular basis among referrals. Unfortunately, Rainbow House does not have the ability to provide appropriate care and supervision to children with this concerns, do they must be referred elsewhere.

d. Total number of unduplicated individuals to be served by the proposed program:

135

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

4519.05

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of

time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. **No individual should be counted twice under any sub-section.**

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

105

City of Columbia

105

Other Counties

30

Residence Total

135

Record Lock

0

Race

White (alone)

51

Black or African American (alone)

65

Native American Indian or Alaskan Native

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

19

Some Other Race

0

Race Total

135

Ethnicity

Hispanic or Latino (of any race)

6

Not Hispanic or Latino

129

Ethnicity Total

135

Gender

Female

60

Male

75

Other

0

Gender Total

135

Income

At or below 200% of Federal Poverty Level

120

Over 200% of Federal Poverty Level

15

Income Total

135

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

25

Preschool (3 years – 5 years)

30

School Age (6 years – 11 years)

45

Middle School (12 years – 14 years)

20

High School (15 years – 19 years)

15

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

135

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

The Rainbow House location on Towne Drive is open 8:30a-4:30p, Monday through Friday. Rainbow House has a staff member on-call 24-7 for emergency situation and potential intakes.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Children must be under the age of 18 and can only be admitted by their legal guardian, whether that is Children's Division or a parent/caregiver. Crisis Care families must be experiencing a crisis as defined by our contract with Missouri Department of Social Services. The Children's Shelter is unable to serve children with extreme behavior concerns such as aggression or inappropriate sexual behaviors.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

To ensure access is available to those in need of service Rainbow House provides free and confidential services, which includes all service available through the Children's Emergency Shelter.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

The Children's Emergency Shelter is licensed by the Missouri Department of Social Services. The shelter applies for relicense every two years and is monitored throughout that time. The shelter has a Crisis Care contract through Missouri DSS and must abide by contract requirements. This contract has yearly audits regarding these standards.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

The Children's Emergency Shelter utilizes the Evidence-Based of models Positive Youth Development (PYD) and Trauma-Informed Care. Positive Youth Development is a framework that encourages healthy, productive, and engaged youth. The framework aims to build on a youth's strengths. (acf.hhs.gov) When trauma-informed care is utilized, a program realizes the impact of trauma, recognizes symptoms, and uses this knowledge when creating policies and procedures. These strategies will create a program culture that resists re-traumatization of clients. (samsha.gov)

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

The models used in the Children's Emergency Shelter create a supportive environment for children experiencing trauma and other hardships. Rainbow House recognizing that many of the children's and families we serve have experienced trauma and any out-of-home placement can be difficult for a child emotionally and psychologically. Trauma-informed care will maintain will supportive environment, while the Positive Youth Development approach will engages youth in building on their strengths and feeling empowered to grow and learn.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

In a study by ARCH National Respite Network of parents using crisis care who completed evaluations, "36% of parents said it was moderately or extremely likely that their children would have been placed in out-of-home care by authorities if crisis respite was not available." In the same study, 53% of parents reported that, if it were not for the availability of crisis care services, they would have kept their child with them in a situation that may be inappropriate for a child, left their child with someone that they did not feel comfortable with as a caregiver, left their children unattended, or would have requested out-of-home placement for their child. The data from this study also shows that the mean stress rating for parents decreased from 4.18- (on a 7 point scale) to 2.64, after using crisis respite. (FRIENDS National Resource Center)

In fiscal year 2016, 80% of parents who used the Rainbow House Shelter for crisis care who also completed evaluations reported a decrease in their stress levels between their children's admission and discharge.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Rainbow House Children's Emergency Shelter provides a unique service in our community – crisis care for children with caregivers who are experiencing an extremely stressful situation. When a parent/caregiver is in crisis it may impair their ability to adequately care for their children. Rainbow House is the only provider in the area that offer this service. Adding respite care services in 2016 enhanced the quality of services we were able to provide. Respite Care can support parents in crisis, who do not need an overnight stay, but are concerned about childcare during the day. While this care cannot be long term, it can support families while they work to resolves their current crisis. Rainbow House offers a home-like environment for children. The program staff have worked to create a space that is welcoming, fun, and most importantly, supportive of the children's needs.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

The most important method used for quality improvement is feedback from parents, caseworkers, and children. This feedback is given to program staff regularly and allows staff to adapt the program, within agency policies, to fit the needs of the consumers. The Shelter Director and Program Coordinator attend meetings quarterly with other crisis care providers. These meetings offer an opportunity to communicate with other providers and what works in their programs and what does not. Staff will also attend trainings and adapt what is learned to make the program for effective for the youth we serve.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Throughout their stay at Rainbow House, children give feedback the most by speaking to staff. Daily Logs record the child's activities throughout the day and any important statements they make. Feedback from parents is collected in a similar way, while a child is at Rainbow House. Crisis Care parents also give feedback at discharge through the Everyday Stressors Index and ARCH Evaluation. These assessments provide information about the parent's stress level and how helpful they found our crisis services. Follow-up calls with parents allow for feedback to be given to the Shelter Advocate regarding a child's stay and the parent's experience with Rainbow House. Caseworks also provide feedback throughout a child's stay. Many caseworkers give positive feedback, as well as suggestions, regarding policies such as: intake and admission, visitation, transportation, and others.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Rainbow House Children's Shelter receives referrals from Children's Division, Juvenile Office, case managers as well as parents/caregivers in the community who are in crisis. We refer parents/caregivers to a variety of other organizations including, but not limited to, the following: Central Missouri Food Bank, Columbia Housing Authority, Harbor House, Love, Inc., Burrell Behavioral Health, True North, Voluntary Action Center, Phoenix Programs, First Chance for Children, and others depending on the needs of the parent/caregiver. The shelter advocate participates in Net Meetings for early childhood providers and attends a variety of community outreach events, such as the Back to School Fair. Program staff aim to educate the community regarding Rainbow House services and make connections to a variety of agencies in our community.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Shelter Director	MQ1 Bachelor's in human services field, with at least 5 years supervisory experience in a childcare field	FTE1 0.50	SR1 FROM \$36,000.00	SR1 TO \$42,000.00
P2 Children's Shelter Program Coordinator	MQ2 High school diploma, with at least 5 years supervisory experience in a childcare field	FTE2 1.00	SR2 FROM \$28,000.00	SR2 TO \$36,000.00
P3 Shelter Clinical Coordinator	MQ3 Master's degree, licensed or provisionally licensed and under appropriate supervision	FTE3 0.50	SR3 FROM \$33,000.00	SR3 TO \$38,000.00
P4 Shelter Advocate	MQ4 Bachelor's in human services field	FTE4 0.50	SR4 FROM \$26,000.00	SR4 TO \$34,000.00
P5 Youth Specialists	MQ5 High school diploma or equivalent	FTE5 12.00	SR5 FROM \$21,500.00	SR5 TO \$28,000.00
P6	MQ6	FTE6 0.00	SR6 FROM \$0.00	SR6 TO \$0.00
P7	MQ7	FTE7 0.00	SR7 FROM \$0.00	SR7 TO \$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The Shelter Director will be responsible for most administrative tasks, program planning, grant writing, supervision of staff, and overall operation of the program. The Children's Shelter Program Coordinator will be responsible for day to day functioning of the shelter, maintain a safe environment, staff supervision, monitoring documentation and other data entry regarding youth we serve, and other tasks needed for efficient shelter operation. The Shelter Clinical Coordinator is responsible for individual therapy, family therapy, clinical case management, and facilitated group sessions when needed. The Shelter Advocate is responsible for case management with crisis care families, outreach in the community, setting behavioral goals with children/youth, and communication with caseworkers regarding a youth's stay. Youth Specialists provide daily care to the residents of the shelter and ensure basic needs are met, as well as appropriate activities based on developmental level. The Children's Shelter employs both full-time and part-time Youth Specialists. The shelter staffed by at least two Youth Specialists 24/7. The Shelter Director and Shelter Clinical Coordinator are both .5FTE, as they also have those same roles with the Homeless Youth Program at Rainbow House.

Minimum qualifications and salary ranges are set by the Board of Directors and Executive Director. Years of experience in this field is also taken into consideration when considering the education requirement.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
The Children's Emergency Shelter does receive and will reapply for Heart of Missouri United Way funding. This funding is provided through community donors and is designated through the Heart of Missouri United Way. These funds are not guaranteed.	\$5,866.56	1
B. Other United Ways (300 character limit)	1B	1B%
The Children's Emergency Shelter does receive funds from other Missouri and out-of-state United Way agencies.	\$4,200.00	1
C. Capital Campaigns (300 character limit)	1C	1C%
There are not any capital campaigns expected for 2017-2018.	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
This column contains income from general grants written specifically for the Children's Emergency Shelter. It also contains income from corporate donations specific to the department and trust and/or foundation income.	\$56,329.95	9
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
The Children's Emergency Shelter does not only rely on grants and United Way funds. They also pursue private donations from the community and through fundraisers throughout the year. Both in-house and third party fundraisers are included.	\$373,048.02	61
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Boone County Children Services Funding for Purchase of Service for the Children's Emergency Shelter services. This reflects the amount requested in this proposal for one year.	\$20,280.75	3
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %

	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
The City of Columbia eliminated the funding for this department.	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
The Children's Emergency Shelter receives a small amount of emergency funding for meals through FEMA and an ESG grant in the amount of \$27,500.	\$29,675.00	5
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
The Children's Emergency Shelter does receive funding through the State of Missouri Children's Division for cost of service; however, this funding does not cover 100% of total cost of a child's stay at Rainbow House.	\$120,000.00	20
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Interest on investment.	\$480.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Miscellaneous income from various sources.	\$192.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	610072.28	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$453,497.28	74
Personnel Narrative (300 character limit)		
This number includes salaries/wages, insurance benefits and payroll taxes for the Children's Emergency Shelter staff.		
2. Non-Personnel	2.	2. %
	\$156,575.00	26

Non-Personnel Narrative (300 character limit)

Includes all additional, necessary expenses excluding salaries/wages, insurance benefits and payroll taxes.

TOTAL PROGRAM EXPENSES	TOTAL EXPENSES
	610072.28

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$20,280.75

Total Amount Request from CSF

40561.5

Year 2 Total Request

\$20,280.75

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

Rainbow House works to obtain and maintain the necessary funding from a variety of sources to sustain the Children's Emergency Shelter. The shelter has contract for emergency foster care and crisis care with State of Missouri. The shelter also receives Emergency Solutions grant funding and small grants from other sources. However, additional funding is needed to cost of all services in the program.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Boone Impact Group. (2017). Housing Cost Burden-Adjusted. Retrieved July, 2017, from booneindicators.org
Boone Impact Group. (2017). Family Households with Children in Poverty. Retrieved July, 2017, from booneindicators.org
Boone Impact Group. (2017). Domestic Violence Incidents. Retrieved July, 2017, from booneindicators.org
Boone Impact Group. (2017). Substantiated Physical Abuse. Retrieved July, 2017, from booneindicators.org
Boone Impact Group. (2017). Substantiated Sexual Abuse. Retrieved July, 2017, from booneindicators.org
Boone Impact Group. (2017). Substantiated Neglect. Retrieved July, 2017, from booneindicators.org
Boone Impact Group. (2017). Family Households by Type. Retrieved July, 2017, from booneindicators.org
Family and Youth Services Bureau. (2017, February 7). Positive Youth Development. Retrieved July, 2017, from <https://www.acf.hhs.gov/fysb/positive-youth-development>
Centers for Disease Control and Prevention. (2012). Child Maltreatment: Risk and Protective Factors. Retrieved from <http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html>
Family Resource Information, Education, and Network Development Service. (2014). Benefits of Planned and Crisis Respite Care. Retrieved July, 2017, from www.friendsnrc.org
SAMSHA. (2015). Trauma-Informed Approach and Trauma-Specific Interventions. Retrieved July, 2017, from <https://www.samhsa.gov/nctic/trauma-interventions>

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	CHA Low-Income Services, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Youth Community Coalition Communities that Care Project
Amount of Request	\$140,122.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Community Collaboration

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Consulting/supporting local stakeholders to assess, organize and train the community for prevention of risky behaviors among their youth

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

A model for wellness set forth by The Robert Wood Johnson Foundation recommends promoting wellness at the community level. (Robert Wood Johnson Foundation, July 2014) As evidenced by YC2's success over the past 12 years, coalitions can be an asset when seeking to break down silos within a community and encourage a collaborative environment among community sectors. In keeping with this recommendation, our Community Collaboration Program Service (CCP) will continue maintenance of YC2 activities in the Columbia area and foster further organization among five emerging youth community coalitions outside Columbia to promote wellness at a local level. During the previous funding cycle, YC2 has helped to establish working youth coalitions in 4 of 5 communities outside Columbia and will seek to establish a fifth in Harrisburg during this cycle.

Consistent with our previous CSF community collaboration activities, this CCP will continue to assist Community Liaisons in each community to help assess and address the needs of their youth and to grow a sustainable network of citizens committed to making their town a better place for youth to grow up in. Under the proposed CCP, YC2 staff will continue to provide needed support with organizing meetings, bringing in training and activities for the community, and evaluating the progress in conjunction with MU IPP designed surveys and assessments.

Expanding upon the previous CCP, this proposal includes YC2 activities under the umbrella of the project, preparing the way for a larger Boone County wide youth coalition. While current YC2 members are already reaching out to engage with the new community coalitions, the proposed project formalizes this connection, streamlining YC2 collaboration goals with those of the emerging networks outside Columbia.

Also, this proposal moves community trainings and evaluations into CCP and will fully integrate the organizing and coalition support efforts with ongoing education and assessment services. As knowledge and understanding of the Strategic Prevention Framework for community organizing increase through ongoing trainings and assessments, community goals will become more focused and known throughout each community. We have also included Columbia as an assessed community in our evaluation package in this proposal.

While increasing the capacity of YC2 and the emerging coalitions in each community is the near term goal of this CCP, sustaining this activity is a longer term goal. Two specific longer term goals for this project include 1) the establishment of a sustainable Boone County youth coalition including all community coalitions, as well as, our partners in schools, agencies, business and government; and 2) securing significant federal funding that can enhance the support provided by Boone County CSF to help make all of Boone County a better place for youth.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 hour of supportive services to one individual

b. Unit Rate (#1)

\$54.01

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

The Services proposed here seem comparable to Non-Therapeutic Counseling as described by the St. Louis County Children's Services Fund: Counseling or coaching sessions for children and/or parents without a mental illness or behavioral disturbance for the purpose of adding or reinforcing protective factors. The CSF approved rate for this service is \$107.47. (St. Louis County CSF, Jan. 2016)

d. Total Number of Units of Service to be Provided (#1)

2400

e. Total Number of Unduplicated Individuals (#1)

175

f. Average Number of Units of Service per Unduplicated Individual (#1)

13.71

g. Average Cost of Service per Individual (#1)

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Charging a fee for participation could discourage the voluntary participation of youth and adults who influence the community environment in which youth develop.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

There are no fees for the proposed service to be billed to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$45.75	1a2. 1621	1a3. \$74,169.40
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$129,622.00

b. Proposed Number of Units of Service (#1)

2399.96

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

YC2 has made great strides during the previous funding cycle for this CTC program, establishing youth focused coalitions in four Boone County communities. We want to continue this momentum and support for these communities as they move toward independent status and funding. YC2 contemplates a joint proposal for federal Drug Free Communities funding to support the work of all coalitions within the next three years.

YC2 is requesting additional funding for its main coalition work due to potential changes in its current funding and the need to support a full time position to continue this work.

Service #1- Performance Measures**Outcome (1-1)**

Multiple community sectors are engaged and representatives recruited to support or become part of local coalition.

Indicator (1-1)

Membership represents 12 sectors of the community recruited to support or become part of local coalition.

Method of Measurement (1-1)

Membership Roster, Collaborative Agreements

Additional Outcome (1-2)

Coalition members are committed to membership and processes

Additional Indicator (1-2)

90% of coalition members attend at least 6 meetings, and 2 non-meeting training sessions annually.

Additional Method (1-2)

Attendance rosters

Additional Outcome (1-3)

Coalition members take active responsibility for writing and implementing their community prevention plan.

Additional Indicator (1-3)

95% of coalition members will state they understand the goals and objectives of the coalition.

Additional Method (1-3)

Coalition Assessment conducted annually by IPP

Additional Outcome (1-4)

Coalition members take active responsibility for writing and implementing their community prevention plan.

Additional Indicator (1-4)

90% of coalition members are involved in identifying and writing the coalition's prevention plan.

Additional Method (1-4)

Attendance rosters, Staff notes

Additional Outcome (1-5)

Coalition members take active responsibility for writing and implementing their community prevention plan.

Additional Indicator (1-5)

At least one evidence based strategy will be introduced in each community.

Additional Method (1-5)

Meeting Minutes, Event Rosters, News Coverage

Service #1 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

Outcome 1, 1-2, and 1-3 relate directly to the goal of creating a local coalition. Stakeholders must be engaged and recruited to create a core group who can then take part in the assessments and training provided by the YC2 CTC. The core group of stakeholders remains important for championing the coalition's activities as they help create an environment that is rich with protective factors and promote a whole health approach to behavioral health and substance abuse prevention.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

The readiness of each community to address behavioral health issues varies. YC2 CTC continues to provide ongoing assessment to the communities to determine evidenced based responses given individual levels of readiness. Also, communities are made up of unique sub-populations and sub-systems that often have turf issues to overcome. Integrating the YC2 Coordinator into each coalition so that they can act as a neutral third party and bring an outside perspective to the community's current state seeks to lessen the effect of these issues.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

The measurement levels are higher than the normal 80 - 20 rule because coalition members are expected to be recruited for their affinity with the idea of prevention and positive youth development. It is less than 100% to allow for unforeseen demands on coalition members that might limit the time they can give to this voluntary activity.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The Institute for Public Policy is a respected organization conducting multiple assessment and evaluation efforts in the County. Their assessments will be conducted according to their high standards. The YC2 Coordinator will be keeping attendance records, meeting minutes, and membership rosters. They will also be drawing up the written prevention plan as it is decided upon by the coalition members. Ready access will help to monitor these documents.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Positive Youth Development

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Activities designed to increase protective factors and reduce risk factors in youth

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Positive Youth Development (PYD) is a model for youth support emphasizing strengthening of individual and community resources necessary to reduce risk factors and increase protective factors for youth as they grow up in their respective communities. (Search Institute, 2011) YC2 has successfully implemented dozens of PYD programs and events over its 12 year history and seeks to bring more of these activities to youth outside Columbia with the current CSF proposal.

The foundation of our approach in this area is the idea that all youth require access to specific basic assets in order to grow up into productive adults. The more of these assets a community can provide or make readily available, the greater the likelihood a child will grow up with the ability to avoid risky choices and instead make positive ones. PYD activities seek to provide internal assets for youth through direct contact with them but also external assets for youth by strengthening the community environment within which they are developing. Additionally, rather than target one specific type of risky behavior to avoid, the PYD approach affects a youth's ability to avoid any risky choice that he or she might encounter.

To implement such an approach with our PYD program, YC2 will continue to support activities targeted at youth ages 6-19 in the Columbia area like peer education at local high schools; leadership trainings for high school youth as well as the Columbia Youth Advisory Council; partnering with schools and member agencies for events like U Matter, ParentUp, ShredFest, Rock the Community, and National Night Out among others; and bring local and national speakers for youth enrichment on topics such as substance use, bullying, and reducing risk factors in their lives.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

1 hour of service for 1 individual

b. Unit Rate (#2)

\$15.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

The Services proposed here seem comparable to Community Support Services as described by the St. Louis County Children's Services Fund: Coaching sessions designed to educate or reinforce lessons learned for the purpose of reducing risk factors. The CSF approved rate for this service is \$13.25 per 15 minute unit (\$53 per hour). (St. Louis County CSF, Jan. 2016)

d. Total Number of Units of Service to be Provided (#2)

700

e. Total Number of Unduplicated Individuals (#2)

350

f. Average Number of Units of Service per Unduplicated Individual (#2)

2

g. Average Cost of Service per Individual (#2)

30

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Any strategies and events must be easily accessible. Charging a fee for participation could limit participation of the most vulnerable youth and discourage the voluntary participation of adults who influence the community environment in which youth develop.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

No applicable fees to be billed to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$30.20	193	\$5,830.60
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$10,500.00

b. Proposed Number of Units of Service (#2)

700

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

PYD activities are at the heart of YC2's prevention work in Boone County. The communities currently forming coalitions under this project still lack the capacity to provide these activities for their youth on their own. This program service helps them begin this kind of prevention work while organizing greater capacity and sustainability through other funding sources for their activities. An increase in funding from the previous cycle reflects the addition of YC2 PYD activities into the budget, as well as, increased activity in each community outside Columbia.

Service #2 - Performance Measures

Outcome (2-1) Youth attitudes toward substance use change	Indicator (2-1) 10% reduction in number of youth who report use of substances in the past 30 days	Method of Measurement (2-1) Missouri State Student Survey (Boone County Statistics), Cradle to Career Survey, or other
Additional Outcome (2-2)	Additional Indicator (2-2) 10% reduction in number of youth reporting that using substances could be harmful	Additional Method (2-2) Missouri State Student Survey (Boone County Statistics), Cradle to Career Survey, or other
Additional Outcome (2-3)	Additional Indicator (2-3) 10% reduction in number of youth reporting that their parents would disapprove of them using substances	Additional Method (2-3) Missouri State Student Survey (Boone County Statistics), Cradle to Career Survey, or other
Additional Outcome (2-4)	Additional Indicator (2-4) 10% reduction in number of youth who report that their friends use substances	Additional Method (2-4) Missouri State Student Survey (Boone County Statistics), Cradle to Career Survey, or other
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

Preventing substance use among youth is key to improving the overall behavioral health of Boone County. The SAMHSA Drug Free Community Program requires its funded coalitions to track these National Outcome Measures.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Some school districts do not participate in the Missouri State Student Survey in Boone County and data is only reported every two years. It may be necessary to find a suitable alternative for this reporting device. Conversation is ongoing with the Boone County Cradle to Career Alliance, Boone County/Columbia Department of Public Health and Human Services, and Boone County Schools Mental Health Coalition.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

These measurement levels are the same measurements that YC2 has set for the STOP Act grant, which has provided some match for YC2 CTC in the previous funding cycle.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The Missouri State Student Survey used to be conducted every other year and has been an important marker for coalitions for more than a decade. Other methods however are being developed using similar questions, and may be able to meet the needs of the Boone County coalitions and subsequent prevention network as they seek funding from other national sources.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click [here](#) to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click [here](#) to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

b. Service #4 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)**
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)**
- Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)**
- Provide a rationale for each method of measurement (#4) (600 character limit)**

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. [Click here to view document.](#) (#5)

- Service #5 - Taxonomy of Service Name (150 character limit)**
- Service #5 - Taxonomy Definition of Service (300 character limit)**
- Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)**

Service #5 - Outputs

- Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)**
- Unit Rate (#5)**
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

- Is the proposed Unit Rate (#5) tied to an established public funding rate?**

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

- Total Number of Units of Service to be Provided (#5)**

0

- Total Number of Unduplicated Individuals (#5)**

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any

other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

140122



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Child Abuse & Neglect Emergency Shelter, Inc
dba Rainbow House

Address:

1611 Towne Dr Columbia MO 65202

Phone Number:

573 474-6600

Fax Number:

573 474 5992

E-mail:

jbakutes@rainbowhousecolumbia.org

Authorized Representative Signature:

Janie Bakutes Date: 11-29-17

Authorized Representative Printed Name:

Janie Bakutes

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Collins	Heartland Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank B.C.	874-8506	874-8432
8.	Bob Hull	US Bank	446-3394	446-2061
9.	Joe Ritter	Landmark Bank	441-2818	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

23.	Bonnie Layton	Central Bank	874-8501
24.	Jennifer Hickman	US Bank	446-6736
25.	Erica Wright	US Bank	623-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

46.	Julia Lutz	IT		
47.	Aaron Gas	IT		
48.	Denise Abney	Collector		
49.	Denise Abney	Collector		
50.	TOM DARROU	TREAS		
51.				
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 – Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

- a. You included the following requested attachments:
- Attachment A 2017 Organization Assurance Sheet
 - Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
 - Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r, Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Child Abuse & Neglect Emergency Shelter, Inc.
dba Rainbow House

Address:

1611 Towne Dr
Columbia MD 21042

Phone Number:

573
474 6600

Fax Number:

573
474 5992

E-mail:

jbakutes@rainbowhousecolumbia.org

Authorized Representative Signature:

Janie Bakutes Date: 11-29-17

Authorized Representative Printed Name:

Janie Bakutes



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Response Form. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Child Abuse & Neglect Emergency Shelter, Inc.
c/o Rainbow House

Address:

1611 Towne Drive
Columbia MO 65202

Phone Number:

573
474 6600

Fax Number:

573
474 5992

E-mail:

jbakutes@rainbowhousecolumbia.org

Authorized Representative Signature:

Janie Bakutes

Date: 11-29-17

Authorized Representative Printed Name:

Janie Bakutes

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 ext	874-0681
4.	Shelly Lock	CCAMO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Jim Arttag	U. of Mo CFPR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Fink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LECS	573-815-9955	
14.	Kelsey Luck	Rainbow House	573-473-2563	
15.	Ron Bone	YC2	573-554-7041	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	John	Tree Top LLC	886-4390	
3.	Ernestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klossner	CMCA BRIDGE	573-427-7897	
5.	Merrick King	CMCA Bridge	573-999-4179	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A'	573-742-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madeline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB/MH	573-825-5859	
12.	Vicki Dawett	EG-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Mike Kiessling	Kiessling & Assoc.	573-584-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Boring	SOAR	573-884-6384	
17.	Carole Schub	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(777) 600-5218	
19.	Becky Markt	CHA Low-Income Sres	573-443-2556	0551
20.	Gay Littleton	MLJ.CLC	573-449-5600	573-815-1535
21.	Miriam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Cheryl	WV Bridge	268-5129	
24.	Billy Polansky	CCWA	514 4174	
25.	Bethrice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys & Girls Club	268 8549	
28.	Mark Brackel	The Food Bank	474 1020	
29.	Jason Beard	PCHA S	314-9899727	
30.	Heather Dimmitt	H. Fletcher PPS	573-824-3677	
31.	Lance Bang-Walker	Rep of Bych	884-6136	
32.	Michelle Shitler	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Kelly Hill	Heart of MO CASA	442-4670	N/A
23.	Jim Hunt	Grade A Plus	573-268-4172	
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COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymmo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of _____)
) ss
 State of _____)

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Date _____

Printed Name _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

Page 14 of 14



CHILABU-01

LFRANKE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/27/2017

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

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

PRODUCER The Insurance Group-Col 200 East Southampton Drive Columbia, MO 65203	CONTACT NAME: Lisa M. Franke	
	PHONE (A/C, No, Ext): (573) 875-4800	FAX (A/C, No): (573) 875-4514
	E-MAIL ADDRESS: lfranke@tigadvisors.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company	18058
	INSURER B : Missouri Employers Mutual Insurance Company	10191
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
Child Abuse & Neglect Emergency Shelter DBA The Rainbow House
1611 Towne Drive
Columbia, MO 65202

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	PHPK1682100	07/11/2017	07/11/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1682100	07/11/2017	07/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB592599	07/11/2017	07/11/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	MEM1023534-09	07/11/2017	07/11/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

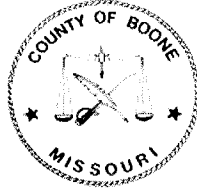
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

County of Boone - Missouri is Additional Insured on the General Liability, with Waiver of Subrogation, but only to the extent provided in policy forms CG2026 and CG2404.

CERTIFICATE HOLDER

CANCELLATION

County of Boone - Missouri 613 E. Ash, Room 110 Columbia, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Lisa M. Franke</i>



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract

Homeless Youth Program

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Child Abuse & Neglect Emergency Shelter, Inc., dba Rainbow House** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **RH**.

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

WHEREAS, RH has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY RH

RH is expected to the greatest extent possible to maximize funding from all other sources. RH shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. RH shall only request reimbursement for services not reimbursable by any other source. RH shall not invoice the Children's Services Fund for units of service invoiced to another funding source. RH shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** RH will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and RH's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over RH's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from RH and RH agrees to furnish the **Homeless Youth Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in RH's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$11,629.25** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. RH agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of RH be renewed for **an additional one (1), one-year period**. RH agrees and understands that the BCCSB may require supplemental information to be submitted by RH prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
24-Hour Emergency Shelter	One day	\$101.81	50	\$5,090.50
Individual Therapy – Child	One hour	\$122.53	20	\$2,450.60
Case Management	15 minutes	\$9.52	350	\$3,332.00
Clinical Case Management	15 minutes	\$19.07	25	\$476.75
Positive Youth Development	One hour	\$13.97	20	\$279.40

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty

days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of RH, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by RH to monitor service delivery and program expenditures. RH agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by RH and, if so stipulated, are noted on this contract document. Payments may be withheld from RH if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. RH agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

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

inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** RH may enter into subcontracts for components of the contracted service as RH deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services

under the resulting contract agreement, RH shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. BCCSB may terminate this agreement should RH fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, RH shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the RH for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, RH agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Child Abuse & Neglect Emergency Shelter, Inc., dba Rainbow House** (meaning anyone, including but not limited to consultants having a contract with RH or subcontractor for part of the services), or anyone directly or indirectly employed by RH, or of anyone for whose acts RH may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

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

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

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

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

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

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

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

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

Any written notice or communication to RH shall be mailed or delivered to:

Child Abuse & Neglect Emergency Shelter, Inc., dba Rainbow House
Janie Bakutes
1611 Towne Dr.
Columbia, MO 65202

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

**Child Abuse and Neglect Emergency
Shelter, Inc., dba Rainbow House**

By: Janie Bakutes
Signature

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

By: Janie Bakutes, Executive Director
Printed Name/ Title

Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk DKB

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

June Pitchford by jj 12/20/2017 (2161/71106/\$11,629.25)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 1, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Child Abuse & Neglect Emergency Shelter, Inc.

Address: 1611 Towne Drive Columbia MO 65201

Telephone: 573.474.6600 Fax: 573.474.5992

Federal Tax ID (or Social Security #): 43-1390192

Print Name: Janie Bakutes Title: Executive Director

Signature:  Date: 10/31/2017

E-mail: jbakutes@rainbowhousecolumbia.org

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Child Abuse & Neglect Emergency Shelter
Name of Program	Homeless Youth Program

Organization Profile	
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1. Advisory Board – There are no Advisory Board members listed but three years is entered as the board term.

Action Required: Provide clarification in the box below.

Advisory Board members are no listed on the organization profile.

2. Employee Compensation – The Office Manager’s salary is listed as the same as the Executive Director (\$50,000) and other director salaries are listed from \$38,000 – \$45,000. The benefits for the Office Manager are also significantly higher than the Executive Director and other directors.

Action Required: Provide a narrative explanation in the box below.

Salaries for administrative positions are based on years of service in a particular position. Our Office Manager has been in that position for more than ten years; our ED has been in that position for 2+. Our agency benefit total reported for each position includes health insurance. Obviously, not all admin staff have need for agency health insurance and for those who do, premiums are based on age of the employee and family size. Additionally, if an employee is in our 401K plan, agency matches up to 3% and that amount is included in each total.

Proposal Cover Sheet	
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3. Required Attachments – None of the Signed Addendums and the Attachments were uploaded to the appropriate field.

Action Required: Upload Attachments A, B, C, and the Signed Addendums in Apricot’s Proposal Cover Sheet. **Files are attached to this email. I was unable to upload the attachments, as the application was locked on Apricot.**

Program Overview Form	
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4. Consumer Demographics – There are only 15 youth listed to receive this service. The number of consumer demographics served should be for the entire program, not just Children’s Services Funding.

Action Required: Will more than 15 youth be served? Provide an explanation in the box below.

This is for the entire program. Transitional living is long-term, up to 18 months, and we only have 4 beds available. Unlike emergency services, we serve fewer youth, for a longer amount of time. Now that street outreach services have been moved to another contract, and other services will become available in Boone County we believe, including street outreach, the total served could increase to 25 youth.

5. Program Budget – Last year’s renewal amount for the HYP was \$21,778.35. As of 10/2/17 only \$7,261.40 had been utilized. The current request for funding is \$49,206.67 but after removing the Street Outreach the total request would be \$46,589.67.

Action Required: Considering the current utilization information, you will need to provide an updated request and justification for all the services in the box below. Provide updated information in the attached ‘Service Change Chart’ that reflects current contract utilization.

Please provide your best and final offer.

The number of units proposed to the county is reduced. In the past we had difficulties estimated the number of units needed because our program also provides services to 20-21 year old youth, which are no covered by this contract. The number given in this offer is a more conservative estimate. The final proposed amount is \$11,629.26 for one year of services.

Program Services Form (1-5) (6-10)

6. Service 1- 24-Hour Emergency Shelter/Outputs- Is the Children’s Services Fund the only funder for this service? If not, complete the chart below with figures representing all funding sources.

Action Required: Complete the chart below to reflect all funding sources for a homeless youth bed night. If there are no other funders move on to the next question.

24-Hour Emergency Shelter	
d. Total Number of Units of Services to be Provided (#1):	180
e. Total Number of Unduplicated Individuals (#1):	10

7. Service 1- 24-Hour Emergency Shelter/Funding Request – Based on our current utilization records, as of August there have only been 32 units utilized. There are still 68 units not utilized. *Action Required:* Complete the ‘Program Outputs and Funding Request Table’ and the ‘Service Change Chart’ below to reflect an updated request based on this information. This must be your best and final offer. Provide justification for this request in the field box below.

The number of units proposed to the county is reduced. In the past we had difficulties estimated the number of units needed because our program also provides services to 20-21 year old

youth, which are not covered by this contract. The number given in this offer is a more conservative estimate.

8. Service 2- Transitional Shelter/Outputs/Funding Request- The Children's Services Fund can't pay for Transitional Shelter. The Missouri statute specifically states that funds can only be invested to address up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth. If there are other funding sources for this service it will still need to be included in Outputs section but your funding request would be zero.

Action Required: Complete the chart below to reflect all funding sources for the Transitional Shelter bed night. If there are no other funders, then enter 0, in the box.

Transitional Shelter	
d. Total Number of Units of Services to be Provided (#2):	720
e. Total Number of Unduplicated Individuals (#2):	6

Action Required: Provide information in the field box below on other funders for this service, if any.

The City of Columbia has provided funding in the past and a proposal has been submitted to continue this funding.

9. Service 3- Individual Therapy/Name, Definition, and Description – This service should be reflected as Individual Therapy – Child.

Action Required: Complete the 'Program Outputs and Funding Request Table' and the 'Service Change Chart' below to reflect the correct name. Provide any notes in the field box below.

Changes have been made to the attached charts.

10. Service #3 – Individual Therapy - Child/Outputs - Is the Children's Services Fund the only funder for this service? If not, complete the chart below with figures representing all funding sources.

Action Required: Complete the chart below to reflect all funding sources for a homeless youth bed night. If there are no other funders move on to the next question.

Individual Therapy - Child	
d. Total Number of Units of Services to be Provided (#3):	100
e. Total Number of Unduplicated Individuals (#3):	6

11. Service 3- Individual Therapy - Child /Funding Request – Based on our current utilization records, as of August there have only been 2 out of the 25 units utilized.

Action Required: Complete the 'Program Outputs and Funding Request Table' and the 'Service

Change Chart' below to reflect an updated request based on this information. This must be your best and final offer. Provide justification for this request in the field box below.

The number of units proposed to the county is reduced. In the past we had difficulties estimated the number of units needed because our program also provides services to 20-21 year old youth, which are no covered by this contract. The number given in this offer is a more conservative estimate.

12. Service #4 – Case Management - Child/Outputs - Is the Children's Services Fund the only funder for this service? If not, complete the chart below with figures representing all funding sources.
Action Required: Complete the chart below to reflect all funding sources for case management. If there are no other funders move on to the next question.

Case Management	
d. Total Number of Units of Services to be Provided (#4):	500
e. Total Number of Unduplicated Individuals (#4):	10

13. Service #4 – Case Management – Will youth using the 24-hour Emergency Shelter use this Case Management Service? If they are, are these units/individuals factored into the output section?
Action Required: Provide a response in the field below. Make any necessary changes in the 'Program Outputs and Funding Request Table' and the 'Service Change Chart' below.

Yes. The youth using emergency shelter will use case management services as well. That number will be reflected in the output section.

14. Service #5- Clinical Case Management/Outputs- Is the Children's Services Fund the only funder for this service? If not, complete the chart below with figures representing all funding sources.
Action Required: Complete the chart below to reflect all funding sources for clinical case management. If there are no other funders move on to the next question.

Clinical Case Management	
d. Total Number of Units of Services to be Provided (#5):	72
e. Total Number of Unduplicated Individuals (#5):	6

15. Service #6– Street Outreach/Outputs – This portion of your request has been moved over to the Homeless Youth Program: Youth Outreach Team program. We will still need to keep track of this data here as well as the new program. Update the Output section to match what is going to be in your other contract as well as funding from other organizations. We report on all the services in the Homeless Youth Program.

Action Required: Make changes in the 'Program Outputs and Funding Request Table' and the 'Service Change Chart' below. Provide any comments in the field below.

Changes have been made to the attached chart to reflect one year of street outreach in the

Youth Homelessness contract.

16. Service #6– Street Outreach/Funding Request – This section would show a zero for both a. and b. because you wouldn't see any funding from this contract.

Action Required: Make changes in the 'Program Outputs and Funding Request Table' and the 'Service Change Chart' below. Provide any comments in the field below.

Changes have been made to the attached charts.

17. Service #7- Positive Youth Development - Is the Children's Services Fund the only funder for this service? If not, complete the chart below with figures representing all funding sources.

Action Required: Complete the chart below to reflect all funding sources for Positive Youth Development. If there are no other funders move on to the next question.

Positive Youth Development	
d. Total Number of Units of Services to be Provided (#7):	72
e. Total Number of Unduplicated Individuals (#7):	6

18. Service 7- Positive Youth Development /Funding Request – Based on our current utilization records, as of August there have only been 6 out of the 30 units utilized.

Action Required: Complete the 'Program Outputs and Funding Request Table' and the 'Service Change Chart' below to reflect an updated request based on this information. This must be your best and final offer. Provide justification for this request in the field box below.

The number of units proposed to the county is reduced. In the past we had difficulties estimated the number of units needed because our program also provides services to 20-21 year old youth, which are no covered by this contract. The number given in this offer is a more conservative estimate.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

19. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #1 – Taxonomy of Service Name: 24 Hour Emergency Shelter			
Service #1 – Taxonomy Definition of Service: Emergency shelter provided for a 24-hour period for up to 30 days within a one-year period. Services may be provided on a first-come, first served, or reserved basis. Program consumers should be provided meals and have access to bathing and laundry facilities			
Provide a detailed description of the proposed service: Emergency Shelter will be provided to youth ages 16-21, who are homeless or at-risk for homelessness. Emergency Shelter will have a abbreviated admission process in comparison to the Transitional Living Program. Emergency Shelter is available for no more than 30 day and will typically be kept at less than 2 weeks. At this time, the Homeless Youth Program has one bed available specifically for Emergency Shelter. Preference for this bed will be given to youth 16 and 17 years old, as they are not able to access adult shelters. Rainbow House will communicate and refer with adult shelters when youth are 18 or over. While receiving Emergency Shelter the individual will have access to bathing and laundry facilities, as well as food, clothing, toiletries, and other basic needs. Youth will receive case management services, while staying at the shelter. Street Outreach services may be used to connect youth to emergency shelter.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
24 hours day	\$101.81	180	10
Funding Request			
Amount Requested to Boone County: \$5,090.50		Proposed Number of Units of Service: 50	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
To improve the safety and well-being of homeless youth in Columbia	100% of youth residing in the program will have provided safe shelter and basic needs		Resident service plans, intake and discharge documentation
To improve the safety and well-being of homeless youth in Columbia	90% of youth residing in the program will safely return home for reunification or transition into a safe, stable living environment		Resident transitional living plans, resident service plans and aftercare documentation

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Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #2 – Taxonomy of Service Name: Transitional Shelter			
Service #2 – Taxonomy Definition of Service: 24-hour shelter provided beyond the initial 30 days of 24-hour emergency shelter provided within a one-year period. Program consumers should be provided meals and have access to bathing and laundry facilities. Supportive services should be provided in conjunction with the transitional shelter.			
Provide a detailed description of the proposed service: Transitional Shelter will be provided to youth ages 16-21 for up to 18 months. Youth apply for the program and participate in an interview with program staff before an admission determination is made. Youth in the program will participate in case management, individual therapy, life skills classes, and educational and employment opportunities. While in the program individuals will have access to bathing and laundry facilities, as well as food clothing, toiletries, and other basic needs. Housing, education, and employment are the main priorities while youth are participating in the Transitional Living Program.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 bednight	\$101.81	720	6
Funding Request			
Amount Requested to Boone County: \$0		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
To improve the safety and well-being of homeless youth in Columbia	100% of youth residing in the program will have provided safe shelter and basic needs	Resident service plans, intake and discharge documentation	
To improve the safety and well-being of homeless youth in Columbia	90% of youth residing in the program will safely return home for reunification or transition into a safe, stable living environment	Resident transitional living plans, resident service plans and aftercare documentation	

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #3 – Taxonomy of Service Name: Individual Therapy - Child			
Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of the session remains on the individual's treatment plan			
Provide a detailed description of the proposed service: Youth are required to participate in individual therapy while staying in the transitional living program. If youth do not receive therapy through an outside provider, therapy is provided by the Shelter Clinical Coordinator. Therapy is provided at least weekly, but an occur more often if indicated. The therapist will create a treatment plan for each resident that addresses mental health concerns and goals. Therapy methods utilized could include Cognitive Behavioral Therapy, Motivational Interviewing, and other types of talk therapy. Therapist and youth will collaborate to determine what best fits the youth's needs. Therapist will make referrals for psychiatry services, if needed.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour	\$122.53	100	6
Funding Request			
Amount Requested to Boone County: \$2,450.60		Proposed Number of Units of Service: 20	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
To increase the mental health functioning of youth residing in the Homeless Youth Program	70% of youth participating in therapy will show an increase in positive coping skills	Therapy progress summary, staff documentation of youth's behaviors and activities	

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #4 – Taxonomy of Service Name: <i>Case Management</i>			
Service #4 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management.			
Provide a detailed description of the proposed service: Case management services are required for all youth staying the program. Youth will meet with the Program Coordinator 1-3 times a week, depending on their progress in the program. Upon admission into the program, the youth will create a service plan with the Program Coordinator and Shelter Clinical Coordinator. This service plan will address the long-term goals important to the youth, including housing, employment, and education. This service plan is used to create the weekly and monthly short-term goals and action steps set by the youth. The Program coordinator uses the service plan to guide case management and reviews the plan quarterly to make necessary updates.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$9.52	500	10
Funding Request			
Amount Requested to Boone County: \$3,332		Proposed Number of Units of Service: 350	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
To improve the safety and well-being of homeless youth in Boone County by increasing access to community resources and social services	90% of youth seeking services through the Homeless Youth Program will be connected with an outside agency to address treatment goals		Service plan and after care plans

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #5 – Taxonomy of Service Name: Clinical Case Management			
Service #5 – Taxonomy Definition of Service: Case management for individuals or families that need services, provided by a qualified mental health professional			
Provide a detailed description of the proposed service: Clinical Case Management addresses the mental health goals of youth, specifically those that do not participate in therapy at Rainbow House. The Shelter Clinical Coordinator will meet with you monthly regarding their mental health goals, including psychiatry or any outpatient substance abuse treatment. This category of case management will only be provided by the Shelter Clinical Coordinator or Shelter Director, as both are currently qualified mental health professionals.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$19.07	72	6
Funding Request			
Amount Requested to Boone County: \$476.76		Proposed Number of Units of Service: \$25	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
To improve the safety and well-being of homeless youth in Boone County by increasing access to appropriate mental health resources	90% of youth seeking services through the Homeless Youth Program will be connected to the appropriate mental health services (ie: psychiatric care, substance abuse counseling, etc.)	Clinical case notes, service plan and after care plans	

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #6 – Taxonomy of Service Name: Street Outreach			
Service #6 – Taxonomy Definition of Service: Builds relationships with individuals experiencing unsheltered homelessness to identify and address needs by providing information and linking to resources			
Provide a detailed description of the proposed service: Street Outreach is provided to youth ages 16-21, who are currently street homeless or at immediate risk of becoming street homeless. The Program Coordinator provides street outreach services to youth who are not staying in the program but need access to resources. These services are typically community based and can include referral to other agencies, assistance obtaining important documents, obtaining needed clothing items, brief mental health screenings, and other services. Program staff follow-up with youth served through street outreach, when needed. Youth may participate in street outreach services only once or for several weeks, depending on their needs. Program staff promote safe and stable housing at the primary goal when providing street outreach services.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$20.78	150	15
Funding Request			
Amount Requested to Boone County: \$0		Proposed Number of Units of Service: \$0	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
To increase access to services for at-risk, runaway, and unsheltered homeless youth in Boone County	80% of youth served will be connected with services Boone County		Street outreach summary notes, follow-up notes

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #7 – Taxonomy of Service Name: Positive Youth Development			
Service #7 – Taxonomy Definition of Service: Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.			
Provide a detailed description of the proposed service: Positive Youth Development is the framework used for the Homeless Youth Program. As a service it weekly life skills classes and community meetings. The classes are taught by program staff, typically the Program Coordinator. Classes cover a variety of life skills such as: budgeting, healthy relationships, cleaning, resume writing, coping skills, and many others. The classes are based on the results of the residents' Casey Life Skills assessments. This allows for the classes to be most effective. Youth can build on their strengths, as well as address their struggles. The community meeting aspect of Positive Youth Development, allows for youth to practice important skills such as advocating for themselves, giving and receiving constructive criticism, and other interpersonal skills.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour (to be billed per youth)	13.97	72	6
Funding Request			
Amount Requested to Boone County: \$279.40		Proposed Number of Units of Service: 20	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
To increase self-sufficiency of youth residing in the Homeless Youth Program	90% of youth will participate in weekly life skills classes while residing in the program	Sign-in sheets for life skills and staff documentation	
To increase self-sufficiency of youth residing in the Homeless Youth Program	70% of you participating in like skills classes will show an increase in subject knowledge	Case Life skills assessment, pre/posttest surveys for each life skills class	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Child Abuse and Neglect Emergency Shelter, Inc. dba. Rainbow House				
Program Name: Homeless Youth Program				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Emergency Shelter	24 hour day	\$101.81	180	10
Transitional Shelter	1 bed night	\$101.81	720	6
Individual Therapy-Child	1 hour	\$122.53	100	6
Case Management	15 minutes	\$9.52	500	10
Clinical Case Management	15 minutes	\$19.07	72	6
Street Outreach	15 minutes	\$20.78	150	15
Positive Youth Development	1 hour (to be billed per youth)	\$13.97	72	6

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Emergency Shelter	\$5,090.50	50
Individual Therapy-Child	\$2,450.60	20
Case Management	\$3,332.00	350
Clinical Case Management	\$476.76	25
Positive Youth Development	\$279.40	20
Transitional Shelter	\$0	0
Street Outreach	\$0	0
Development/Start Up Service Funding	\$0	
Total Amount Requested to Boone County:	\$11,629.26	



Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIUDALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

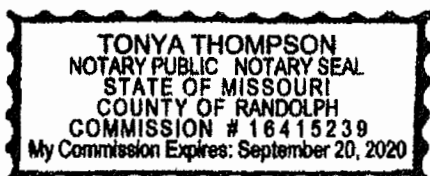
County of Boone)
)ss
State of Missouri)

My name is Janie Bakates I am an authorized agent of Child Abuse & Neglect
Emergency Shelter (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Janie Bakates 10-25-17
Affiant Date
Janie Bakates
Printed Name

Subscribed and sworn to before me this 25th day of October, 2017.



Tonya Thompson
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Janie Bakutes, Executive Director
Name and Title of Authorized Representative

Janie Bakutes 10-24-17
Signature Date

ATTACHMENT A

AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Agency Strategic Plan
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect (If applicable)
- Agency Statement of Confidentiality

Janie Bakutes
Printed Name - Agency Executive Director/President/CEO

10-24-17
Date

Janie Bakutes
Signature - Agency Executive Director/President/CEO

10-24-17
Date

Melissa A. Faurot
Printed Name - Agency Board Chair

10-24-17
Date

Melissa A. Faurot
Signature - Agency Board Chair

10-24-17
Date

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 23, 2017

Child Abuse and Neglect Emergency Shelter, Inc.
Attn: Janie Bakutes, Executive Director
1611 Towne Drive
Columbia, MO 65202
jbakutes@rainbowhousecolumbia.org

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Bakutes:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda Bobbitt", with a stylized flourish at the end.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Kelsey Louder – klouder@rainbowhousecolumbia.org

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Child Abuse & Neglect Emergency Shelter
Name of Program	Homeless Youth Program

Organization Profile	
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1. Advisory Board – There are no Advisory Board members listed but three years is entered as the board term.

Action Required: Provide clarification in the box below.

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2. Employee Compensation – The Office Manager’s salary is listed as the same as the Executive Director (\$50,000) and other director salaries are listed from \$38,000 – \$45,000. The benefits for the Office Manager are also significantly higher than the Executive Director and other directors.

Action Required: Provide a narrative explanation in the box below.

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Proposal Cover Sheet	
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3. Required Attachments – None of the Signed Addendums and the Attachments were uploaded to the appropriate field.

Action Required: Upload Attachments A, B, C, and the Signed Addendums in Apricot’s Proposal Cover Sheet.

Program Overview Form	
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4. Consumer Demographics – There are only 15 youth listed to receive this service. The number of consumer demographics served should be for the entire program, not just Children’s Services

--

Funding.

Action Required: Will more than 15 youth be served? Provide an explanation in the box below.

--

5. Program Budget – Last year’s renewal amount for the HYP was \$21,778.35. As of 10/2/17 only \$7,261.40 had been utilized. The current request for funding is \$49,206.67 but after removing the Street Outreach the total request would be \$46,589.67.

Action Required: Considering the current utilization information, you will need to provide an updated request and justification for all the services in the box below. Provide updated information in the attached ‘Service Change Chart’ that reflects current contract utilization.

Please provide your best and final offer.

--

Program Services Form (1-5) (6-10)

6. Service 1- 24-Hour Emergency Shelter/Outputs- Is the Children’s Services Fund the only funder for this service? If not, complete the chart below with figures representing all funding sources.

Action Required: Complete the chart below to reflect all funding sources for a homeless youth bed night. If there are no other funders move on to the next question.

24-Hour Emergency Shelter	
d. Total Number of Units of Services to be Provided (#1):	
e. Total Number of Unduplicated Individuals (#1):	

7. Service 1- 24-Hour Emergency Shelter/Funding Request – Based on our current utilization records, as of August there have only been 32 units utilized. There are still 68 units not utilized. *Action Required:* Complete the ‘“Program Outputs and Funding Request Table’ and the ‘Service Change Chart’ below to reflect an updated request based on this information. This must be your best and final offer. Provide justification for this request in the field box below.

--

8. Service 2- Transitional Shelter/Outputs/Funding Request- The Children’s Services Fund can’t pay for Transitional Shelter. The Missouri statute specifically states that funds can only be invested

to address up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth. If there are other funding sources for this service it will still need to be included in Outputs section but your funding request would be zero.

Action Required: Complete the chart below to reflect all funding sources for the Transitional Shelter bed night. If there are no other funders, then enter 0, in the box.

Transitional Shelter	
d. Total Number of Units of Services to be Provided (#2):	
e. Total Number of Unduplicated Individuals (#2):	

Action Required: Provide information in the field box below on other funders for this service, if any.

9. Service 3- Individual Therapy/Name, Definition, and Description – This service should be reflected as Individual Therapy – Child.

Action Required: Complete the 'Program Outputs and Funding Request Table' and the 'Service Change Chart' below to reflect the correct name. Provide any notes in the field box below.

10. Service #3 – Individual Therapy - Child/Outputs - Is the Children's Services Fund the only funder for this service? If not, complete the chart below with figures representing all funding sources.

Action Required: Complete the chart below to reflect all funding sources for a homeless youth bed night. If there are no other funders move on to the next question.

Individual Therapy - Child	
d. Total Number of Units of Services to be Provided (#3):	
e. Total Number of Unduplicated Individuals (#3):	

11. Service 3- Individual Therapy - Child /Funding Request – Based on our current utilization records, as of August there have only been 2 out of the 25 units utilized.

Action Required: Complete the 'Program Outputs and Funding Request Table' and the 'Service Change Chart' below to reflect an updated request based on this information. This must be your best and final offer. Provide justification for this request in the field box below.

--

12. Service #4 – Case Management - Child/Outputs - Is the Children’s Services Fund the only funder for this service? If not, complete the chart below with figures representing all funding sources.
Action Required: Complete the chart below to reflect all funding sources for case management. If there are no other funders move on to the next question.

Case Management	
d. Total Number of Units of Services to be Provided (#4):	
e. Total Number of Unduplicated Individuals (#4):	

13. Service #4 – Case Management – Will youth using the 24-hour Emergency Shelter use this Case Management Service? If they are, are these units/individuals factored into the output section?
Action Required: Provide a response in the field below. Make any necessary changes in the ‘Program Outputs and Funding Request Table’ and the ‘Service Change Chart’ below.

--

14. Service #5- Clinical Case Management/Outputs- Is the Children’s Services Fund the only funder for this service? If not, complete the chart below with figures representing all funding sources.
Action Required: Complete the chart below to reflect all funding sources for clinical case management. If there are no other funders move on to the next question.

Clinical Case Management	
d. Total Number of Units of Services to be Provided (#5):	
e. Total Number of Unduplicated Individuals (#5):	

15. Service #6– Street Outreach/Outputs – This portion of your request has been moved over to the Homeless Youth Program: Youth Outreach Team program. We will still need to keep track of this data here as well as the new program. Update the Output section to match what is going to be in your other contract as well as funding from other organizations. We report on all the services in the Homeless Youth Program.
Action Required: Make changes in the ‘Program Outputs and Funding Request Table’ and the ‘Service Change Chart’ below. Provide any comments in the field below.

--

16. Service #6– Street Outreach/Funding Request – This section would show a zero for both a. and b. because you wouldn't see any funding from this contract.

Action Required: Make changes in the 'Program Outputs and Funding Request Table' and the 'Service Change Chart' below. Provide any comments in the field below.

--

17. Service #7- Positive Youth Development - Is the Children's Services Fund the only funder for this service? If not, complete the chart below with figures representing all funding sources.

Action Required: Complete the chart below to reflect all funding sources for Positive Youth Development. If there are no other funders move on to the next question.

Positive Youth Development	
d. Total Number of Units of Services to be Provided (#7):	
e. Total Number of Unduplicated Individuals (#7):	

18. Service 7- Positive Youth Development /Funding Request – Based on our current utilization records, as of August there have only been 6 out of the 30 units utilized.

Action Required: Complete the 'Program Outputs and Funding Request Table' and the 'Service Change Chart' below to reflect an updated request based on this information. This must be your best and final offer. Provide justification for this request in the field box below.

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

19. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #1 – Taxonomy of Service Name: 24 Hour Emergency Shelter			
Service #1 – Taxonomy Definition of Service: Emergency shelter provided for a 24-hour period for up to 30 days within a one-year period. Services may be provided on a first-come, first served, or reserved basis. Program consumers should be provided meals and have access to bathing and laundry facilities			
Provide a detailed description of the proposed service: Emergency Shelter will be provided to youth ages 16-21, who are homeless or at-risk for homelessness. Emergency Shelter will have a abbreviated admission process in comparison to the Transitional Living Program. Emergency Shelter is available for no more than 30 day and will typically be kept at less than 2 weeks. At this time, the Homeless Youth Program has one bed available specifically for Emergency Shelter. Preference for this bed will be given to youth 16 and 17 years old, as they are not able to access adult shelters. Rainbow House will communicate and refer with adult shelters when youth are 18 or over. While receiving Emergency Shelter the individual will have access to bathing and laundry facilities, as well as food, clothing, toiletries, and other basic needs. Youth will receive case management services, while staying at the shelter. Street Outreach services may be used to connect youth to emergency shelter.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #2 – Taxonomy of Service Name: Transitional Shelter			
Service #2 – Taxonomy Definition of Service: 24-hour shelter provided beyond the initial 30 days of 24-hour emergency shelter provided within a one-year period. Program consumers should be provided meals and have access to bathing and laundry facilities. Supportive services should be provided in conjunction with the transitional shelter.			
Provide a detailed description of the proposed service: Transitional Shelter will be provided to youth ages 16-21 for up to 18 months. Youth apply for the program and participate in an interview with program staff before an admission determination is made. Youth in the program will participate in case management, individual therapy, life skills classes, and educational and employment opportunities. While in the program individuals will have access to bathing and laundry facilities, as well as food clothing, toiletries, and other basic needs. Housing, education, and employment are the main priorities while youth are participating in the Transitional Living Program.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County: \$0		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #3 – Taxonomy of Service Name: Individual Therapy - Child			
Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of the session remains on the individual's treatment plan			
Provide a detailed description of the proposed service: Youth are required to participate in individual therapy while staying in the transitional living program. If youth do not receive therapy through an outside provider, therapy is provided by the Shelter Clinical Coordinator. Therapy is provided at least weekly, but an occur more often if indicated. The therapist will create a treatment plan for each resident that addresses mental health concerns and goals. Therapy methods utilized could include Cognitive Behavioral Therapy, Motivational Interviewing, and other types of talk therapy. Therapist and youth will collaborate to determine what best fits the youth's needs. Therapist will make referrals for psychiatry services, if needed.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #4 – Taxonomy of Service Name: <i>Case Management</i>			
Service #4 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management.			
Provide a detailed description of the proposed service: Case management services are required for all youth staying the program. Youth will meet with the Program Coordinator 1-3 times a week, depending on their progress in the program. Upon admission into the program, the youth will create a service plan with the Program Coordinator and Shelter Clinical Coordinator. This service plan will address the long-term goals important to the youth, including housing, employment, and education. This service plan is used to create the weekly and monthly short-term goals and action steps set by the youth. The Program coordinator uses the service plan to guide case management and reviews the plan quarterly to make necessary updates.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #5 – Taxonomy of Service Name: Clinical Case Management			
Service #5 – Taxonomy Definition of Service: Case management for individuals or families that need services, provided by a qualified mental health professional			
Provide a detailed description of the proposed service: Clinical Case Management addresses the mental health goals of youth, specifically those that do not participate in therapy at Rainbow House. The Shelter Clinical Coordinator will meet with you monthly regarding their mental health goals, including psychiatry or any outpatient substance abuse treatment. This category of case management will only be provided by the Shelter Clinical Coordinator or Shelter Director, as both are currently qualified mental health professionals.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #6 – Taxonomy of Service Name: Street Outreach			
Service #6 – Taxonomy Definition of Service: Builds relationships with individuals experiencing unsheltered homelessness to identify and address needs by providing information and linking to resources			
Provide a detailed description of the proposed service: Street Outreach is provided to youth ages 16-21, who are currently street homeless or at immediate risk of becoming street homeless. The Program Coordinator provides street outreach services to youth who are not staying in the program but need access to resources. These services are typically community based and can include referral to other agencies, assistance obtaining important documents, obtaining needed clothing items, brief mental health screenings, and other services. Program staff follow-up with youth served through street outreach, when needed. Youth may participate in street outreach services only once or for several weeks, depending on their needs. Program staff promote safe and stable housing at the primary goal when providing street outreach services.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County: 0		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Child Abuse & Neglect Emergency Shelter, Inc.			
Program Name: Homeless Youth Program			
Service #7 – Taxonomy of Service Name: Positive Youth Development			
Service #7 – Taxonomy Definition of Service: Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.			
Provide a detailed description of the proposed service: Positive Youth Development is the framework used for the Homeless Youth Program. As a service it weekly life skills classes and community meetings. The classes are taught by program staff, typically the Program Coordinator. Classes cover a variety of life skills such as: budgeting, healthy relationships, cleaning, resume writing, coping skills, and many others. The classes are based on the results of the residents' Casey Life Skills assessments. This allows for the classes to be most effective. Youth can build on their strengths, as well as address their struggles. The community meeting aspect of Positive Youth Development, allows for youth to practice important skills such as advocating for themselves, giving and receiving constructive criticism, and other interpersonal skills.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		



Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIDUALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test

Organization Profile

Homeless Youth Program

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Child Abuse & Neglect Emergency Shelter, Inc.

DBA:

Rainbow House

Federal EIN Number:

43-1390192

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Phone Number:

573-474-6600 x2116

Website:

www.rainbowhousecolumbia.org

Head of Organization

Janie Bakutes

Head of Organization Phone:

573-474-6600 x2106

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Fax Number:

573-474-5992

Email:

jbakutes@rainbowhousecolumbia.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

jbakutes@rainbowhousecolumbia.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose):
Provide your organization's mission statement. (600 character limit)
The mission of Rainbow House is to keep children safe and support families in crisis through prevention, assessment and intervention in child abuse and neglect.

Organization History:
Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)
Founded in 1986 by Kathy Hughes, Rainbow House opened as an Emergency Children's Shelter providing emergency foster care and later expanded to provide emergency crisis care; the Regional Child Advocacy Center (CAC) was added as a program in 1997 and initially served seven counties; SOL House was added in 2007 and provides shelter and life skills for homeless youth ages 16-21. Rainbow House has always provided counseling services as well as child medical exams and has provided parenting classes for the past 5 years.

Brief Statement of Organization's Major Goals:
Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)
Our major goals are to be a community resource, provide shelter for children, support services for families, forensic interviews, SAFE's (Sexual Abuse Forensic Exams) for children referred to us by Children's Division, law enforcement, juvenile office, to provide shelter, life skills and support for homeless youth; to provide counseling and parenting classes. We are here to serve the community and to be a beacon for those in need.

Articles of Incorporation:
Articles of Incorporation (MUST BE IN PDF FORMAT)
/document/download/filename/1433780664_30405_ArticlesofIncorporation.pdf/

Provide a copy of the organization's Articles of Incorporation.

Bylaws:
Provide a copy of the organization's Bylaws.
Bylaws (MUST BE IN PDF FORMAT)
/document/download/filename/1467310528_34051_RainbowHouse-Bylaws2015%283%29.pdf/

Organizational Chart:
Organizational Chart (MUST BE IN PDF FORMAT)
/document/download/filename/1488225663_30406_February20172%283%29.pdf/
(must be for the entire organization);

Strategic Plan:
Strategic Plan (MUST BE IN PDF FORMAT)

Service Area:
Briefly describe the geographic area in which your organization provides services. (600 character limit)
The vast majority of children who arrive at our Children's Shelter are from Boone County. We are open to serving children from any area. Our CAC provides services to the counties of Adair, Audrain, Boone, Callaway, Cole, Cooper, Howard, Macon, Monroe,

Randolph and Shelby; the CAC occasionally has a request for an interview from a county served by another CAC and we comply if it is in the best interest of the child. Our Homeless Youth come to us from all over the state and sometimes out of state. Our counselors most often seen clients from Columbia/Boone County.

Briefly describe the population(s) served by your organization. (600 character limit)

Population Served: Children age birth to 18 may be admitted to our Children's Shelter. We have been requested by Children's Division to go to the hospital and assist in placing a new born when the child is considered in danger due to a high risk mother. CAC referrals are accepted for children ages 3 to 18; the Homeless Youth program serves youth ages 16 - 21. Our counselors work with children and youth ages 4 to 21 and their parents. Our counselors provide parenting classes as well.

Does your organization have a written Conflict of Interest policy?

Conflict of Interest Policy: yes

Does your organization have a written Whistleblower policy?

Whistleblower Policy: yes

Does your organization have a written Business Continuity plan?

Business Continuity Plan: yes

Does your organization have a written Records Retention policy?

Records Retention Policy: yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

3 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Sarah Laupp	Member	01/12/2017	01/12/2020	7512 Wellford Court Columbia, MO 65203	✓	Added on 01/19/2017
Lise' Kathleen Dunning	Member	01/12/2017	01/12/2020	207 E Orange Street Mexico, MO 65265	✓	Added on 01/19/2017
Shawn Sutterer	Board Member	10/01/2016	10/01/2019	Work: 2201 Chapel Plaza Ct. Columbia MO	✓	Added on 06/08/2015
Audrey Sharp	Board member	07/21/2016	07/01/2019	511 Marion Drive, Columbia MO	✓	Added on 07/28/2016
Jamie Patterson	Board member	07/21/2016	07/01/2019	270 Hwy A Tuscumbia, MO	✓	Added on 07/28/2016
Allison Kleiber	Board Member	03/01/2014	03/01/2017	Home: 2312 Redmond Ct. Columbia Mo Work: Stephens College Columbia MO	✓	Added on 06/08/2015
Jared Reynolds	Board Secretary	03/01/2016	03/01/2019	Home: 4400 Crystal Rock Ct., Columbia MO Work: 200 E Southhampton Dr., Suite 101	✓	Added on 06/08/2015

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Drew Smith	Board Vice President	07/01/2014	07/01/2017	Home: 808 Cutters Corner Lane Columbia, MO Work: 901 E Broadway Columbia, MO		Added on 06/08/2015
Melissa Faurot	Board President	05/01/2014	05/01/2017	Home: 3480 S. Bluestem Circle Columbia, MO Work: 401 Locust St. Suite 401 Columbia, MO		Added on 06/30/2016
Tom Schwarz	Board Treasurer	04/01/2014	04/01/2017	Home: 2509 Regis Ct., Columbia, MO Work: P O Box 1867		Added on 06/30/2016

Total Active Links:10, Total Deactivated Links:2, Current Active Links:10, Current Deactivated Links:2

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")**

3 years

Describe the function of the Advisory Board as it relates to the work of your organization:

Notes

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Advisory Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Active	Date

Total Active Links:0, Total Deactivated Links:2, Current Active Links:0, Current Deactivated Links:2

Financial Information**Organization Fiscal Year:**

July 1 - June 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1454521475_29953_501%28c%29%283%292016.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1488563412_29954_RainbowHouseAuditReport2016.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1493147684_29955_063016ChildAbuseNeglectandEmergencyTaxReturn-Public.pdf/

is not required to file a 990 or 990 EZ with the IRS.

Financial Policies and Procedures:
Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The Rainbow House Office Manager prepares financials for every monthly Board meeting and the information is included in the Board packet. The Board reviews the documents ahead of the Board meeting and questions are addressed at the meeting. The information contains Income, Revenue, and shows a profit and/or loss. Board members may check on our bank accounts and note activity as they wish.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Director - Emergency Shelter	Licensed	1.00	\$38,000.00	\$9,673.00	✓	Added on 06/10/2015
CAC Program Director	B.S.	1.00	\$45,000.00	\$3,846.00	✓	Added on 06/08/2015
Office Manager	B.A.	1.00	\$50,000.00	\$11,000.00	✓	Added on 06/10/2015
Executive Director	M.A. or B.A. + experience x5	1.00	\$50,000.00	\$5,651.00	✓	Added on 06/10/2015
Director of Development/Marketing	B.A.	1.00	\$45,000.00	\$8,853.00	✓	Added on 06/10/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

The Rainbow House Regional Child Advocacy Center has been an accredited member of National Children's Alliance (NCA) since 2000. Our re-accreditation has been approved through October 2021. We applied for re-accreditation in 2015 and our site visit was completed in October 2016. The two site reviewers met with multidisciplinary team members, attended a case review, met with members of our Board of Directors and toured the facility. NCA has ten best practice standards which must be met before approval. Our facility satisfactorily met those ten standards.

Accreditation 2:

Notes

Accreditation 3:

Notes

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1454691840_32839_OrgBudget_HMUWApricotOrgProfile_2016-2017RFP.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1500409063_32678_DSSCertificateofLiability062817.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1475271121_32841_RainbowHouse.doc/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1475271121_32847_RainbowHouse.docx/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 9 Links

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
Children's Services Fund - Youth Homelessness Programs - RFP (BCCSB Review ends 05/31/2017 8:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - Youth Homelessness Programs	Boone County	RFP #18-25APR17	✓	Added on 05/05/2017
Children's Services Fund - POS RFP #27-10JUN14 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS	Boone County	RFP #27-10JUN14	✓	Added on 06/26/2015

Total Active Links:9, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

| Next

System Fields

Record ID

12696

Modification Date

07/18/2017 3:17 PM CDT

Modified By

Child Abuse & Neglect Emergency Shelter, Inc. ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Child Abuse & Neglect Emergency Shelter, Inc.

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Homeless Youth Program

Amount of Request

\$99,413.34

County-Children's Services - Service Type (check all that apply)

Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
Counseling and related services as a part of transitional living programs
Prevention programs which promote healthy lifestyles among children and youth and strengthen families
Crisis intervention services, inclusive of telephone hotlines
Individual, group, or family professional counseling and therapy services

Program Information

Program Website (will default to Organization website)

www.rainbowhousecolumbia.org

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Name

Kelsey Louder

Phone Number

573-474-6600 x3203

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Title

Shelter Director

Email

klouder@rainbowhousecolumbia.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

Signed Addendums

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Active Date

Child Abuse & Neglect Emergency Shelter, Inc.

1611 Towne Drive

Janie Bakutes



Added on
07/12/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-1390192

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Child Abuse & Neglect Emergency Shelter, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Homeless Youth Program
Amount of Request	\$99,413.34
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The issue of youth homelessness has sparked many conversations among social service providers in Boone County over the last few years. National estimates of unaccompanied youth vary substantially due to varied methods of data collection. In 2004, SAMHSA released a study stating that 1.6 million youth ages 12-17, about 7%, had run away from home and slept on the street during the previous year (Street Outreach Program, 2016). Boone County participates in a yearly point-in-time count of homeless individuals. The preliminary finding from the January 2017 count, indicate there were 12 unaccompanied youth age 18-24 in Boone County and 108 children who were members of households. These numbers give a rough estimate and general picture of the issue in Boone County (Point-in-Time Count, 2017). The issue also extends to the ability to house youth in a timely fashion. Unaccompanied youth have trouble finding housing due to their age, lack of rental history, and lack of affordable housing. In 2015, 52.7% of individuals who rented homes in Boone County were housing cost burdened (Boone Indicators Dashboard). The Homeless Youth Program provides housing to unaccompanied youth, as well as supportive services. The program aims to provide safe and stable housing, while helping youth move towards independent living and future housing stability.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

As the only organization in mid-Missouri providing services for homeless and runaway youth, Rainbow House provides a critical service to meet the needs of this unique population. The homeless youth population includes youth that are "couch-surfing" or "doubling up". In areas like Boone County and Columbia, it is common for this population to be "invisible", however outreach and connections with community can lead to connections with youth who need help. The Homeless Youth Program Coordinator has encountered homeless youth in the downtown area of Columbia, the Columbia Mall, Columbia Public Library and at city intersections holding up signs. High school counselors frequently contact the Rainbow House Homeless Youth Program to discuss youth that are struggling to remain in school with no permanent housing and feeling insecure about getting their basic needs met. In 2016, the graduation rate in Columbia Public Schools was 90% (BID). In 2015 and 2016, only 37.5% of eligible residents of the Homeless Youth Program had

received their High School Diploma or GED. (Eligible here indicates they had the opportunity to graduate. Resident who were still in high school at the time of admission were not included in this figure). In 2015, the median household income for Boone County was \$72,446 (BID). In 2015 and 2016, 88.5% of residents entering the program earned less than 10% of the median household income and 65.4% earned less than 5% of the median household income for Boone County.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

To reduce the number of homeless youth in Mid-Missouri by providing the support needed to become successful adults. The program aims to provide youth with an increased sense of safety, well-being, and self-sufficiency while connecting them to a greater number of permanent connections.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The Rainbow House Homeless Youth Program provides emergency shelter, transitional living, mental health counseling, case management, life skills classes, and referrals to job skills training and educational opportunities, and other resources to Boone County homeless youth 16 to 21 years of age. The program uses a scattered site apartment model. Youth live in two bedroom apartments, potentially with a roommate. Youth are required to meet with a case manager at least weekly, typically more often. The youth set weekly and monthly goals, which contribute to larger housing, education, employment and mental health goals. To promote mental health and wellness, residents of the program are required to meet with a therapist weekly. Those youth who have not completed their high school education will be required to attend school or GED classes and obtain at least a part time job in order to remain in the Homeless Youth Program. Residents will participate in weekly life skills classes and/or community meetings as part of the Positive Youth Development framework. The main priorities for youth residing in the program are to get a diploma or GED, find and keep a job, learn life skills, save money, and address issues related to childhood trauma. These priorities, along with obtaining stable housing, will help the youth maintain independence and stability into adulthood.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The Homeless Youth Program serves unaccompanied youth ages 16-21 who are homeless or at-risk for homelessness. At-risk would include runaway youth. The definition of homeless will include youth who are doubled-up and couch surfing. Homeless will also include youth fleeing domestic violence, under Category 4 of the HUD definition. Youth must be unaccompanied, meaning they are not in the care or custody of the State. If the youth is a minor, a legal guardian must participate in the admission process, unless the legal guardian cannot be contacted and the youth is considered a qualified minor under Missouri law. Rainbow House uses a trauma-informed care approach, as many youth in the program have a trauma history.

b. Why will these particular consumers be served? (1500 character limit)

The Administration for Children and Families (ACF) has identified the age range of 16-21 and determined only unaccompanied youth can be served in the Transitional Living Programs funded through their federal grant. There is research conducted through ACF and the Family and Youth Services Bureau that indicates this is a population in need. The Homeless Youth Program started in 2007 and has served these consumers since that time. By serving this population we are able to provide services to individuals who have limited options. Youth ages 16 and 17 are not able to access adult shelters, leaving the Homeless Youth Program as their only option if the home environment is unsafe or unhealthy. Youth 18-21 can access adult shelters, but can struggle because these services are not tailored to the specific needs of their developmental level.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Providing services to unaccompanied youth can present a unique set of issues. Homeless Youth, especially in less urban areas, present as doubled-up or couch-surfing. Therefore, the typical model of "street" outreach does not locate all vulnerable youth. Another challenge can be encountering youth who have severe mental health concerns, aggression issues or severe substance abuse, as we cannot typically provide the level of care needed for these youth.

d. Total number of unduplicated individuals to be served by the proposed program:

15

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

21575.91

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)	City of Columbia	Other Counties
15	14	0
Residence Total		
15		
Record Lock		
0		

Race

White (alone)	Black or African American (alone)
7	8
Native American Indian or Alaskan Native	Asian (alone)
0	0
Native Hawaiian or other Pacific Islander (alone)	Multiple Races
0	0
Some Other Race	
0	
Race Total	
15	

Ethnicity

Hispanic or Latino (of any race)
0
Not Hispanic or Latino
15
Ethnicity Total
15

Gender

Female	Male	Other
8	7	0
Gender Total		
15		

Income

At or below 200% of Federal Poverty Level	Over 200% of Federal Poverty Level
15	0
Income Total	

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

0

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

13

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

2

Age Total

15

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

The Rainbow House location on Towne Drive is open 8:30a-4:30p, Monday through Friday. The Program Coordinator has an office in the same apartment complex as the youth live and typically alternates between that location and Towne Drive Monday-Friday. Rainbow House has a staff member on-call 24-7 for emergency situation and potential intakes.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

The Homeless Youth Program serves unaccompanied youth ages 16-21 who are homeless or at-risk for homelessness. At-risk would include runaway youth. The definition of homeless will include youth who are doubled-up and couch surfing. Homeless will also include youth fleeing domestic violence, under Category 4 of the HUD definition. Youth must be unaccompanied, meaning they are not in the care or custody of the State. Program staff meet with the potential resident and their history, future goal, and program expectation before making an admission determination.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Program residents have little to no income when entering the program. To make access available to those in need of service Rainbow House provides free and confidential services, which includes all service available through the Homeless Youth Program.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

There are not licensing or accreditation requirements for this program. The program received federal funding from the Administration for Children and Families. That grant has requirements for the structure of the Transitional Living Program, including age of residents and maximum length of stay. This funding also requires using a Positive Youth Development framework.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

The Homeless Youth Program utilizes the Evidence-Based of model Positive Youth Development (PYD) which is nationally known and practiced by Transitional Living Programs for homeless youth around the country. Positive Youth Development is a framework that encourages healthy, productive, and engaged youth. The framework aims to build on a youth's strengths. The PYD framework was developed from research that suggests there were certain protective factors that lead to greater success in youth. (acf.hhs.gov)

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

The federal grant which has primarily funded our program since its beginning mandates the Positive Youth Development model, and we agree with the philosophy and practices of that model. A staff member from our program is required to attend at least one conference per year in regards to this model, and it is an opportunity for all of the agencies to learn from one another about what is working and what is not in all of the locations practicing this model.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

On the Family and Youth Services Bureau website there is information about why Positive Youth Development (PYD) was chosen as the model for funded program. The website sites information from the National Research Council of the Institute of Medicine, regarding program that used a PYD approach. Programs were successful if they provided the following, which are part of the PYD framework: clear expectations of behaviors, increased opportunity to make decisions, supportive adult relationships, emotion support, physical safety, opportunities for skill building, opportunities to make a contribution to their community, and many more. (acf.hhs.gov) Positive Youth Development is a framework that continues to be researched. The Family and Youth Service Bureau continues to support it as the best model for youth programs.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

The innovative aspects of our proposed service begin with taking an established framework proven to accelerate the reduction of adult homelessness, both nationally and in Boone County, and tailoring it to meet the unique challenges and needs of the homeless youth population. The Homeless Youth Program Coordinator has been an active participant in the Functional Zero Task Force and Columbia Homeless Outreach Team. The task force is working to create a by-name list of individuals experiencing homelessness. Program staff has also been involved with Coordinated Entry planning for our area for programs that work with homeless individuals. Rainbow House aims to be involved with Evidence-Based community efforts to end homelessness and advocate from the perspective of youth homelessness.

The program is also aware of subpopulations that have unique needs, such as LGBTQ youth. These youth are overrepresented in the homeless youth population. The program will seek the inclusion of youth LGBTQ groups such as PRISM to increase access for the most vulnerable and at-risk youth. Another subpopulation that will be specifically identified with this needs assessment is youth aging out of the foster care system.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Residents of the Homeless Youth Program participate in assessment regularly including a life skills assessments and mental health assessments. These help youth examine their progress towards goals and discuss what is helping or hindering progress. Program staff meets weekly to discuss program policies and how it positively or negatively affects youth progress. The program relies on resident feedback. This is the best tool the program has found to make improvements. Program staff will also set up meetings with other agencies in the state doing similar work to have conversation about their successes and concerns. Staff will also attend trainings and adapt what is learned to make the program for effective for the youth we serve.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

The Homeless Youth Program receives feedback from the residents in a variety of ways. The evaluation methods are utilized throughout a residents stay

in the program. This allows for the most up to date feedback. There are life skills classes and community meetings led by the program coordinator or director. The meetings provide an opportunity for youth to discuss policies, express their likes and dislikes, and voice any concerns regarding staff. The program director is also available to meet with youth one-on-one to discuss concerns. Many youth provide feedback when they meet with the case manager on a weekly basis. Through assessing goals and progress in the program, there are discussions about how program structure is helping or hindering the youth. Upon discharge the youth are also given the opportunity to through exit paperwork to express likes and dislike about the program. Youth can also offer suggestions from program improvements at this time.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Rainbow House partners with several community agencies that provide necessary "wrap-around" services to the youth who reside in the Homeless Youth Program. Those agencies include: Burrell Behavioral Health Services, Columbia/Boone County Health Department, Columbia Public Schools, Job Corps, Job Point, Phoenix Programs, Salvation Army, The Center Project, Voluntary Action Center, Wilkes Blvd. United Methodist Church, Youth Community Coalition and Youth Empowerment Zone. Staff members work closely with Columbia Public Schools counselors and adult homeless shelters because they frequently come into contact with the youth who could benefit from our services. The Homeless Youth Program continues to update previous MOUs in order to learn how services offered in the community can best support youth living in the program. The Homeless Youth Program Coordinator serves as the agencies representative in many community groups and initiatives including: Youth Community Coalition, Basic Needs Coalition, Functional Zero Task Force, Columbia Homeless Outreach Team, and Project Homeless Connect.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: **Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.**

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Shelter Director	Bachelor's in human services field	0.50	\$36,000.00	\$42,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Homeless Youth Program Coordinator	High school diploma	1.00	\$28,000.00	\$36,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Shelter Clinical Coordinator	Master's degree, licensed or provisionally licensed and under appropriate supervision	0.50	\$33,000.00	\$38,000.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
		0.00	\$0.00	\$0.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The Shelter Director will be responsible for most administrative tasks, program planning, grant writing, supervision of staff, and overall operation of the program. The Homeless Youth Program Coordinator will be responsible for providing the direct services to HYP residents, coordinating outreach, and participating in local initiatives regarding homelessness. The Shelter Clinical Coordinator is responsible for individual therapy, family therapy, clinical case management, and facilitated group sessions when needed. The Shelter Director and Shelter Clinical Coordinator are both .5FTE, as they also have those same roles with the Children's Shelter at Rainbow House.

Minimum qualifications and salary ranges are set by the Board of Directors and Executive Director. Years of experience in this field is also taken into consideration when considering the education requirement.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

	PROPOSED	% OF PROPOSED TOTAL
--	----------	------------------------

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)

The Homeless Youth Program expects our Heart of Missouri United Way distribution to remain approximately the same as 2016-2017. These funds come from the community and are directed at Heart of Missouri United Way discretion to the Rainbow House program. This funding is not guaranteed.

1A	1A%
\$1,956.00	1

B. Other United Ways (300 character limit)

Other United Way funding is funding the Homeless Youth Program receives from various United Way agencies outside of the Heart of Missouri United Way.

1B	1B%
\$800.00	0

C. Capital Campaigns (300 character limit)

None are expected in 2017-2018.

1C	1C%
\$0.00	0

D. Grants (non-governmental) (300 character limit)

This number contains income from general grants written specifically for the Homeless Youth Program and for specific corporation donations, trusts and foundation income.

1D	1D%
\$11,520.00	4

E. Fund Raising & Other Direct Support (300 character limit)

The Homeless Youth Program will continue to locate private funding sources as well as initiate in-house and third-party fundraising income.

1E	1E%
\$49,143.00	15

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)

Boone County Children Services Funding for Purchase of Service for Homeless Youth Program. This reflects the amount requested in the proposal for one year of services.

2A	2A %
\$49,706.67	15

B. Boone County - Community Health Funding (300 character limit)

2B	2B %
\$0.00	0

C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
The Homeless Youth Program projected request for upcoming City Social Service funding RFP.	\$10,290.00	3
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
The Homeless Youth Program does received federal funding from the Department of Health & Human Services for the transitional living program. This funding is expected to move to an alternate cycle in 2018.	\$199,999.00	62
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Interest on investment.	\$160.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Miscellaneous income from magazine subscriptions, credit card rewards, etc.	\$64.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	323638.67	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$173,500.36	54
Personnel Narrative (300 character limit)		
This column contains the total for salaries/wages, benefits, and payroll taxes expected to be incurred by the Homeless Youth Program in 2017-2018.		
2. Non-Personnel	2.	2. %
	\$150,138.31	46
Non-Personnel Narrative (300 character limit)		
This column contains all additional expenses outside of salaries/wages, employee benefits and payroll taxes.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	323638.67	

Yearly Amount Request from Children's Services Fund

Year 1 Total Request	Year 2 Total Request
\$49,706.67	\$49,706.67
Total Amount Request from CSF	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

Rainbow House works to obtain and maintain the necessary funding from a variety of sources to sustain the Homeless Youth Program. The Homeless Youth Program currently receives federal funding, however additional funding is needed to cost of all services in the program.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Boone Impact Group. (2017). Housing Cost Burden-Adjusted. Retrieved July, 2017, from booneindicators.org
 Boone Impact Group. (2017). Adjusted 4 Year High School Graduation Rate by School District. Retrieved July, 2017, from booneindicators.org
 Boone Impact Group. (2017). Median Income-Family Households. Retrieved July, 2017, from booneindicators.org
 City of Columbia. (2017). Boone County Point-in-Time Count
 Family and Youth Services Bureau. (2017, February 7). Positive Youth Development. Retrieved July, 2017, from <https://www.acf.hhs.gov/fysb/positive-youth-development>
 Missouri, Department of Elementary and Secondary Education. (2015, November 11). Homeless District Results. Retrieved May, 2017, from www.dese.mo.gov
 Administration for Children and Families. (2016). Street Outreach Program: Data Collection Study Final Report (pp. 4-10). Washington, D.C.: Family and Youth Services Bureau.

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Child Abuse & Neglect Emergency Shelter, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Homeless Youth Program
Amount of Request	\$99,413.34
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

N/A

c. Provide justification for the request for one-time funding. (600 character limit)

N/A

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

24-Hour Emergency Shelter

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Emergency shelter provided for a 24-hour period for up to 30 days within a one-year period. Services may be provided on a first-come, first served or reserved basis. Program consumers should be provided meals and have access to bathing and laundry facilities

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Emergency Shelter will be provided to youth ages 16-21, who are homeless or at-risk for homelessness. Emergency Shelter will have a abbreviated admission process in comparison to the Transitional Living Program. Emergency Shelter is available for no more than 30 day and will typically be kept at less than 2 weeks. At this time, the Homeless Youth Program has one bed available specifically for Emergency Shelter. Preference for this bed will be given to youth 16 and 17 years old, as they are not able to access adult shelters. Rainbow House will communicate and refer with adult shelters when youth are 18 or over. While receiving Emergency Shelter the individual will have access to bathing and laundry facilities, as well as food, clothing, toiletries and other basic needs. Youth will receive case management services, while staying at the shelter. Street Outreach services may be used to connect youth to emergency shelter.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 bed night

b. Unit Rate (#1)

\$101.81

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

These are the rates used in previous funding received from the Children's Services Fund. These rates were originally adapted from the approved units of service for the St. Louis County Children's Service Fund.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

d. Total Number of Units of Service to be Provided (#1)

75

e. Total Number of Unduplicated Individuals (#1)

6

f. Average Number of Units of Service per Unduplicated Individual (#1)

12.5

g. Average Cost of Service per Individual (#1)

1272.63

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

Program residents have little to no income when entering the program. To make access available to those in need of service Rainbow House provides free and confidential services, which includes all service available through the Homeless Youth Program.

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

Insurance does not cover the proposed service. At this time there are not state subsidies or other payors that fund this specific service.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

There is no cost to the consumer for this service.

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$101.81	100	\$10,181.00
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00
	1c1.	1c2.	1c3.
c. City of Columbia - Social Services Funding (#1)	\$0.00	0	\$0.00
	1d1.	1d2.	1d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	\$0.00	0	\$0.00
	1e1.	1e2.	1d4.
e. Heart of Missouri United Way Funding (#1)	\$0.00	0	\$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$7,635.75

b. Proposed Number of Units of Service (#1)

75

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

Rainbow House works to obtain and maintain the necessary funding from a variety of sources to sustain the Homeless Youth Program. The federal Transitional Living Program grant requires a 10% match. Funding from Boone county will help with this match requirement, while allowing important services to continue.

Service #1- Performance Measures

Outcome (1-1)

Indicator (1-1)

Method of Measurement (1-1)

To improve the safety and well-being of homeless youth in Boone County	100% of youth residing in the program will be provided with safe shelter	Resident service plans, intake and discharge documentation
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
To improve the safety and well-being of homeless youth in Boone County	90% of youth residing in the program will safely return home for reunification or transition into a safe, stable living environment	Resident service plans and after care documentation
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

This outcome directly connects to the program goal of improving the safety and well-being of youth in the program. Providing Emergency Shelter to youth will reduce the number of youth forced to reside in an unsafe environment because of housing instability.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

The capacity of the shelter can affect this outcome. The program has only one emergency bed available, due to funding limitations at this time. Program staff refer to other emergency shelters and encourage youth to contact friends or family for temporarily shelter. The program hopes to grow over the next 3 years, making more emergency beds available.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Rainbow House will always provide a safe and stable environment to youth in the program. Program policies and procedures ensure that 100% of youth will have safe shelter. Youth leave the program under a variety of circumstance. Sometimes this means leaving out of frustration or leaving before stable housing is found. Due to this, 90% was chosen for youth transitioning to stable housing or returning home.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Service plans, case management notes, intake, and discharge documentation will provide information the safety and stability of a youth's stay. Concerns with environment that would affect this outcome and indicator would be noted in documentation. Service Plans and aftercare documentation will record where youth reside after leaving the program and their progress post-discharge.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Transitional Shelter

b. Service #2 - Taxonomy Definition of Service (300 character limit)

24-hour shelter provided beyond the initial 30 days of 24-hour emergency shelter provided within a one-year period. Program consumers should be provided meals and have access to bathing and laundry facilities. Supportive services should be provided in conjunction with the transitional shelter.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Transitional Shelter will be provided to youth ages 16-21 for up to 18 months. Youth apply for the program and participate in an interview with program staff before an admission determination is made. Youth in the program will participate in case management, individual therapy, life skills classes, and educational and employment opportunities. While in the program individuals will have access to bathing and laundry facilities, as well as food clothing, toiletries and other basic needs. Housing, education, and employment are the main priorities while youth are participating in the Transitional Living Program.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

1 bed night

b. Unit Rate (#2)

\$101.81

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

These are the rates used in previous funding received from the Children's Services Fund. These rates were originally adapted from the approved units of service for the St. Louis County Children's Service Fund.

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

250

e. Total Number of Unduplicated Individuals (#2)

6

f. Average Number of Units of Service per Unduplicated Individual (#2)

41.67

g. Average Cost of Service per Individual (#2)

4242.08

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Program residents have little to no income when entering the program. To make access available to those in need of service Rainbow House provides free and confidential services, which includes all service available through the Homeless Youth Program.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

Insurance does not cover the proposed service. At this time there are not state subsidies or other payors that fund this specific service.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There is no cost to the consumer for this service.

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
	\$0.00	0	\$0.00

b. Boone County - Community Health Funding (#2)

c. City of Columbia - Social Services Funding (#2)	2c1. \$163.94	2c2. 62	2c3. \$10,290.00
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$25,452.50

b. Proposed Number of Units of Service (#2)

250

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Rainbow House works to obtain and maintain the necessary funding from a variety of sources to sustain the Homeless Youth Program. The federal Transitional Living Program grant requires a 10% match. Funding from Boone county will help with this match requirement, while allowing important services to continue.

Service #2 - Performance Measures

Outcome (2-1)

To improve the safety and well-being of homeless youth in Boone County

Indicator (2-1)

100% of youth residing in the program will be provided with safe shelter

Method of Measurement (2-1)

Resident service plans, intake and discharge documentation

Additional Outcome (2-2)

To improve the safety and well-being of homeless youth in Boone County

Additional Indicator (2-2)

90% of youth residing in the program will safely return home for reunification or transition into a safe, stable living environment

Additional Method (2-2)

Resident transitional living plans, Resident service plans and after care documentation

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

This outcome directly connects to the program goal of improving the safety and well-being of youth in the program. Providing Transitional Shelter to youth will reduce the number of youth forced to reside in an unsafe environment because of housing instability. It will also improve well-being through not only basic needs but emotional support and skill building.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

The capacity of the shelter can affect this outcome. The program has four transitional beds available, due to funding limitations at this time. Program staff refer to emergency shelter, other programs in the state, and encourage youth to contact friends or family for temporary shelter. At this time we do receive more calls for shelter than we can accommodate. The program hopes to grow over the next 3 years, making more transitional beds available.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

Rainbow House will always provide a safe and stable environment to youth in the program. Program policies and procedures ensure that 100% of youth will have safe shelter. Youth leave the program under a variety of circumstance. Sometimes this means leaving out of frustration or leaving before stable housing is found. Due to this, 90% was chosen for youth transitioning to stable housing or returning home.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Service plans, case management notes, intake, and discharge documentation will provide information the safety and stability of a youth's stay. Concerns with environment that would affect this outcome and indicator would be noted in documentation. Service Plans and aftercare documentation will record where youth reside after leaving the program and their progress post-discharge.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Individual Therapy

Service #3 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of the session remains on the individual's treatment plan.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Youth are required to participate in individual therapy while staying in the transitional living program. If youth do not receive therapy through an outside provider, therapy is provided by the Shelter Clinical Coordinator. Therapy is provided at least weekly, but can occur more often if indicated. The therapist will create a treatment plan for each resident that addresses mental health concerns and goals. Therapy methods utilized could include Cognitive Behavioral Therapy, Motivational Interviewing, and other types of talk therapy. Therapist and youth will collaborate to determine what best fits the youth's needs. Therapist will make referrals for psychiatry services, if needed.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

1 hour

b. Unit Rate (#3)

\$122.53

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

These are the rates used in previous funding received from the Children's Services Fund. These rates were originally adapted from the approved units of service for the St. Louis County Children's Service Fund.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

75

e. Total Number of Unduplicated Individuals (#3)

6

f. Average Number of Units of Service per Unduplicated Individual (#3)

12.5

g. Average Cost of Service per Individual (#3)

1531.63

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

Program residents have little to no income when entering the program. To make access available to those in need of service Rainbow House provides free and confidential services, which includes all service available through the Homeless Youth Program.

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

The Shelter Clinical Coordinator is a provisionally licensed social worker and unable to bill certain types of therapy to insurance. At this time Rainbow House is not a Medicaid provider.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There is no cost to the consumer for this service.

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Yes (complete the Other Funder's Chart below)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$122.53	25	\$3,063.25
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$9,189.75

b. Proposed Number of Units of Service (#3)

75

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Rainbow House works to obtain and maintain the necessary funding from a variety of sources to sustain the Homeless Youth Program. The federal Transitional Living Program grant requires a 10% match. Funding from Boone county will help with this match requirement, while allowing important services to continue.

Service #3 - Performance Measures

Outcome (3-1)

To increase the mental health functioning of youth

Indicator (3-1)

70% of youth participating in therapy will show

Method of Measurement (3-1)

Therapy progress summary, staff

residing in the Homeless Youth Program

an increase in positive coping skills

documentation of youth's behaviors and activities

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

Increasing the mental health functioning of youth will increase well-being, safety, and self-sufficiency. Depression, anxiety, and Post-Traumatic Stress Disorder are the most common mental health concerns seen in the program. These diagnosis can affect one's sense of safety, especially if symptoms become severe. Symptoms can also lead to lack of motivation, which affects one's sense of self-sufficiency. The intended outcome of therapy is to increase mental health functioning, which will support other goals of the program.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

A youth's history with therapeutic intervention could potentially be negative. This can make it difficult to see positive changes in therapy, even with a new provider. The youth's access to psychiatric care in a timely fashion, when needed, can also affect individual therapy outcomes.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

Youth respond to therapy in a variety of different ways. In most cases, as youth develop their treatment plans with a therapist and develop positive report, and increase in coping skills will occur. Some youth struggle more than others in an individual therapy setting, so 70% was chosen for this indicator.

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Therapy progress notes and documentation regarding youth behavior will demonstrate changes in coping skills. The therapist will conduct assessments in sessions to measure progress, however, those results are confidential. Staff documentation of youth behavior is the best method to measure an increase or decrease in positive coping skills.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

Case Management

b. Service #4 - Taxonomy Definition of Service (300 character limit)

A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Case management services are required for all youth staying the program. Youth will meet with the Program Coordinator 1-3 times a week, depending on their progress in the program. Upon admission into the program, the youth will create a service plan with the Program Coordinator and Shelter Clinical Coordinator. This service plan will address the long term goals important to the youth, including housing, employment, and education. This service plan is used to create the weekly and monthly short-term goals and action steps set by the youth. The Program coordinator uses the service plan to guide case management and reviews the plan quarterly to make necessary updates.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

15 minutes

b. Unit Rate (#4)

\$9.52

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

These are the rates used in previous funding received from the Children's Services Fund. These rates were originally adapted from the approved units of service for the St. Louis County Children's Service Fund.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

350

e. Total Number of Unduplicated Individuals (#4)

6

f. Average Number of Units of Service per Unduplicated Individual (#4)

58.33

g. Average Cost of Service per Individual (#4)

555.33

Service #4 - Service Fee**a. Will the proposed service (#4) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

Program residents have little to no income when entering the program. To make access available to those in need of service Rainbow House provides free and confidential services, which includes all service available through the Homeless Youth Program.

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

Insurance does not cover the proposed service. At this time there are not state subsidies or other payors that fund this specific service.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There is no cost to the consumer for this service.

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Yes (complete the Other Funder's Chart below)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$9.52	4a2. 425	4a3. \$4,046.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
	4d1.	4d2.	4d3.

d. City of Columbia - CDBG/Home/CHDO Funding (#4)	\$0.00	0	\$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$3,332.00

b. Proposed Number of Units of Service (#4)

350

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Rainbow House works to obtain and maintain the necessary funding from a variety of sources to sustain the Homeless Youth Program. The federal Transitional Living Program grant requires a 10% match. Funding from Boone county will help with this match requirement, while allowing important services to continue.

Services #4 - Performance Measures

Outcome (4-1)

To improve the safety and well-being of homeless youth in Boone County by increasing access to community resources and social services

Indicator (4-1)

90% of youth seeking services through the Homeless Youth Program will be connected with an outside agency address treatment goals

Method of Measurement (4-1)

Service plans and after care plans

Additional Outcome (4-2)

Additional Indicator (4-2)

Additional Method (4-2)

Additional Outcome (4-3)

Additional Indicator (4-3)

Additional Method (4-3)

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

Increasing access to services will increase self-sufficiency, as youth will learn more about services available in the community. Case management services are not only about connecting youth to appropriate services, but also educating youth on what is available and how to advocate for themselves. Case management also teaches youth how to set goals and break them up into manageable steps.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Available resources in Boone County is the largest external factor that can affect this outcome. Resources must be available and to the youth population for this outcome to be successful. Program staff has seen this concern particularly with affordable housing resources and availability.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

Youth do not always stay long enough to be connected to services. If youth do not stay long after creating the initial service plan, they may not be connected to resources. This could happen for a variety of reasons, such as: youth deciding the program is not a good fit, policy violations that put other residents at risk, or housing options becoming available. Choosing 80% as the measurement level for this indicator considers this issue.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service plans indicate the goals used for case management. The service plans are updated quarterly to reflect progress and new goals. Aftercare plans are similar and created for follow-up services post-discharge. These plans will demonstrate how youth are connected to services and which services.

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

Clinical Case Management

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Case management for individuals or families that need services, provided by a qualified mental health professional

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Clinical Case Management addresses the mental health goals of youth, specifically those that do not participate in therapy at Rainbow House. The Shelter Clinical Coordinator will meet with you monthly regarding their mental health goals, including psychiatry or any outpatient substance abuse treatment. This category of case management will only be provided by the Shelter Clinical Coordinator or Shelter Director, as both are currently qualified mental health professionals.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

15 minutes

b. Unit Rate (#5)

\$19.07

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

These are the rates used in previous funding received from the Children's Services Fund. These rates were originally adapted from the approved units of service for the St. Louis County Children's Service Fund.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

25

e. Total Number of Unduplicated Individuals (#5)

6

f. Average Number of Units of Service per Unduplicated Individual (#5)

4.17

g. Average Cost of Service per Individual (#5)

79.46

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

Program residents have little to no income when entering the program. To make access available to those in need of service Rainbow House provides free and confidential services, which includes all service available through the Homeless Youth Program.

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

Insurance does not cover the proposed service. At this time there are not state subsidies or other payors that fund this specific service.

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There is no cost to the consumer for this service.

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

No (if no, move on to the Funding Request section)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$476.75

b. Proposed Number of Units of Service (#5)

25

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Rainbow House works to obtain and maintain the necessary funding from a variety of sources to sustain the Homeless Youth Program. The federal Transitional Living Program grant requires a 10% match. Funding from Boone county will help with this match requirement, while allowing important services to continue.

Service #5 - Performance Measures

Outcome (5-1)

To improve the safety and well-being of homeless youth in Boone County by increasing the access to appropriate mental health resources

Indicator (5-1)

90% of youth seeking services through the Homeless youth Program will be connected to the appropriate mental health services (ie: psychiatric care, substance abuse counseling, etc)

Method of Measurement (5-1)

Clinical case notes, services plans, aftercare plans

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional

Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional
Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional
Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

Case management services are not only about connecting youth to appropriate services, but also educating youth on what is available and how to advocate for themselves. In the case of Clinical Case Management, it is important for youth to learn how to navigate mental health services. Sometimes interacting with health professionals, such as psychiatrists, can be intimidating for youth, or they have trouble understanding information about their treatment. Clinical case management is there to provide education and empower youth. This will increase access to services and promote self-sufficiency.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

Available resources in Boone County is the largest external factor that can affect this outcome. Resources must be available and to the youth population for this outcome to be successful. In regards to clinical services, program staff has seen this concern with long wait times for psychiatric services.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

Youth do not always stay long enough to be connected to services. If youth do not stay long after creating the initial service plan, they may not be connected to resources. This could happen for a variety of reasons, such as: youth deciding the program is not a good fit, policy violations that put other residents at risk, or housing options becoming available. Choosing 90% as the measurement level for this indicator considers this issue.

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Service plans indicate the goals used for case management. The service plans are updated quarterly to reflect progress and new goals. Aftercare plans are similar and created for follow-up services post-discharge. These plans will demonstrate how youth are connected to services and which services.

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

46086.75

Additional Program Services #6 - #10 (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Child Abuse & Neglect Emergency Shelter, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Homeless Youth Program
Amount of Request	\$99,413.34
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #6 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#6)

a. Service #6 - Taxonomy of Service Name (150 character limit)

Street Outreach

b. Service #6 - Taxonomy Definition of Service (300 character limit)

Builds relationships with individuals experiencing unsheltered homelessness to identify and address needs by providing information and linking to resources.

c. Provide a detailed description of the proposed service (#6). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Street Outreach is provided to youth ages 16-21, who are currently street homeless or at immediate risk of becoming street homeless. The Program Coordinator provides street outreach services to youth who are not staying in the program but need access to resources. These services are typically community based and can include referral to other agencies, assistance obtaining important documents, obtaining needed clothing items, brief mental

health screenings, and other services. Program staff follow-up with youth served through street outreach, when needed. Youth may participate in street outreach services only once or for several weeks, depending on their needs. Program staff promote safe and stable housing at the primary goal when providing street outreach services.

Record Lock

0

Service #6 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#6)

15 minutes

b. Unit Rate (#6)

\$20.78

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc.)(#6)

c. Is the proposed Unit Rate (#6) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#6) (600 character limit)

These are the rates used in previous funding received from the Children's Services Fund. These rates were originally adapted from the approved units of service for the St. Louis County Children's Service Fund.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#6) (600 character limit)

d. Total Number of Units of Service to be Provided (#6)

150

e. Total Number of Unduplicated Individuals (#6)

12

f. Average Number of Units of Service per Unduplicated Individual (#6)

12.5

g. Average Cost of Service per Individual (#6)

259.75

Service #6 - Service Fee

a. Will the proposed service (#6) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#6) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#6)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#6). (600 character limit)

Program residents have little to no income when entering the program. To make access available to those in need of service Rainbow House provides free and confidential services, which includes all service available through the Homeless Youth Program.

b. Is this proposed service (#6) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#6) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#6) (600 character limit)

If No - Explain why the proposed service (#6) is not billable to a third-party payor. (600 character limit)

Insurance does not cover the proposed service. At this time there are not state subsidies or other payors that fund this specific service.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#6) (600 character limit)

There is no cost to the consumer for this service.

Service #6 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#6)

Yes (complete the Other Funder's Chart below)

Service #6 - Other Funders Chart

<u>Funders (#6)</u>	<u>Unit Rate (#6)</u>	<u># of Units Funded (#6)</u>	<u>Total Amount Contracted (#6)</u>
	6a1.	6a2.	6a3.
a. Boone County - Children's Services Funding (#6)	\$20.78	150	\$3,117.00
	6b1.	6b2.	6b3.
b. Boone County - Community Health Funding (#6)	\$0.00	0	\$0.00
	6c1.	6c2.	6c3.
c. City of Columbia - Social Services Funding (#6)	\$0.00	0	\$0.00
	6d1.	6d2.	6d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#6)	\$0.00	0	\$0.00
	6e1.	6e2.	6d4.
e. Heart of Missouri United Way Funding (#6)	\$0.00	0	\$0.00

Service #6 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#6)

\$3,117.00

b. Proposed Number of Units of Service (#6)

150

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#6) (600 character limit)

Rainbow House works to obtain and maintain the necessary funding from a variety of sources to sustain the Homeless Youth Program. The federal Transitional Living Program grant requires a 10% match. Funding from Boone county will help with this match requirement, while allowing important services to continue.

Service #6 - Performance Measures

Outcome (6-1)

To increase access to services for at-risk, runaway, and unsheltered homeless youth in Boone County

Indicator (6-1)

80% of youth served will be connected with services in Boone County

Method of Measurement (6-1)

Street outreach summary notes, follow-up notes

Additional Outcome (6-2)

Additional Indicator (6-2)

Additional Method (6-2)

Additional Outcome (6-3)

Additional Indicator (6-3)

Additional Method (6-3)

Additional Outcome (6-4)

Additional Indicator (6-4)

Additional Method (6-4)

Additional Outcome (6-5)

Additional Indicator (6-5)

Additional Method (6-5)

Service #6 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#6) (600 character limit)

The main priority of the street outreach services is to address the safety concerns of youth being unsheltered for any period of time. By increasing access to service for these youth, we can connect to emergency shelters and then discuss other resources that could be beneficial to the youth. Street

outreach services increase the safety and well-being of youth.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#6) (600 character limit)

The homeless youth population requires a unique approach to street outreach. In communities like Columbia and Boone County the population is often doubled-up or couch surfing. Street outreach often relies on referrals from local agencies, businesses, schools, and other systems.

c. Provide a rationale for the measurement level(s) for each indicator. (#6) (600 character limit)

When program staff meet with youth for street outreach, the first goal is to provide education about services. Occasionally youth do not want to work with program staff after hearing about what is available and how the program can help. For this reason, 90% was chosen for this indicator.

d. Provide a rationale for each method of measurement. (#6) (600 character limit)

Street outreach summary notes indicate the services that were provided and the youth's level of engagement. These notes also indicate any follow-up that occurs and if youth are utilizing the services to which they were connected.

Service #7 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#7)

a. Service #7 - Taxonomy of Service Name (150 character limit)

Positive Youth Development

b. Service #7 - Taxonomy Definition of Service (300 character limit)

Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.

c. Provide a detailed description of the proposed service (#7). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Positive Youth Development is the framework used for the Homeless Youth Program. As a service it weekly life skills classes and community meetings. The classes are taught by program staff, typically the Program Coordinator. Classes cover a variety of life skills such as: budgeting, healthy relationships, cleaning, resume writing, coping skills, and many others. The classes are based on the results of the residents' Casey Life Skills assessments. This allows for the classes to be most effective. Youth can build on their strengths, as well as address their struggles. The community meeting aspect of Positive Youth Development, allows for youth to practice important skills such as advocating for themselves, giving and receiving constructive criticism, and other interpersonal skills.

Service #7 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#7)

1 hour (to be billed per youth)

b. Unit Rate (#7)

\$13.97

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#7)

c. Is the proposed Unit Rate (#7) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#7) (600 character limit)

These are the rates used in previous funding received from the Children's Services Fund. These rates were originally adapted from the approved units of service for the St. Louis County Children's Service Fund.

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#7) (600 character limit)

d. Total Number of Units of Service to be Provided (#7)

36

e. Total Number of Unduplicated Individuals (#7)

6

f. Average Number of Units of Service per Unduplicated Individual (#7)

6

g. Average Cost of Service per Individual (#7)

83.82

Service #7- Service Fee

a. Will the proposed service (#7) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#7) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#7) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#7). (600 character limit)

Program residents have little to no income when entering the program. To make access available to those in need of service Rainbow House provides free and confidential services, which includes all service available through the Homeless Youth Program.

b. Is this proposed service billable to a third-party payor(s)? (#7) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#7). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#7) (600 character limit)

If No - Explain why the proposed service is not billable to a third party payor. (#7) (600 character limit)

Insurance does not cover the proposed service. At this time there are not state subsidies or other payors that fund this specific service.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#7) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There is no cost to the consumer for this service.

Service #7 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#7)

Yes (complete the Other Funder's Chart below)

Service #7 - Other Funders Chart

<u>Funders (#7)</u>	<u>Unit Rate (#7)</u>	<u># of Units Funded (#7)</u>	<u>Total Amount Contracted (#7)</u>
	7a1.	7a2.	7a3.
a Boone County - Children's Services Funding (#7)	\$13.97	30	\$419.10
	7b1.	7b2.	7b3.
b. Boone County - Community Health Funding (#7)	\$0.00	0	\$0.00
	7c1.	7c2.	7c3.
c. City of Columbia - Social Services Funding (#7)	\$0.00	0	\$0.00
	7d1.	7d2.	7d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#7)	\$0.00	0	\$0.00
	7e1.	7e2.	7e3.
e. Heart of Missouri United Way Funding (#7)	\$0.00	0	\$0.00

Service #7 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#7)

\$502.92

b. Proposed Number of Units of Service (#7)

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#7) (600 character limit)

Rainbow House works to obtain and maintain the necessary funding from a variety of sources to sustain the Homeless Youth Program. The federal Transitional Living Program grant requires a 10% match. Funding from Boone county will help with this match requirement, while allowing important services to continue.

Service #7 - Performance Measures

Outcome (7-1)

To increase self-sufficiency of youth residing in the Homeless Youth Program

Indicator (7-1)

90% of youth will participate in weekly life skills classes while residing in the program

Method of Measurement (7-1)

Sign-in sheets for life skills and staff documentation

Additional Outcome (7-2)

To increase self-sufficiency of youth residing in the Homeless Youth Program

Additional Indicator (7-2)

70% of youth participating in life skills classes will show an increase in subject knowledge

Additional Method (7-2)

Casey Life Skills assessment, pre and post test surveys for each life skills class

Additional Outcome (7-3)

Additional Indicator (7-3)

Additional Method (7-3)

Additional Outcome (7-4)

Additional Indicator (7-4)

Additional Method (7-4)

Additional Outcome (7-5)

Additional Indicator (7-5)

Additional Method (7-5)

Service #7 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (7) (600 character limit)

Positive Youth Development supports the goals of the program through supporting youth strengths and building skills. The life skills classes will increase self-sufficiency through teaching the skills necessary to live independently after discharge from the program. Community meetings will help youth practice the interpersonal skills and build permanent connections. For some youth this is difficult because of family history or past trauma. Positive Youth Development support youth in learning to build and permanent and meaningful connections.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (7) (600 character limit)

Scheduling is an external factor that affects life skills classes and community meetings. The youth attend school/GED classes and/or jobs. It can be difficult to schedule class so that all youth are able to attend.

c. Provide a rationale for the measurement level(s) for each indicator. (7) (600 character limit)

Program experience shows that from time to time youth don't stay long enough to participate in class or resist class participation. For this reason, 90% was chosen as the measurement level for the first indicator. Since topics of each class vary, youth do not always indicate that they increased subject knowledge. Youth may have prior knowledge of the topic or struggle to understand a topic after taking on class. For this reason, 70% was chosen as the measurement level for the second indicator.

d. Provide a rationale for each method of measurement (7). (600 character limit)

Sign-in sheets are the reporting method for life skills attendance. Staff document information about each class in a note that indicates the youth that attended, the topic of the class, and notes on youth engagement. The Casey Life Skills Assessment is standardized assessment given to youth quarterly to assess progress in a variety of life skills. The pre and posttest provide feedback on specific topics and classes.

Service #8 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#8)

Service #8 - Taxonomy of Service Name (150 character limit)

Service #8 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#8). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #8 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#8)

b. Unit Rate (#8)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#8)

c. Is the proposed Unit Rate (#8) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#8) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#8) (600 character limit)

d. Total Number of Units of Service to be Provided (#8)

0

e. Total Number of Unduplicated Individuals (#8)

0

f. Average Number of Units of Service per Unduplicated Individual (#8)

0

g. Average Cost of Service per Individual (#8)

0

Service #8 - Service Fee

a. Will the proposed service (#8) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#8). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#8)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#8) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#8) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#8). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#8) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#8) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #8 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#8)

Service #8 - Other Funders Chart

<u>Funders (#8)</u>	<u>Unit Rate (#8)</u>	<u># of Units Funded (#8)</u>	<u>Total Amount Contracted (#8)</u>
	8a1.	8a2.	8a3.
a. Boone County - Children's Services Funding (#8)	\$0.00	0	\$0.00
	8b1.	8b2.	8b3.
b. Boone County - Community Health Funding (#8)	\$0.00	0	\$0.00
	8c1.	8c2.	8c3.
c. City of Columbia - Social Services Funding (#8)	\$0.00	0	\$0.00

d. City of Columbia - CDBG/Home/CHDO Funding (#8)	8d1. \$0.00	8d2. 0	8d3. \$0.00
e. Heart of Missouri United Way Funding (#8)	8e1. \$0.00	8e2. 0	8e3. \$0.00

Service #8 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#8)

\$0.00

b. Proposed Number of Units of Service (#8)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#8) (600 character limit)

Service #8 - Performance Measures

Outcome (8-1)	Indicator (8-1)	Method of Measurement (8-1)
Additional Outcome (8-2)	Additional Indicator (8-2)	Additional Method (8-2)
Additional Outcome (#3-3)	Additional Indicator (8-3)	Additional Method (8-3)
Additional Outcome (8-4)	Additional Indicator (8-4)	Additional Method (8-4)
Additional Outcome (8-5)	Additional Indicator (8-5)	Additional Method (8-5)

Service #8 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#8). (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#8). (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#8). (600 character limit)

d. Provide a rationale for each method of measurement (#8). (600 character limit)

Service #9 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. [Click here to view document.](#) (#9)

a. Service #9 - Taxonomy of Service Name (150 character limit)

b. Service #9 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#9). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #9 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#9)

b. Unit Rate (#9)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#9)

c. Is the proposed Unit Rate (#9) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#9) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#9) (600 character limit)

d. Total Number of Units of Service to be Provided (#9)

0

e. Total Number of Unduplicated Individuals (#9)

0

f. Average Number of Units of Service per Unduplicated Individual (#9)

0

g. Average Cost of Service per Individual (#9)

0

Service #9 - Service Fee

a. Will the proposed service (#9) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#9). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#9)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#9). (600 character limit)

b. Is this proposed service (#9) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#9) (600 character limit)

If No - Explain why the proposed service (#9) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#9) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #9 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#9)

Service #9 - Other Funders Chart

<u>Funders (#9)</u>	<u>Unit Rate (#9)</u>	<u># of Units Funded (#9)</u>	<u>Total Amount Contracted (#9)</u>
	9a1.	9a2.	9a3.
a. Boone County - Children's Services Funding (#9)	\$0.00	0	\$0.00
	9b1.	9b2.	9b3.
b. Boone County - Community Health Funding (#9)	\$0.00	0	\$0.00
	9c1.	9c2.	9c3.
c. City of Columbia - Social Services Funding (#9)	\$0.00	0	\$0.00
	9d1.	9d2.	9d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#9)	\$0.00	0	\$0.00

e. Heart of Missouri United Way Funding (#9)

9e1.
\$0.00

9e2.
0

9d4.
\$0.00

Service #9 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#9)

\$0.00

b. Proposed Number of Units of Service (#9)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#9) (600 character limit)

Services #9 - Performance Measures

Outcome (9-1)	Indicator (9-1)	Method of Measurement (9-1)
Additional Outcome (9-2)	Additional Indicator (9-2)	Additional Method (9-2)
Additional Outcome (9-3)	Additional Indicator (9-3)	Additional Method (9-3)
Additional Outcome (9-4)	Additional Indicator (9-4)	Additional Method (9-4)
Additional Outcome (9-5)	Additional Indicator (9-5)	Additional Method (9-5)

Service #9 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#9) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#9) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#9) (600 character limit)

d. Provide a rationale for each method of measurement (#9) (600 character limit)

Service #10 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#10)

a. Service #10 - Taxonomy of Service Name (150 character limit)

b. Service #10 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#10). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #10 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#10)

b. Unit Rate (#10)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#10)

c. Is the proposed Unit Rate (#10) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#10) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#10). (600 character limit)

d. Total Number of Units of Service to be Provided (#10)

0

e. Total Number of Unduplicated Individuals (#10)

0

f. Average Number of Units of Service per Unduplicated Individual (#10)

0

g. Average Cost of Service per Individual (#10)

0

Service #10 - Service Fee

a. Will the proposed service (#10) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#10). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#10)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#10). (600 character limit)

b. Is this proposed service (#10) billable to a third party-payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#10) (600 character limit)

If No - Explain why the proposed service (#10) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#10) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #10 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#10)

Service #10 - Other Funders Chart

<u>Funders (#10)</u>	<u>Unit Rate (#10)</u>	<u># of Units Funded (#10)</u>	<u>Total Amount Contracted (#10)</u>
a. Boone County - Children's Services Funding (#10)	10a1. \$0.00	10a2. 0	10a3. \$0.00
b. Boone County - Community Health Funding (#10)	10b1. \$0.00	10b2. 0	10b3. \$0.00
c. City of Columbia - Social Services Funding (#10)	10c1. \$0.00	10c2. 0	10c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#10)	10d1. \$0.00	10d2. 0	10d3. \$0.00
e. Heart of Missouri United Way (#10)	10e1. \$0.00	10e2. 0	10e3. \$0.00

Service #10 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#10)

\$0.00

b. Proposed Number of Units of Service (#10)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#10) (600 character limit)

Service #10 - Performance Measures

Outcome (10-1)	Indicator (10-1)	Method of Measurement (10-1)
Additional Outcome (10-2)	Additional Indicator (10-2)	Additional Method (10-2)
Additional Outcome (10-3)	Additional Indicator (10-3)	Additional Method (10-3)
Additional Outcome (10-4)	Additional Indicator (10-4)	Additional Method (10-4)
Additional Outcome (10-5)	Additional Indicator (10-5)	Additional Method (10-5)

Service #10 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#10) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#10) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#10) (600 character limit)

d. Provide a rationale for each method of measurement (#10) (600 character limit)

Total Amount Requested for Services #6 - Service #10

Total Amount Requested for Services #6 - Service #10

3619.92



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

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

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Child Abuse & Neglect Emergency Shelter, Inc
dba Rainbow House

Address:

1611 Towne Dr Columbia MO 65202

Phone Number:

573 474-6600

Fax Number:

573 474 5992

E-mail:

jbakutes@rainbowhousecolumbia.org

Authorized Representative Signature:

Janie Bakutes Date: 11-29-17

Authorized Representative Printed Name:

Janie Bakutes

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Calkins	Hardy Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Wiley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank B.C.	874-8506	874-8432
8.	Bob Hull	US Bank	446-3394	446-2061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20 JUL 17 - Depository of County Funds

23.	Bonnie Layton	Central Bank	874-8501
24.	Jennifer Freeman	US Bank	446-6738
25.	Eric Wright	US Bank	623-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

46.	Julia Lutz	IT		
47.	Aaron Gos	IT		
48.	Denise Abney	COLLECTOR		
49.	Denise Abney	Collector		
50.	TOM DARROU	TREAS		
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

- a. You included the following requested attachments:
 - Attachment A 2017 Organization Assurance Sheet
 - Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
 - Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Child Abuse & Neglect Emergency Shelter, Inc.
dba Rainbow House

Address:

1611 Towne Dr
Columbia MD 65202

Phone Number:

573
474 6600

Fax Number:

573
474 5992

E-mail:

jbakutes@rainbowhousecolumbia.org

Authorized Representative Signature:

Janie Bakutes Date: 11-29-17

Authorized Representative Printed Name:

Janie Bakutes



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Response Form. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Child Abuse & Neglect Emergency Shelter, Inc.
Company Name: c/a Rainbow House
Address: 1611 Towne Drive
Columbia MO 65202
Phone Number: 573 474 6600 Fax Number: 573 474 5992
E-mail: jbakutes@rainbowhousecolumbia.org
Authorized Representative Signature: Janie Bakutes Date: 11-29-17
Authorized Representative Printed Name: Janie Bakutes

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 ext	874-0681
4.	Shelly Lock	CCAMCO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Tim Artlage	U of Mo CFRP	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Frink	CPS	214-3480	
10.	Coretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LECS	573-815-9955	
14.	Kelsey Lucke	Rainbow House	573-473-2963	
15.	Ron Bone	YC2	573-554-7011	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20 JUL 17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Barry King	Tree Top LLC	573-945-0348	
3.	Carnestine Campbell	Tree Top LLC	573-945-0348	
4.	Jennifer Klossner	CMCA BRIDGE	573-427-7897	
5.	Mernell King	CMCA Bridge	573-999-4179	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A'	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madeline Cannon	Compass Health	636-332-2187	
10.	Pamela Hall	uma-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vicki Dowett	EG-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Quik Kiessling	Kiessling & Assoc.	573-821-5370	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Boring	SOAR	573-884-6384	
17.	Carole Schaub	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(777) 600-5215	
19.	Becky Markt	CHA Low-Income Svcs	573-443-2556	0551
20.	Gay Littleton	MLJ CLC	573-449-5600	573-815-1535
21.	Miriam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Eppmy	13 th Circuit	886-4058	886-4070
23.	Chloe	WV Bridge	265-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Beatrice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys & Girls Clubs	268 8549	
28.	Mark Brackel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dimmitt	H. Fletcher ZYSBS	573-574-3677	
31.	Lanceburg-Walker	Rep to Psych	884-6136	
32.	Michelle Shitler	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Kelly Hill	Heart of MO CASA	442-4670	N/A
23.	Jim Thust	Grade A Plus	573-268-4172	
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COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2 All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3 Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1 The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2 The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.
- 4.3. Competitive Negotiation of Proposals:**
The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:
- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14



CHILABU-01

LFRANKE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/27/2017

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

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

PRODUCER The Insurance Group-Col 200 East Southampton Drive Columbia, MO 65203	CONTACT NAME: Lisa M. Franke	
	PHONE (A/C, No, Ext): (573) 875-4800	FAX (A/C, No): (573) 875-4514
	E-MAIL ADDRESS: lfranke@tigadvisors.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company	18058
	INSURER B : Missouri Employers Mutual Insurance Company	10191
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
Child Abuse & Neglect Emergency Shelter DBA The Rainbow House
1611 Towne Drive
Columbia, MO 65202

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	PHPK1682100	07/11/2017	07/11/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1682100	07/11/2017	07/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB592599	07/11/2017	07/11/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MEM1023534-09	07/11/2017	07/11/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

County of Boone - Missouri is Additional Insured on the General Liability, with Waiver of Subrogation, but only to the extent provided in policy forms CG2026 and CG2404.

CERTIFICATE HOLDER

CANCELLATION

County of Boone - Missouri
613 E. Ash, Room 110
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymmo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymmo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract

Parenting Class Program

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and Child Abuse & Neglect Emergency Shelter, Inc., dba Rainbow House a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as RH.

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

WHEREAS, RH has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY RH

RH is expected to the greatest extent possible to maximize funding from all other sources. RH shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. RH shall only request reimbursement for services not reimbursable by any other source. RH shall not invoice the Children's Services Fund for units of service invoiced to another funding source. RH shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** RH will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and RH's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over RH's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from RH and RH agrees to furnish the **Parenting Class Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in RH's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$4,250.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. RH agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of RH be renewed for **an additional one (1), one-year period**. RH agrees and understands that the BCCSB may require supplemental information to be submitted by RH prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Parenting Skills Training	One hour	\$8.50	500	\$4,250.00

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

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

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by RH to monitor service delivery and program expenditures. RH agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by RH and, if so stipulated, are noted on this contract document. Payments may be withheld from RH if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. RH agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

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

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** RH may enter into subcontracts for components of the contracted service as RH deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, RH shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. BCCSB may terminate this agreement should RH fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, RH shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the RH for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, RH agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Child Abuse & Neglect Emergency Shelter, Inc., dba Rainbow House** (meaning anyone, including but not limited to consultants having a contract with RH or subcontractor for part of the services), or anyone directly or indirectly employed by RH, or of anyone for whose acts RH may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

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

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

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

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

27. **Record Retention Clause.** RH shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

Any written notice or communication to RH shall be mailed or delivered to:

Child Abuse & Neglect Emergency Shelter, Inc., dba Rainbow House
Janie Bakutes
1611 Towne Dr.
Columbia, MO 65202

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

**Child Abuse and Neglect Emergency
Shelter, Inc., dba Rainbow House**

By: _____

Signature

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

By: _____

Printed Name/ Title

Les Wagner, Board Chair

APPROVED AS TO FORM:

County Counselor

ATTEST:

Taylor W. Burks, County Clerk

DKB

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

Signature

Date

(2161/71106/\$4,250.00)

Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 1, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 - *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Child Abuse & Neglect Emergency Shelter, Inc.

Address: 1611 Towne Drive Columbia MO 65201

Telephone: 573.474.6600 Fax: 573.474.5992

Federal Tax ID (or Social Security #): 43-1390192

Print Name: Janie Bakutes Title: Executive Director

Signature:  Date: 10/31/2017

E-mail: jbakutes@rainbowhousecolumbia.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Child Abuse and Neglect Emergency Shelter, Inc.
Name of Program	Parenting Class Program

Organization Profile	
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Proposal Cover Sheet	
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1. The amount of request entered on the Proposal Cover Sheet should only be for one year of services.

Action Required: Correct the amount entered in the Amount of Request field.

- 2.

The amount should reflect \$4,250.

required attachments on the Proposal Cover Sheet are not provided.

A

The items are signed and attached to this email. I was unable to upload them because the record was locked.

n Required: Upload all the attachments with required signatures.

Program Overview Form	
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3. The narrative in the Program Consumers section, item a. describes providing services to 400 Boone and Callaway parents over the last 6 years. However, the Other Counties field in the Consumer Demographics Residence section does not list any individuals from other counties.
Action Required: Update the Consumer Demographics Residence section and provide an explanation on the funding source paying for these individuals if there are class attendants from other counties. If no individuals from other counties will be served, provide an explanation on this change from previous years.

- 4.

In the past, parenting classes at Rainbow House were funded through the Children's Trust Fund, which covered multiple counties. At this time we are not receiving funding from other sources to cover out-of-county participants. In an effort to continue providing classes at no cost and keep the cost to Rainbow House manageable, we will only be providing parenting class to Boone County residents.

race total in the Consumer Demographics Race section is entered at 55 but the total number of unduplicated individuals to be served is listed at 50.

A

The number of individuals identifying as White, can be changed to 35.

Action Required: Correct the Consumer Demographics Race section.

5. The Program Access section states that the classes are held in the evenings but does not explain how often the groups meet, the number of sessions, and how often new groups start the program.

Action Required: Provide more information on how frequent groups meet, the number of sessions

A

A new group will start each month or every other month, depending on demand and the number of individuals signing up. The intention is for the group to meet each week, in the evening, for 2.5-3 hours.

n

s, and how often new groups start the program.

Program Services Form (1-5)	
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No further questions at this time.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

6. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Parent Skills Training	1hour (to be billed per parent)	\$8.50	500	50

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Parent Skills Training	\$4,250	500
Development/Start Up Service Funding	\$0	
Total Amount Requested to Boone County:	\$4,250	

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

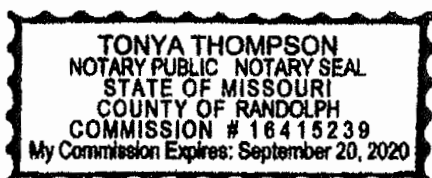
County of Boone)
)ss
State of Missouri)

My name is Janie Bakates I am an authorized agent of Child Abuse & Neglect
Emergency Shelter (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Janie Bakates 10-25-17
Affiant Date
Janie Bakates
Printed Name

Subscribed and sworn to before me this 25th day of October, 2017.



Tonya Thompson
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Janie Bakutes, Executive Director
Name and Title of Authorized Representative

Janie Bakutes 10-24-17
Signature Date

ATTACHMENT A

AGENCY ASSURANCE SHEET

(Please complete and return with Proposal Response)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Agency Strategic Plan
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect (If applicable)
- Agency Statement of Confidentiality

Janie Bakutes
Printed Name - Agency Executive Director/President/CEO

10-24-17
Date

Janie Bakutes
Signature - Agency Executive Director/President/CEO

10-24-17
Date

Melissa A. Faurot
Printed Name - Agency Board Chair

10-24-17
Date

Melissa A Faurot
Signature - Agency Board Chair

10-24-17
Date

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 23, 2017

Child Abuse and Neglect Emergency Shelter, Inc.
Attn: Janie Bakutes, Executive Director
1611 Towne Drive
Columbia, MO 65202
jbakutes@rainbowhousecolumbia.org

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Bakutes:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

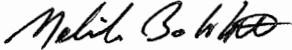
If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda Bobbitt", with a stylized flourish at the end.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Kelsey Louder – klouder@rainbowhousecolumbia.org

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Child Abuse and Neglect Emergency Shelter, Inc.
Name of Program	Parenting Class Program

Organization Profile	
-----------------------------	--

Proposal Cover Sheet	
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1. The amount of request entered on the Proposal Cover Sheet should only be for one year of services.

Action Required: Correct the amount entered in the Amount of Request field.

--

2. The required attachments on the Proposal Cover Sheet are not provided.

Action Required: Upload all the attachments with required signatures.

--

Program Overview Form	
------------------------------	--

3. The narrative in the Program Consumers section, item a. describes providing services to 400 Boone and Callaway parents over the last 6 years. However, the Other Counties field in the Consumer Demographics Residence section does not list any individuals from other counties.

Action Required: Update the Consumer Demographics Residence section and provide an explanation on the funding source paying for these individuals if there are class attendants from other counties. If no individuals from other counties will be served, provide an explanation on this change from previous years.

--

4. The race total in the Consumer Demographics Race section is entered at 55 but the total number of unduplicated individuals to be served is listed at 50.

Action Required: Correct the Consumer Demographics Race section.

--

5. The Program Access section states that the classes are held in the evenings but does not explain how often the groups meet, the number of sessions, and how often new groups start the program.

Action Required: Provide more information on how frequent groups meet, the number of sessions, and how often new groups start the program.

--

Program Services Form (1-5)	
------------------------------------	--

No further questions at this time.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

6. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click **Save Record** on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click **Save Record** you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date **ALL** applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Child Abuse & Neglect Emergency Shelter, Inc.

DBA:

Rainbow House

Federal EIN Number:

43-1390192

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Phone Number:

573-474-6600 x2116

Website:

www.rainbowhousecolumbia.org

Head of Organization

Janie Bakutes

Head of Organization Phone:

573-474-6600 x2106

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Fax Number:

573-474-5992

Email:

jbakutes@rainbowhousecolumbia.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

jbakutes@rainbowhousecolumbia.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization Mission Statement (Purpose):
Provide your organization's mission statement. (600 character limit)
The mission of Rainbow House is to keep children safe and support families in crisis through prevention, assessment and intervention in child abuse and neglect.

Organization History:
Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)
Founded in 1986 by Kathy Hughes, Rainbow House opened as an Emergency Children's Shelter providing emergency foster care and later expanded to provide emergency crisis care; the Regional Child Advocacy Center (CAC) was added as a program in 1997 and initially served seven counties; SOL House was added in 2007 and provides shelter and life skills for homeless youth ages 16-21. Rainbow House has always provided counseling services as well as child medical exams and has provided parenting classes for the past 5 years.

Brief Statement of Organization's Major Goals:
Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)
Our major goals are to be a community resource, provide shelter for children, support services for families, forensic interviews, SAFEs (Sexual Abuse Forensic Exams) for children referred to us by Children's Division, law enforcement, juvenile office, to provide shelter, life skills and support for homeless youth; to provide counseling and parenting classes. We are here to serve the community and to be a beacon for those in need.

Articles of Incorporation:
Articles of Incorporation (MUST BE IN PDF FORMAT)
/document/download/filename/1433780664_30405_ArticlesofIncorporation.pdf/

Provide a copy of the organization's Articles of Incorporation.

Bylaws:
Provide a copy of the organization's Bylaws.
Bylaws (MUST BE IN PDF FORMAT)
/document/download/filename/1467310528_34051_RainbowHouse-Bylaws2015%283%29.pdf/

Organizational Chart:
Organizational Chart (MUST BE IN PDF FORMAT)
/document/download/filename/1488225663_30406_February20172%283%29.pdf/
(must be for the entire organization);

Strategic Plan:
Strategic Plan (MUST BE IN PDF FORMAT)

Service Area:
Briefly describe the geographic area in which your organization provides services. (600 character limit)
The vast majority of children who arrive at our Children's Shelter are from Boone County. We are open to serving children from any area. Our CAC provides services to the counties of Adair, Audrain, Boone, Callaway, Cole, Cooper, Howard, Macon, Monroe,

Randolph and Shelby; the CAC occasionally has a request for an interview from a county served by another CAC and we comply if it is in the best interest of the child. Our Homeless Youth come to us from all over the state and sometimes out of state. Our counselors most often seen clients from Columbia/Boone County.

Briefly describe the population(s) served by your organization. (600 character limit)

Children age birth to 18 may be admitted to our Children's Shelter. We have been requested by Children's Division to go to the hospital and assist in placing a new born when the child is considered in danger due to a high risk mother. CAC referrals are accepted for children ages 3 to 18; the Homeless Youth program serves youth ages 16 - 21. Our counselors work with children and youth ages 4 to 21 and their parents. Our counselors provide parenting classes as well.

Does your organization have a written Conflict of Interest policy?

yes

Does your organization have a written Whistleblower policy?

yes

Does your organization have a written Business Continuity plan?

yes

Does your organization have a written Records Retention policy?

yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

3 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Sarah Laupp	Member	01/12/2017	01/12/2020	7512 Wellford Court Columbia, MO 65203	✓	Added on 01/19/2017
Lise' Kathleen Dunning	Member	01/12/2017	01/12/2020	207 E Orange Street Mexico, MO 65265	✓	Added on 01/19/2017
Shawn Sutterer	Board Member	10/01/2016	10/01/2019	Work: 2201 Chapel Plaza Ct. Columbia MO	✓	Added on 06/08/2015
Audrey Sharp	Board member	07/21/2016	07/01/2019	511 Marion Drive, Columbia MO	✓	Added on 07/28/2016
Jamie Patterson	Board member	07/21/2016	07/01/2019	270 Hwy A Tuscumbia, MO	✓	Added on 07/28/2016
Allison Kleiber	Board Member	03/01/2014	03/01/2017	Home: 2312 Redmond Ct. Columbia Mo Work: Stephens College Columbia MO	✓	Added on 06/08/2015
Jared Reynolds	Board Secretary	03/01/2016	03/01/2019	Home: 4400 Crystal Rock Ct., Columbia MO Work: 200 E Southhampton Dr., Suite 101	✓	Added on 06/08/2015

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Drew Smith	Board Vice President	07/01/2014	07/01/2017	Home: 808 Cutters Corner Lane Columbia, MO Work: 901 E Broadway Columbia, MO	✓	Added on 06/08/2015
Melissa Faurot	Board President	05/01/2014	05/01/2017	Home: 3480 S. Bluestem Circle Columbia, MO Work: 401 Locust St. Suite 401 Columbia, MO	✓	Added on 06/30/2016
Tom Schwarz	Board Treasurer	04/01/2014	04/01/2017	Home: 2509 Regis Ct., Columbia, MO Work: P O Box 1867	✓	Added on 06/30/2016

Total Active Links:10, Total Deactivated Links:2, Current Active Links:10, Current Deactivated Links:2

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")**

3 years

Describe the function of the Advisory Board as it relates to the work of your organization:

Notes

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Advisory Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Active	Date

Total Active Links:0, Total Deactivated Links:2, Current Active Links:0, Current Deactivated Links:2

Financial Information**Organization Fiscal Year:**

July 1 - June 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1454521475_29953_501%28c%29%283%292016.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1488563412_29954_RainbowHouseAuditReport2016.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1493147684_29955_063016ChildAbuseNeglectandEmergencyTaxReturn-Public.pdf/

is not required to file a 990 or 990 EZ with the IRS.

Financial Policies and Procedures:
Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The Rainbow House Office Manager prepares financials for every monthly Board meeting and the information is included in the Board packet. The Board reviews the documents ahead of the Board meeting and questions are addressed at the meeting. The information contains Income, Revenue, and shows a profit and/or loss. Board members may check on our bank accounts and note activity as they wish.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation			Link Info			Active	Date
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:			
Director - Emergency Shelter	Licensed	1.00	\$38,000.00	\$9,673.00	✓		Added on 06/10/2015
CAC Program Director	B.S.	1.00	\$45,000.00	\$3,846.00	✓		Added on 06/08/2015
Office Manager	B.A.	1.00	\$50,000.00	\$11,000.00	✓		Added on 06/10/2015
Executive Director	M.A. or B.A. + experience x 5	1.00	\$50,000.00	\$5,651.00	✓		Added on 06/10/2015
Director of Development/Marketing	B.A.	1.00	\$45,000.00	\$8,853.00	✓		Added on 06/10/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

The Rainbow House Regional Child Advocacy Center has been an accredited member of National Children's Alliance (NCA) since 2000. Our re-accreditation has been approved through October 2021. We applied for re-accreditation in 2015 and our site visit was completed in October 2016. The two site reviewers met with multidisciplinary team members, attended a case review, met with members of our Board of Directors and toured the facility. NCA has ten best practice standards which must be met before approval. Our facility satisfactorily met those ten standards.

Accreditation 2:

Accreditation 3:

Notes

Certifications:

Certifications:

Please indicate that the above named organization:**Is a registered corporation in good standing with the State of Missouri.**

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)**Transition Plan (MUST BE IN PDF FORMAT)****Heart of Missouri United Way****The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.****Organizational Budget (MUST BE IN PDF FORMAT)****Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.**

/document/download/filename/1454691840_32839_OrgBudget_HMUWApricotOrgProfile_2016-2017RFP.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1500409063_32678_DSSCertificateofLiability062817.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1475271121_32841_RainbowHouse.doc/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1475271121_32847_RainbowHouse.docx/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)**Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)****Addendums (MUST BE IN PDF FORMAT)**

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 9 Links

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
Children's Services Fund - Youth Homelessness Programs - RFP (BCCSB Review ends 05/31/2017 8:00 AM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - Youth Homelessness Programs	Boone County	RFP #18-25APR17	✓	Added on 05/05/2017
Children's Services Fund - POS RFP #27-10JUN14 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	Child Abuse & Neglect Emergency Shelter, Inc.	Children's Services Fund - POS	Boone County	RFP #27-10JUN14	✓	Added on 06/26/2015

Total Active Links:9, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

| Next

System Fields**Record ID**

12696

Modification Date

07/18/2017 3:17 PM CDT

Modified By

Child Abuse & Neglect Emergency Shelter, Inc. ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Child Abuse & Neglect Emergency Shelter, Inc.

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Parenting Class Program

Amount of Request

\$8,500.00

County-Children's Services - Service Type (check all that apply)

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)

www.rainbowhousecolumbia.org

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Name

Kelsey Louder

Phone Number

573-474-6600 x323

Address

1611 Towne Drive

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Title

Shelter Director

Email

klouder@rainbowhousecolumbia.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

Signed Addendums

[Link to Organization Profile Record](#)

[Link to Organization Records](#)

Organization Profile**Organization Name (the offi...****Organization Mailing Address:****Head of Organization****Link Info****Active Date**

Child Abuse & Neglect Emergency Shelter, Inc.

1611 Towne Drive

Janie Bakutes

Added on
07/12/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-1390192

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Child Abuse & Neglect Emergency Shelter, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Parenting Class Program
Amount of Request	\$8,500.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The CDC (2015) identified a list of parental and family risk factors for child maltreatment; a few of these risk factors listed are as follows: "Parents' lack of understanding of children's needs, child development and parenting skills; Parental characteristics such as young age, low education, single parenthood, large number of dependent children and low income; Parental thoughts and emotions that tend to support or justify maltreatment behaviors; Social isolation; and Parenting stress, poor parent-child relationships, and negative interactions" (p. 1). Rainbow House's mission is to keep children safe and support families in crisis through prevention, assessment, and intervention in child abuse & neglect. Through providing 'Making Parenting A Pleasure,' Rainbow House helps address the above risks factors for child maltreatment. This group increases parental knowledge of parenting skills and child development, covers healthy discipline techniques and teaches parents how to evaluate their decision making around discipline used, provides opportunity for parents to connect and receive support from one another, discusses stress and anger management skills, and teaches ways of communicating and building relationship with children. In 2015 there were 41 substantiated incidents of physical abuse involving 45 children in Boone County. In that same year, there were 54 substantiated incidents of neglect involving 93 children. (BID) According to the Missouri Department of Social Service

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The majority of parents that complete the 'Making Parenting A Pleasure' group have been referred to complete a parenting class by the Children's Division as a result of a hotline being received regarding the family. In the state of Missouri (FY 2015), the 68,623 families involved in either a family assessment or investigation after a hotline were observed to have characteristics such as: Lack of Parenting Skills (6.4%), Single Parent Household (18.9%), and Insufficient or Misuse of Income (2.9%). Only 14.4% of these families had Appropriate Child Development Knowledge, 4.8% were observed to have Stable Family Relationships and 5.6% were considered to have good physical/mental health. Families involved in the 4,360 substantiated incidents of child abuse and neglect were observed to have similar characteristics such as Lack of Parenting Skills (27.3%), Single Parent Household

(24.5%), Insufficient or Misuse of Income (7.4%) and Dangerous Living Conditions (10.2%). Only 9.4% of families were identified having Appropriate Child Development Knowledge and only 35% were identified having extended family support (Missouri Department of Social Services, 2015). This report also indicated that 30.4% of families involved in substantiated cases of abuse or neglect were amenable to service. Parenting class is an important service that to which Children's Division can connect families.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Rainbow House Parenting Class Program's goal is to provide support & parenting skills education (i.e. self-care, stress & anger management, child development, communication skills, positive discipline, accessing community resources, etc) to at-risk parents/families to diminish child abuse & neglect.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

'Making Parenting A Pleasure' is an "evidence informed and research-based curriculum for highly stressed parents" that has "demonstrated efficacy in reducing parent stress and addressing the protective factors shown to reduce the potential for child abuse" (Saavus, p. 2). Rainbow House provides a 10-16 hour group using this curriculum that addresses stress management for parents, approaches to handling anger, child development, communication skills, and appropriate discipline. The classes are kept small in order to encourage group discussion and create a safe environment for sharing. Upon completion of the group parents will: Learn about taking care of themselves and identify personal self-care strategies, become familiar with community resources and how to access them, discuss the importance of and struggles with handling anger appropriately, understand the importance of non-verbal and verbal communication and become more aware of their own communication styles, understand the importance of knowing their child's stage of development and discuss the categories of human development, learn the importance of praise, how to praise their child and positive attention skills, and understand discipline as a way to teach children how to discipline themselves and learn techniques that positively influence, direct and address their child's behavior (Saavus, 2015).

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

For the past 6 years, Rainbow House has provided 'Making Parenting A Pleasure' group to approximately 400 Boone and Callaway County parents with two-thirds of parents being Boone County residents. So far in 2017, approximately 93% of parents that began attending group, completed the class. Parents that attend this group have been required to complete a parenting class by the Children's Division, Juvenile Office, or Probation Office. Approximately 55% of participants have been female. The majority of parents come from low-income families, are between the ages of 20 & 34 and identify as either Caucasian or African American. Statistics derived from the pre and post tests show that 80-90% of parents self report an increase in knowledge and awareness of parenting skills and 70-80% report improvement in stress management skills after completing the group. Nearly every parent reports being satisfied with the class and parents regularly express feeling supported and having benefited from attending. Parents often bond throughout group and plan to continue further contact with one another after its completion.

b. Why will these particular consumers be served? (1500 character limit)

Parents are referred by the Children's Division, Juvenile Office, or Probation office to complete a parenting class as a result of a hotline including allegations of child abuse and neglect, legal issues or child behavioral issues. The Center for the Study of Social Policies (2015) has identified the following 5 Protective Factors to diminish the potential of child abuse and neglect in families: 1. Parental Resilience - determines ability to respond in healthy ways to stress, 2. Social Connections - having a network for emotional support, well-informed advice and problem solving, 3. Concrete Support in Times of Need - helps ensure basic needs are met through having access to services, 4. Knowledge of Parenting & Child Development - helps parents have age-appropriate expectations and child rearing strategies, and 5. Social-Emotional Competence of Children - is influenced by the quality of attachment and stimulation received from an adult. According to Saavus (2015), "Making Parenting A Pleasure's evaluations demonstrate efficacy in reducing parenting stress and addressing the Protective Factors shown to reduce the potential for child abuse" (p. 2). Rainbow House will continue to provide 'Making Parenting A Pleasure' in order to increase the presence of these Protective Factors in families in order to strengthen the family and diminish the potential for child abuse and neglect.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

The majority of parents completing 'Making Parenting A Pleasure' are from low-income families that often experience phone service and transportation issues that make it challenging to keep in contact with parents and for parents to attend group. To overcome these challenges, parents are encouraged to provide updated phone numbers in order for continued contact regarding class. Class is held at Rainbow House, along a bus line and easily located. Classes are offered in the evening to avoid conflict with typical work schedules.

d. Total number of unduplicated individuals to be served by the proposed program:

50

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below

e. Average program cost per individual

85

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (Includes City of Columbia residents)	City of Columbia	Other Counties
50	45	0
Residence Total		
50		
Record Lock		
0		

Race

White (alone)	Black or African American (alone)
40	10
Native American Indian or Alaskan Native	Asian (alone)
0	0
Native Hawaiian or other Pacific Islander (alone)	Multiple Races
0	5
Some Other Race	
0	
Race Total	
55	

Ethnicity

Hispanic or Latino (of any race)
5
Not Hispanic or Latino
45
Ethnicity Total
50

Gender

Female	Male	Other
35	15	0
Gender Total		
50		

Income

At or below 200% of Federal Poverty Level

33

Over 200% of Federal Poverty Level

17

Income Total

50

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

0

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

3

Parent/Guardian (age 20 and over)

47

Age Total

50

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

'Making Parenting A Pleasure' group is held at Rainbow House, located at 1611 Towne Drive. Evening groups are offered to avoid conflict with typical work schedules. Rainbow House staff are available Monday-Friday from 9-4:30 to answer calls about parenting class and to complete intakes for upcoming classes.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Rainbow House does not discriminate against anyone due to age, ethnicity or income. Due to the high demand to attend 'Making Parenting A Pleasure' group in Boone County, Rainbow House has narrowed our services to at-risk families (parents that are referred by the Children's Division, Juvenile Office, or Probation Office to complete a class due to being in need of services) to have manageable group sizes in order to provide the appropriate level of support needed by these families. Each parent receives a certificate in order to provide proof of completion to their referring agency.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Rainbow House has provided parenting classes for the past 6 years. The majority of parents that have completed 'Making Parenting A Pleasure' group

have come from low-income families. Parents / families frequently report receiving Medicaid, food stamps, WIC and free/reduced school lunch as well as being on disability or currently being unemployed. Parents / families also report living with others or are currently residing at a homeless shelter. Due to their level of financial instability, these parents / families are not able to afford paying for group services.

d. if a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

There are no external requirements of the Rainbow House Parenting Class Program.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Research shows that best practice parenting education programs reduce child abuse through addressing risk factors by increasing parents / families protective factors such as parenting skills, knowledge of child development, stress management, communication skills, social support and access to community services. 'Making Parenting A Pleasure' curriculum follows best practice in addressing risk factors through increasing these protective factors in families. Parent Now! (2012) reported that 'Making Parenting A Pleasure' is listed on the Western CAPT Best Practice website.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

'Making Parenting A Pleasure' curriculum follows best practice in addressing risk factors through increasing these protective factors in families. Parent Now! (2012) reported that 'Making Parenting A Pleasure' is listed on the Western CAPT Best Practice website. The practice of addressing risk factors and increasing protective factors fits with the Rainbow House mission.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

'Making Parenting A Pleasure' is an evidence informed, research-based curriculum based on 35 years of experience in serving thousands of parents and has "demonstrate efficacy in reducing parental stress and addressing the Protective Factors shown to reduce the potential for child abuse" (Saavus, p. 2). Information on 2 of the 4 evaluation studies conducted by Parenting Now! (2012) is as follows: In 2012, 746 parents that participated in a follow-up study conducted after 24 months of completing the group showed "significant improvements in long term outcomes in the following areas: Overall Parenting Functioning, Perceived Stress, Psychological Well Being, Positive Parenting Behaviors, Family Functioning, Parenting Alliance Measure, Parenting Self-Efficacy" (p. 1). From 2006 to 2011, 1170 families that had completed group showed "statistically significant improvements in all areas measured including: Being aware of normal behavior for child's age level, Showing child love and affection frequently, Helping their child to understand their feelings, Helping their child feel good about themselves, Set and stick to reasonable limits and rules, Know fun activities to help their child learn, Find positive ways to guide and discipline their child, Play with their child frequently, Protecting their child from unsafe situations, Talking with other parents to share experiences, Deal with day-to-day stresses of parenting, Understanding their goals and values as a parent" (p. 2).

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Rainbow House has narrowed this group to at-risk families that are referred by the Children's Division, Juvenile Office or Probation Office to complete a class due to being in need of services. This was done to have manageable group sizes in order to provide the appropriate level of support needed by this population. As a result, this group provides a unique opportunity for the stigma that comes with having an outside agency involved be diminished, which creates a safe environment for parents to disclose. The beginning of group is very purposeful in creating a foundation of trust and safety. Parents are led to discuss ground rules and explore the curriculum's basic assumptions. Through this process parents discuss the importance of confidentiality, being respectful / non-judgmental towards one another, that there is no one right way to be a parent / that no parent is perfect; as well as discuss the reality of feeling vulnerable in sharing family issues with others. Once this foundation is established and parents become aware that the others attending have also been referred due to similar situations, the majority of parents become comfortable with genuinely processing the struggles their family faces and

the specific situation(s) that led to agency involvement with their family. Parents are observed providing each other emotional support through exhibiting compassion and encouragement as well as problem-solving to overcome the challenges and issues they are dealing with.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Self-report pre and posttests and used to get feedback from parents. This feedback helps the facilitator know what sections were most helpful to parents. Class facilitators can adjust future classes based on feedback from the pre and posttests, if necessary. During the intake process, parents are asked about areas in which they are concerned or would like to learn more. This question allows the class facilitators to adapt the class to the needs of the parents attending. The structure of parenting class is always changing and improving because of feedback from parents and those who refer to the class.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Self-reported pre / post-tests and attendance records were used to measure parents' change in level of knowledge and class retention, as well as to collect feedback from parents regarding their class experience. By comparing each individual parent's pre-test and post-test answers, change in level of parental knowledge is determined. Class attendance numbers were compared to class completion numbers in order to determine the class retention rate. In order to receive direct feedback from parents regarding their class experience, post-tests also include several sections that solicit parents' feedback regarding the following: 1. How has the class helped you? 2. What topics in class were most helpful and least helpful to you? 3. What changes do you plan to make as a result of participation in this class? 4. How satisfied or dissatisfied (Very satisfied / Satisfied / Mixed Feelings / Dissatisfied) are you in each of the following: class topics, instructor's ability to communicate, instructor's knowledge, support received, and class overall.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Rainbow House provides 'Making Parenting A Pleasure' group to at-risk families that are referred by the Children's Division, Juvenile Office, or Probation Office. To advertise for each class, a monthly flyer that includes a description of the class, class date/time/location and facilitator contact information is disseminated to the Children's Division, Juvenile Office, Probation Office and Parent Link. This flyer informs agency workers of upcoming dates and provides them with a hand out to give to parents / families determined to be in need of services. Parents receive group information from agency workers and contact the facilitator to complete an intake over the phone to sign-up for class.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Shelter Director	Bachelor's in human services field, with at least 5 years supervisory experience in a childcare field	0.05	\$36,000.00	\$42,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Children's Shelter Program Coordinator	High school diploma, with at least 5 years supervisory experience in a childcare field	0.05	\$28,000.00	\$36,000.00

P3	MQ3	FTE3	SR3 FROM	SR3 TO
Shelter Clinical Coordinator	Master's degree, licensed or provisionally licensed and under appropriate supervision	0.05	\$33,000.00	\$38,000.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Shelter Advocate	Bachelor's in human services field	0.05	\$26,000.00	\$34,000.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
CAC Family Advocate	Bachelor's in human services field	0.10	\$28,000.00	\$31,000.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Parenting class will be taught by a variety of individuals at Rainbow House. Listed above are the positions that will teach specific sections of parenting class. Staff are paid at 1.5 times their hourly rate for parenting class, as classes are taught outside of the 40 hours worked for their regular position. Due to the level of support needed by at-risk families a facilitator should have appropriate level of education, extensive background in working with families in crisis and knowledge in parenting skills, child development, and child abuse & neglect issues.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field **MUST** be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
-----------------	----------	---------------------

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
----------------------------------------------------------------------------	-----------	-------------

The amount requested in this proposal for a year of parenting class.

	\$4,250.00	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	4250	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$4,000.00	94

Personnel Narrative (300 character limit)

A majority of the cost for parenting class is paying the class facilitator.

2. Non-Personnel	2.	2. %
	\$250.00	6

Non-Personnel Narrative (300 character limit)

Other cost includes the paper and ink and required to print parenting class packets. These packets include handouts and important information for parents to take home with them.

TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	4250	

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$4,250.00

Total Amount Request from CSF

Year 2 Total Request

\$4,250.00

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

Rainbow House has utilized other funding sources in the past for various Parenting Classes. Those other sources are not currently available. In the past Rainbow House has accepted donations from parents to take the class. However we would like to reduce any financial barrier by offering the class free of charge.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Boone Impact Group. (2017). Substantiated Physical Abuse. Retrieved July, 2017, from booneindicators.org
 Centers for Disease Control and Prevention. (2014). Child Maltreatment: Facts at a Glance. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/childmaltreatment-facts-at-a-glance.pdf>
 Centers for Disease Control and Prevention. (2015). Child Maltreatment: Risk and Protective Factors. Retrieved from <http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html>
 Center for the Study of Social Policy's. (2015). The Protective Factors Framework. Retrieved from <http://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-FamiliesProtective-Factors.pdf>
 Missouri Department of Social Services. (2015). Children's Division Child Abuse and Neglect Fiscal Year 2015 Annual Report. Retrieved from <http://dss.mo.gov/re/pdf/cs/2014-missouri-childrensdvision-annual-report.pdf>
 Parenting Now! (2012). Making Parenting A Pleasure Evaluation Summaries. Retrieved from <https://parentingnow.org/make-parenting-a-pleasure-evaluation-summaries/>
 Saavsus, Inc. (2015). Making Parenting A Pleasure. Retrieved from <http://www.saavsus.com/store/make-parenting-a-pleasure-curriculum>

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Child Abuse & Neglect Emergency Shelter, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Parenting Class Program
Amount of Request	\$8,500.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

N/A

c. Provide justification for the request for one-time funding. (600 character limit)

N/A

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Parenting Skills Training

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Develops effective parenting skills.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

'Making Parenting A Pleasure' is an "evidence informed and research-based curriculum for highly stressed parents" that has "demonstrated efficacy in reducing parent stress and addressing the protective factors shown to reduce the potential for child abuse" (Saavus, p. 2). Rainbow House provides a 10-12 hour group using this curriculum that addresses stress management for parents, approaches to handling anger, child development, communication skills, and appropriate discipline. The classes are kept small in order to encourage group discussion and create a safe environment for sharing. Upon completion of the group parents will: Learn about taking care of themselves and identify personal self-care strategies, become familiar with community resources and how to access them, discuss the importance of and struggles with handling anger appropriately, understand the importance of non-verbal and verbal communication and become more aware of their own communication styles, understand the importance of knowing their child's stage of development and discuss the categories of human development, learn the importance of praise, how to praise their child and positive attention skills, and understand discipline as a way to teach children how to discipline themselves and learn techniques that positively influence, direct and address their child's behavior (Saavus, 2015). Parents are referred by the Children's Division, Juvenile Office, or Probation office to complete a parenting class as a result of a hotline including allegations of child abuse and neglect, legal issues or child behavioral issues. The class will be taught in during the evening hours on weekdays in sections that last no more than 3 hours. The class is taught y various staff at Rainbow House, who are qualified to lead group discussion on these topics and provide the necessary information.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 hour (to be billed per parent)

b. Unit Rate (#1)

\$8.50

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

This rate was based on the cost of 89.76 for 10-12 hours, which is comparable to the cost of these groups offered by agencies in St. Louis, Kansas City and Springfield: Synergy Services (\$60 for 9 hours), Positive Parenting Classes (\$89 for 12 hours), Saint Peter Catholic Church (\$95 for 12 hours) and Midwest Counseling & Consulting (\$160 for 16 hours). By making the rate hourly, per parent, it accounts for the parents to start the class but may not complete the entire course. Using this rate will more appropriately cover the cost of teaching parenting class.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

d. Total Number of Units of Service to be Provided (#1)

500

e. Total Number of Unduplicated Individuals (#1)

50

f. Average Number of Units of Service per Unduplicated Individual (#1)

10

g. Average Cost of Service per Individual (#1)

85

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Rainbow House has provided parenting classes for the past 6 years. The majority of parents that have completed 'Making Parenting A Pleasure' group have come from low-income families. Parents / families frequently report receiving Medicaid, food stamps, WIC and free/reduced school lunch as well as being on disability or currently being unemployed. Parents / families also report living with others or are currently residing at a homeless shelter. Due to their level of financial instability, these parents / families are not able to afford paying for group services.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

To the knowledge of Rainbow House, parenting class services are not billable to health insurance or any other third party payor. For many classes parents are required to pay out of pocket. Rainbow House would like to reduce this barrier to completing a parenting class by offering the service at no cost to the consumer.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

There is not a fee for participating in this class.

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$89.76	1a2. 120	1a3. \$10,771.20
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$4,250.00

b. Proposed Number of Units of Service (#1)

500

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

The cost to provide 12 - 'Making Parenting A Pleasure' groups over a year was calculated (\$897.59/group; \$89.76/participant). After researching the advertised fee of similar groups in surrounding cities, it was found that the requested level of funding is comparable in cost to other parenting groups that offered fewer hours of service. Statistics tracked over the past 5 years identified that the majority of parents attending our group came from low-income families and without the fee for class being waived, would not have been able to attend. Funding would cover the cost of their attendance.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Increased knowledge of parenting skills and child development	80% of parents that complete "Making Parenting a Pleasure" group will report an increased knowledge of parenting skills and child development	Self-reported pre and post test
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Increased knowledge in stress and anger management skills	80% of parents that complete "Making Parenting a Pleasure" group will report an increased knowledge of stress and anger management skills	Self-reported pre and post test
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Maintain high level of attendee retention rate	90% of attendees complete the class	Attendance records
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Rainbow House Parenting Class Program's goal is to decrease child abuse and neglect in Boone County. Protective Factors such as knowledge of parenting skills, child development and stress/anger management have been found to diminish the potential for child abuse and neglect. The 'Making Parenting A Pleasure' curriculum has shown to increase these Protective Factors in high stressed families. As a result of at-risk parents / families completing 'Making Parenting A Pleasure' their Protective Factors will increase and the potential of child abuse and neglect will be diminished.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Parents that attend 'Making Parenting A Pleasure' group have been informed to complete a class by the Children's Division, Juvenile Office, or Probation Office. The majority of parents are referred to take a class after a hotline regarding the family was received by the Children's Division. Thus parents are not attending class voluntarily and can initially start class with a level of defensiveness due to their family situation. These factors can potentially effect pre/post test responses (i.e., self reporting lower knowledge of parenting skills after class than before completion).

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

For the past 6 years, Rainbow House has provided 'Making Parenting A Pleasure' group to approximately 450 parents. Statistics derived from these parents pre and post tests showed that 80-90% of them self-reported an increase in knowledge and awareness of parenting skills and 70-80% reported improvement in stress management skills after completing the group. In the past year, approximately 97% of parents that began attending this group, completed the class. The measurement levels for each indicator are comparable to the statistics calculated over the past 6 years.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Self-reported pre / post tests and attendance records are straight forward ways of measurement. Parents will rate their current level of knowledge in parenting skills & child development and in stress & anger management using a pre-test at the beginning of group and will rate their level of knowledge in these areas using a post-test after completing the curriculum. By comparing parents pre and post-test rates, change in parental knowledge can be determined. Class attendance numbers will be compared to parental group completion numbers to determine retention rate.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

b. Service #2 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

b. Unit Rate (#2)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

0

e. Total Number of Unduplicated Individuals (#2)

0

f. Average Number of Units of Service per Unduplicated Individual (#2)

0

g. Average Cost of Service per Individual (#2)

0

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Other Funders Chart

Funders (#2)

Unit Rate (#2) # of Units Funded (#2) Total Amount Contracted (#2)

2a1.

\$0.00

2a2.

0

2a3.

\$0.00

a Boone County - Children's Services Funding (#2)

b. Boone County - Community Health Funding (#2)	2b1. \$0.00	2b2. 0	2b3. \$0.00
c. City of Columbia - Social Services Funding (#2)	2c1. \$0.00	2c2. 0	2c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)
\$0.00

b. Proposed Number of Units of Service (#2)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)
- d. Provide a rationale for each method of measurement (2). (600 character limit)

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click [here](#) to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to

fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
a Boone County - Children's Services Funding (#3)	3a1. \$0.00	3a2. 0	3a3. \$0.00

b. Boone County - Community Health Funding (#3)	3b1. \$0.00	3b2. 0	3b3. \$0.00
c. City of Columbia - Social Services Funding (#3)	3c1. \$0.00	3c2. 0	3c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	3d1. \$0.00	3d2. 0	3d3. \$0.00
e. Heart of Missouri United Way Funding (#3)	3e1. \$0.00	3e2. 0	3e3. \$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

b. Service #4 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00

c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)
\$0.00

b. Proposed Number of Units of Service (#4)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)**
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)**
- c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)**
- d. Provide a rationale for each method of measurement (#4) (600 character limit)**

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. [Click here to view document.](#) (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
	5a1.	5a2.	5a3.
a. Boone County - Children's Services Funding (#5)	\$0.00	0	\$0.00
	5b1.	5b2.	5b3.
b. Boone County - Community Health Funding (#5)	\$0.00	0	\$0.00
	5c1.	5c2.	5c3.
c. City of Columbia - Social Services Funding (#5)	\$0.00	0	\$0.00

d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

4250



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 -- Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Child Abuse & Neglect Emergency Shelter, Inc
dba Rainbow House

Address:

1611 Towne Dr Columbia MO 65202

Phone Number:

573 474-6600

Fax Number:

573 474 5992

E-mail:

jbakutes@rainbowhousecolumbia.org

Authorized Representative Signature:

Janie Bakutes Date: 11-29-17

Authorized Representative Printed Name:

Janie Bakutes

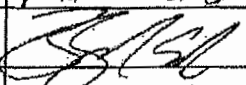
PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Collins	Heartland Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Wiley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank K.C.	874-8506	874-8432
8.	Rob Hull	US Bank	446-3394	446-2061
9.	Joe Ritter	Landmark Bank	441-2818	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20 JUL 17 - Depository of County Funds

23.	Bonnelan	Central Bank		874-8501
24.	Jennifer Heclem	US Bank		446-6736
25.	Eric Wright	US Bank		823-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

46.	Julia Lutz	IT		
47.	Aaron Gas	IT		
48.		LOVELLOR		
49.	Denise Abney	Collector		
50.	TOM DARROU	TREAS		
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

- a. You included the following requested attachments:
 - Attachment A 2017 Organization Assurance Sheet
 - Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
 - Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r, Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Child Abuse & Neglect Emergency Shelter, Inc
d/b/a Rainbow House

Address:

1611 Towne Dr
Columbia MO 65202

Phone Number:

573
474 6600

Fax Number:

573
474 5992

E-mail:

jbakutes@rainbowhousecolumbia.org

Authorized Representative Signature:

Janie Bakutes Date: 11-29-17

Authorized Representative Printed Name:

Janie Bakutes



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Child Abuse & Neglect Emergency Shelter, Inc.
Company Name: C/BA Rainbow House
Address: 1611 Towne Drive
Columbia MO 65202
Phone Number: 573 474 6600 Fax Number: 573 474 5992
E-mail: jbakutes@rainbowhousecolumbia.org
Authorized Representative Signature: Janie Bakutes Date: 11-29-17
Authorized Representative Printed Name: Janie Bakutes

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 ext	874-0681
4.	Shelly Lock	CCAMD	445-5437	
5.	Meredith Cornelison	U. of Mo. Dept of Child Health	882-2318	
6.	Jim Artage	U of Mo CFR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Fink	CPS	214-3480	
10.	Loretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LECS	573-815-9955	
14.	Kelsey Luck	Rainbow House	573-473-2563	
15.	Ron Rone	YC2	573-554-7041	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20 JUL 17 -- Purchase of Service Contracts -- Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Barry King	Tree Top LLC	886-4391	
3.	Jannestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klossner	CMCA BRIDGE	573-427-7897	
5.	Mernell King	CMCA Bridge	573-999-4179	
6.	Bonnie Gantzi	Fun City	573-256-1436	573-256-8644
7.	Philip Peters	Grade A'	573-442-1150	
8.	Christina Gilbert	First Chance For Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vicki Dawett	EC-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Julie Kiessling	Kiessling & Assoc.	573-584-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Boring	SOTER	573-884-6384	
17.	Carole Smith	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(777) 607-1215	
19.	Becky Markst	CHA Low-Income Sres	573-443-2552	0551
20.	Gay Littleton	MLJ LLC	573-449-5600	573-815-1535
21.	Minam Mathias	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Charles	nu Bridge	265-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Beatrice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys & Girls Club	268 8549	
28.	Mark Brackel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-9899727	
30.	Heather Dimmitt	H. Fletcher BBS	573-874-3677	
31.	Lance Wang-Waller	Rep to of Bych	884-6136	
32.	Michelle Shiller	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Kelly Hill	Heart of MO CASA	442-4670	N/A
23.	Joan Thurst	Grade A Plus	573-268-4172	
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2017 CATTLEMEN DAYS RODEO - FINAL REPORT

PRCA RODEO	39,726.54
TOTAL	39,726.54

2017 TOTAL	39,726.54
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CHECK #	19,863.27	ASHLAND OPTIMIST CLUB
CHECK #	19,863.27	CEDAR VALLEY RIDERS



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

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CHILABU-01

LFRANKE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/27/2017

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

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

PRODUCER The Insurance Group-Col 200 East Southampton Drive Columbia, MO 65203	CONTACT NAME: Lisa M. Franke	
	PHONE (A/C, No, Ext): (573) 875-4800	FAX (A/C, No): (573) 875-4514
	E-MAIL ADDRESS: lfranke@tigadvisors.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company	18058
	INSURER B : Missouri Employers Mutual Insurance Company	10191
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
Child Abuse & Neglect Emergency Shelter DBA The Rainbow House
1611 Towne Drive
Columbia, MO 65202

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	PHPK1682100	07/11/2017	07/11/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1682100	07/11/2017	07/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			PHUB592599	07/11/2017	07/11/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MEM1023534-09	07/11/2017	07/11/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

County of Boone - Missouri is Additional Insured on the General Liability, with Waiver of Subrogation, but only to the extent provided in policy forms CG2026 and CG2404.

CERTIFICATE HOLDER

CANCELLATION

County of Boone - Missouri
613 E. Ash, Room 110
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Service Contract
Improving Mental and Physical Health of Food Insecure Children Through
Hands-On Nutrition Interventions

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Columbia Center for Urban Agriculture** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **CCUA**.

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

WHEREAS, CCUA has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY CCUA

CCUA is expected to the greatest extent possible to maximize funding from all other sources. CCUA shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CCUA shall only request reimbursement for services not reimbursable by any other source. CCUA shall not invoice the Children's Services Fund for units of service invoiced to another funding source. CCUA shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** CCUA will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and CCUA's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over CCUA's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from CCUA and CCUA agrees to furnish the **Improving Mental and Physical Health of Food Insecure Children Through Hands-On Nutrition Interventions** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in CCUA's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$99,060.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. CCUA agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB. This contract may at the sole discretion of the BCCSB and with the agreement of CCUA be renewed for **an additional one (1), one-year period**. CCUA agrees and understands that the BCCSB may require supplemental information to be submitted by CCUA prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Health Education	One individual	\$7.00	11,161	\$78,127.00
Community Gardens	One family	\$173.00	121	\$20,933.00

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

event the billing dispute is resolved in favor of CCUA, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by CCUA to monitor service delivery and program expenditures. CCUA agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by CCUA and, if so stipulated, are noted on this contract document. Payments may be withheld from CCUA if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CCUA agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

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

activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** CCUA may enter into subcontracts for components of the contracted service as CCUA deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all

services under the resulting contract agreement, CCUA shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should CCUA fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, CCUA shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the CCUA for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

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

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

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

27. **Record Retention Clause.** CCUA shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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


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

Any written notice or communication to CCUA shall be mailed or delivered to:

Columbia Center for Urban Agriculture
Billy Polansky
P.O. Box 1742, 1007 N. College
Columbia, MO 65201

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

Columbia Center for Urban Agriculture

By: 
Signature
William Polansky
By: Executive Director
Printed Name/ Title

Boone County, Missouri

By: Boone County Commission

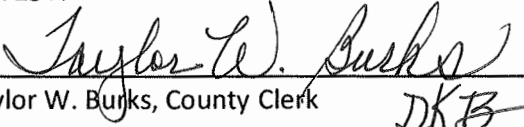
Daniel K. Atwill, Presiding Commissioner
By: Boone County Children's Services Board

Les Wagner, Board Chair


APPROVED AS TO FORM:


County Counselor

ATTEST:


Taylor W. Burks, County Clerk DKB

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

 12/20/17 (2161/71106/\$99,060.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 20, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.


Company Name: Columbia Center for Urban Agriculture

Address: PO Box 1742, Columbia MO 65205

Telephone: 573-514-4174 Fax: _____

Federal Tax ID (or Social Security #): 26-4486257

Print Name: William Polansky Title: Executive Director

Signature:  Date: 11/20/17

E-mail: bilyp@columbiaurbanag.org

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #2**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Columbia Center for Urban Agriculture
Name of Program	Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions

Program Services Form (1-5)	
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Service 1 (Health Education) and Service 2 (Community Gardens)

1. The Output section currently has information based on an hour of service. This will need to be changed to one individual.

Action Required: Update the Outputs and Funding Request section of the Service Change Chart for Service 1 (Health Education) and Service 2 (Community Gardens). Only the areas in the highlighted section. Provide any comments, if needed, in the field below.

2. The Program Outputs and Funding Request Table will need to be updated to reflect the correct information.

Action Required: Update the Program Outputs and Funding Request Table for Service 1 (Health Education) and Service 2 (Community Gardens). Only the areas in the highlighted section. Provide any comments, if needed, in the field below.

Service Change Chart			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions			
Service #1 – Taxonomy of Service Name: Health Education			
Service #1 – Taxonomy Definition of Service: Provides information to maintain or improve physical and mental health and overall wellbeing.			
Provide a detailed description of the proposed service: Instruction for groups of children, engaging them in food- and garden-related activities intended to improve physical and mental health.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Individual	\$7.00	11,161	996
Funding Request			
Amount Requested to Boone County: \$78,127		Proposed Number of Units of Service: 11,161	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Students will put more fruits and vegetables on their lunch tray at each school's "Garden Bar" as compared to the prior year.	The eight elementary schools of focus will measure a 5% increase in fruit and vegetable consumption from the school's garden bar.	Production records from the eight elementary schools.	
Students will exhibit fewer destructive and distracting behaviors.	80% of 3 rd and 5 th grade teachers at the elementary schools of focus will report that Farm to School programming reduces destructive and distracting behaviors.	Teachers will be surveyed at the beginning of the year and once per trimester about student behavior.	
Students will have an increased knowledge of and positive attitudes towards nutrition and making healthy decisions.	80% of students will show an increased understanding of and positive attitudes towards the Farm to School curriculum.	An identical pre- and post-test will be administered to measure an increase in knowledge and positive attitudes.	

Service Change Chart			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions			
Service #2 – Taxonomy of Service Name: Community Gardens			
Service #2 – Taxonomy Definition of Service: Provision of garden space, materials, and/or information for community members to grow food.			
Provide a detailed description of the proposed service: One-on-one mentoring in a family's home garden or kitchen. Helping families plan and care for a vegetable garden and prepare fresh food in their home kitchen.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 family (The number of family members present per visit varies widely, so a "per visit per family" unit measure will be easier to track and better represent the service being provided.)	\$173.00	300	364
Funding Request			
Amount Requested to Boone County: \$20,933		Proposed Number of Units of Service: 121	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Opportunity Gardens Participants will successfully produce fruits and vegetables in their home gardens.	75% of Opportunity Gardens Participants will report they "always" eat the food grown in their garden.		Annual Survey.
Opportunity Gardens Participants will cook more meals at home.	60% of Opportunity Gardens Participants will report they "always" or "sometimes" cook meals at home.		Annual Survey

Organization Name: Columbia Center for Urban Agriculture				
Program Name: Improving Mental and Physical Health of Food Insecure Children Through Hands-On Nutrition Interventions				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Service #1 – Health Education	1 individual	\$7.00	11,161	996
Service #2 – Community Gardens	1 Family	\$173.00	300	364
Opportunity Gardens Participants will become successful, independent home gardeners.		70% of Opportunity Gardens Participants will graduate from the program. (Graduation Rate Calculated per cohort after 3 years participation. Graduation Rate = Cohort Graduates / (Total Cohort Enrollment – Cohort Members Who Move)		Staff Records

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Service #1 – Health Education	\$78,127	11,161
Service #2 – Community Gardens	\$20,933	121
Development/Start Up Service Funding	0	
Total Amount Requested to Boone County:	\$99,060	

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 20, 2017

Columbia Center for Urban Agriculture
Attn: Billy Polansky, Executive Director
PO Box 1742
Columbia, MO 65205
billyp@columbiaurbanag.org

RE: Written Clarification #2 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Mr. Polansky:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 21, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda Bobbitt", with a stylized flourish at the end.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #2

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #2**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Columbia Center for Urban Agriculture
Name of Program	Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions

Program Services Form (1-5)	
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Service 1 (Health Education) and Service 2 (Community Gardens)

1. The Output section currently has information based on an hour of service. This will need to be changed to one individual.

Action Required: Update the Outputs and Funding Request section of the Service Change Chart for Service 1 (Health Education) and Service 2 (Community Gardens). Only the areas in the highlighted section. Provide any comments, if needed, in the field below.

2. The Program Outputs and Funding Request Table will need to be updated to reflect the correct information.

Action Required: Update the Program Outputs and Funding Request Table for Service 1 (Health Education) and Service 2 (Community Gardens). Only the areas in the highlighted section. Provide any comments, if needed, in the field below.

Service Change Chart			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions			
Service #1 – Taxonomy of Service Name: Health Education			
Service #1 – Taxonomy Definition of Service: Provides information to maintain or improve physical and mental health and overall wellbeing.			
Provide a detailed description of the proposed service: Instruction for groups of children, engaging them in food- and garden-related activities intended to improve physical and mental health.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Individual	\$0.00		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Students will put more fruits and vegetables on their lunch tray at each school's "Garden Bar" as compared to the prior year.	The eight elementary schools of focus will measure a 5% increase in fruit and vegetable consumption from the school's garden bar.		Production records from the eight elementary schools.
Students will exhibit fewer destructive and distracting behaviors.	80% of 3 rd and 5 th grade teachers at the elementary schools of focus will report that Farm to School programming reduces destructive and distracting behaviors.		Teachers will be surveyed at the beginning of the year and once per trimester about student behavior.
Students will have an increased knowledge of and positive attitudes towards nutrition and making healthy decisions.	80% of students will show an increased understanding of and positive attitudes towards the Farm to School curriculum.		An identical pre- and post-test will be administered to measure an increase in knowledge and positive attitudes.

Service Change Chart			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions			
Service #2 – Taxonomy of Service Name: Community Gardens			
Service #2 – Taxonomy Definition of Service: Provision of garden space, materials, and/or information for community members to grow food.			
Provide a detailed description of the proposed service: One-on-one mentoring in a family's home garden or kitchen. Helping families plan and care for a vegetable garden and prepare fresh food in their home kitchen.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 individual	\$0.00		
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Opportunity Gardens Participants will successfully produce fruits and vegetables in their home gardens.	75% of Opportunity Gardens Participants will report they "always" eat the food grown in their garden.	Annual Survey.	
Opportunity Gardens Participants will cook more meals at home.	60% of Opportunity Gardens Participants will report they "always" or "sometimes" cook meals at home.	Annual Survey	
Opportunity Gardens Participants will become successful, independent home gardeners.	70% of Opportunity Gardens Participants will graduate from the program. (Graduation Rate Calculated per cohort after 3 years participation. Graduation Rate = Cohort Graduates / (Total Cohort Enrollment – Cohort Members Who Move)	Staff Records	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Columbia Center for Urban Agriculture				
Program Name: Improving Mental and Physical Health of Food Insecure Children Through Hands-On Nutrition Interventions				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Service #1 – Health Education	1 individual	\$0.00		
Service #2 – Community Gardens	1 Hour	\$0.00		

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Service #1 – Health Education		
Service #2 – Community Gardens		
Development/Start Up Service Funding	0	
Total Amount Requested to Boone County:		

Boone County Purchasing



110

613 E. Ash Street, Room

Columbia, MO 65201

Phone: (573) 886-4391

Fax: (573) 886-4390

E-mail: mbobbitt@boonecountymo.org

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

10/31/2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Columbia Center for Urban Agriculture
Address: Po Box 1742, Columbia MO 65205

Telephone: 573-514-4174 Fax: NA

Federal Tax ID (or Social Security #): 26-4486257

Print Name: William Polansky Title: Executive Director

Signature: [Signature] Date: 10/31/2017

E-mail: billyp@ColumbiaUrbanAg.org

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Columbia Center for Urban Agriculture
Name of Program	Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions

Organization Profile	
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1. Contact information and notes on expertise, experience, and qualifications are not provided for each board member on the Governing Board section.
Action Required: Provide contact information and notes on expertise, experience, and qualifications for all board members on Apricot.

Completed.

2. The audit reported a significant finding that several employees carry organization debit cards and recommended that cards are stored in a secure area.
Action Required: Provide information on how this significant finding in the audit has or will be addressed.

To be clear, the report stated that only one debit card was in use (locked in the safe), and that several employees carry *credit* cards.

Since the finding, the one debit card has been cancelled, one credit card has been cancelled, only staff with the “manager” or “director” title carry credit cards, and those credit cards are required to be kept in a protective sleeve. The protective sleeve will reduce accidental usage of the company card for personal purchases. Given the mobile nature of the job, it would be a significant burden to keep staff credit cards locked in the office.

3. The Employee Compensation table shows that all employees receive the same salary and with no benefits. Qualifications are not provided for any of the positions.

Action Required: Provide clarification on whether the salaries in the Employee Compensation table are correct and if so, provide additional information regarding salaries. Update the Employee Compensation table on the Organization Profile if the salaries are not correct. Provide qualifications on Apricot for each position.

Currently, the salaries and benefits are correctly listed in the Employees Compensation table. In 2018 there will be increases to the salaries and benefits, as our strategic plan has identified this as a priority. Qualifications have been updated in these positions in Apricot.

Program Overview Form	
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4. The Consumer Demographics section lists 1,092 school age students will be served. The remaining child/youth/parents/guardian's demographics are distributed between Infant/Toddlers, Preschool, Middle School, High School, and Parent/Guardians (age 20 and over). *Action Required:* Provide clarification on the number of infants/toddlers, preschool, middle school, and high school youth to be served. Which aspect of the program will they receive?

The total number of school-age students served through Service #1 is 996. The remainder of infants/toddlers, preschool, school-age, middle school, high school, and parent/guardian numbers will be served with Service #2.

5. The Program Access mentions programming will occur after school and during the summer. *Action Required:* Provide clarification on activities that will occur during the fall and winter months.

Field trips and in-school lessons will occur during the spring and fall months. In the winter months in-school activities such as tastings, cooking activities, and indoor gardening will occur.

6. The Collaboration section describes partnerships with other agencies by providing nutritional interventions for the children attending their programs. Agencies that have partnered with CCUA and receive funding from the Boone County Children's Services (BCCS) Fund include: CHA Low-Income Services, Inc., Mary Lee Johnston Community Learning Center, Fun City, and Boys and Girls Club.

Action Required: Provide clarification on whether CCUA is receiving payments from any of the listed organizations for providing Opportunity Gardens or other educational activities in addition to funds requested through this program proposal.

CCUA has never received payment from any of the listed organizations for providing Opportunity Gardens (Service #2).

CCUA has never received payment from: CHA Low-Income Services, Inc., or Mary Lee Johnston Community Learning Center for providing lessons (Service #1).

CCUA has previously received payment from Fun City, and Boys and Girls Club for providing lessons (Service #1). In the past care has been taken to ensure that the county is not being double-billed. Moving forward, communication with these partners will ensure there is no double billing for these services. In some cases, CCUA may share the cost with a partner organization, although care will be taken to ensure that no more than 100% of the cost is paid for.

7. The information entered in the Program Budget was for Year 2. The Year 1 amount should have been listed.

Action Required: Provide an explanation in the field below that explains why the Year 1 request will be lower than the Year 2 request.

For Service #1 we are only requesting 1,034 units in year 1 because of the differences between the funding cycle (calendar year) and the school year (Aug – May). Full partnership and integration into the eight elementary schools will begin in the 2018-19 school year. Year 2 we are requesting 1,596 units of Service #1 which will cover the second half of the 2018-19 school year and first half of the 2019-20 school year. Prior to full partnership and integration into the eight elementary schools, CCUA will still be providing lessons to schools and afterschool/summer programs, just without the coordination of a Farm to School Coordinator at CPS.

The request for Service #2 will be the same for year 1 and year 2.

Program Services Form (1-5)**Service 1**

8. The service description lacks specific information on the type and structure of activities within the schools.

Action Required: Provide clarification on how students will receive Health Education, gardening instruction, and other CCUA activities during the school day and year.

Seventeen distinct lessons will be provided to each 3rd and 5th grade class at each of the eight schools over the course of one school year. The first lesson will be a field trip to CCUA's Urban Farm where students will get to participate in hands-on activities such as harvesting food from the garden, preparing a snack, and tasting fruits and vegetables. The next fifteen lessons will occur at school. Examples of in-school lessons are: sampling healthy snacks in the lunchroom, preparing a healthy snack, science-based activities which explore how food is grown, and using school gardens to plant, harvest, and taste vegetables from a school garden. The full suite of lessons is being developed and refined with CPS's Science Coordinator, CPS Nutrition Services staff, and CCUA staff. The final lesson will be a field trip to CCUA's Urban Farm, which will serve as a culminating activity, bringing together all the lessons over the course of the school year.

The Farm to School Coordinator (an employee of CPS), will coordinate the activities with each 3rd and 5th grade classroom at the eight schools. For each activity, the Coordinator will travel to each of the eight schools, replicating the lesson at each school. CCUA's staff will assist the coordinator when necessary.

9. The outputs section needs to be adjusted for services provided between January 1, 2018 – December 31, 2018. The proposal provides outputs either for the second year of services or during a full school year. The unit measure should also be listed as 'one hour'.

Action Required: Complete the table below by providing the estimated number of units, number of individuals to be served, and funding request amounts for services provided for calendar Year 1 and Year 2 (January 1 through December 31). The 'Service Change Chart' for Service 1 will also need to be completed.

Year of Services	# of Units to be provided	# of Unduplicated Individuals	Total Requesting Amount
Year 1 (1/1/18 – 12/31/18)	1,034	996	\$78,129.04
Year 2 (1/1/19 – 12/31/19)	1,596	996	\$120,596.76

10. The Performance Measures provide outcomes and indicators that could be attributed to other factors. Performance Measures need to be rewritten so outcomes and indicators demonstrate changes directly tied to CCUA services. The method of measurements will also need to be changed as attendance data and MAP scores are not directly tied to CCUA.

	Proposed Outcome Comments	Proposed Indicators Comments	Proposed Method of Measurement Comments
(1-1)	The outcomes imply that data from the previous year is available regarding the amount of nutritious food remaining on the Garden Bar after each lunch service.	The indicators only track change for 3 rd and 5 th graders. The exclusion of 4 th grade leaves room for error measuring an increase of selecting nutritious foods.	Weighing the food added and remaining on the Garden Bar seems like it would be difficult to track with the different Nutrition Staff at the various participating schools.
(1-2)	Changes in attendance could be attributed to other efforts being done in the school and community. This outcome may not be directly attributable to CCUA.	The length of time to receive changes in attendance will conflict with reporting periods for BCCS.	Students in 6 th grade will be in a different school compared to when they received CCUA services. This will be difficult to track if students enter different Middle Schools.
(1-3) – (1-5)	Changes in MAP scores could be attributed to other efforts being done in the school and community. This outcome may not be directly attributable to CCUA.	The indicator states that MAP scores will be compared to students who did not participate in programming. How would this be tracked?	MAP test scores could be difficult to obtain compare o students who did not participate in programming.

Action Required: Provide outcomes, indicators, and method of measurements that can be directly tied to programming achievements. Outcomes for mental and physical health should be included. Measurement tools may need to be created to compare attitudes and knowledge of nutrition and making healthy decisions. Assistance with Performance Measures can be provided

during final negotiations but for the time being, proposed new Performance Measures in the 'Service Change Chart' for Service 1.

The service change chart will be completed below and we will include new measures as requested, although I will include some comments here.

(1-1) Garden bar weights have been collected in all CPS cafeterias for over 10 years. The USDA requires schools to collect this information, therefore it will be very easy to track, compare to prior years, and compare to non-participating schools. The weights collected will have to be for the entire school, not individual grade levels.

(1-2) – (1-5). We would still like to look at how the MAP scores and attendance are affected, but will not list it as an official performance measure in the Service Change Chart. We will compare MAP scores and attendance at participating schools' to prior years at participating schools and at same-year MAP scores / attendance for schools who are not participating.

Service 2

11. The unit measure should be listed as 'one hour'.

Action Required: Update the unit measure in the 'Service Change Chart' for Service 2.

Completed.

12. The Funding Request section mentions that Opportunity Gardens also receives funding from Heart of Missouri United Way. The total number of units to be provided should include the number of units being provided for the whole program, not just the units covered by BCCS.
Action Required: Update the total number of units to be provided in the Outputs section for the whole program. The Funding Request section is where the number of units that BCCS is funding will be listed (n=252).

624 total

13. The Funding Request section states "We are requesting the full amount in both years 1 and 2". The number of units to be provided has more than doubled compared to the current contract.
Action Required: Provide clarification on whether the number of units to be provided and funding request amount is for one year of service. If not, the outputs and funding request needs to be adjusted for one year of service.

252 units is the request for one year of service.

14. The service description mentions the gardening program is a three-year long program with different cohorts. The Performance Measures lack outcomes regarding retainment of gardeners in the program and graduation rates for cohorts each year.
Action Required: Provide Performance Measures in the 'Service Change Chart' for Service 2 that reflects retention and graduation rates from the program.

This has been added below.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

15. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.
Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions			
Service #1 – Taxonomy of Service Name: Health Education			
Service #1 – Taxonomy Definition of Service: Provides information to maintain or improve physical and mental health and overall wellbeing.			
Provide a detailed description of the proposed service: Instruction for groups of children, engaging them in food- and garden-related activities intended to improve physical and mental health.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Hour	\$75.56	1,034	996
Funding Request			
Amount Requested to Boone County: \$78,129.04		Proposed Number of Units of Service: 996	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Students will put more fruits and vegetables on their lunch tray at each school's "Garden Bar" as compared to the prior year.	The eight elementary schools of focus will measure a 5% increase in fruit and vegetable consumption from the school's garden bar.		Production records from the eight elementary schools.
Students will exhibit fewer destructive and distracting behaviors.	80% of 3 rd and 5 th grade teachers at the elementary schools of focus will report that Farm to School programming reduces destructive and distracting behaviors.		Teachers will be surveyed at the beginning of the year and once per trimester about student behavior.
Students will have an increased knowledge of and positive attitudes towards nutrition and making healthy decisions.	80% of students will show an increased understanding of and positive attitudes towards the Farm to School curriculum.		An identical pre- and post-test will be administered to measure an increase in knowledge and positive attitudes.

Service Change Chart			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions			
Service #2 – Taxonomy of Service Name: Community Gardens			
Service #2 – Taxonomy Definition of Service: Provision of garden space, materials, and/or information for community members to grow food.			
Provide a detailed description of the proposed service: One-on-one mentoring in a family's home garden or kitchen. Helping families plan and care for a vegetable garden and prepare fresh food in their home kitchen.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Hour	\$83.20	624	364
Funding Request			
Amount Requested to Boone County: \$20,966		Proposed Number of Units of Service: 252	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Opportunity Gardens Participants will successfully produce fruits and vegetables in their home gardens.	75% of Opportunity Gardens Participants will report they "always" eat the food grown in their garden.	Annual Survey.	
Opportunity Gardens Participants will cook more meals at home.	60% of Opportunity Gardens Participants will report they "always" or "sometimes" cook meals at home.	Annual Survey	
Opportunity Gardens Participants will become successful, independent home gardeners.	70% of Opportunity Gardens Participants will graduate from the program. (Graduation Rate Calculated per cohort after 3 years participation. Graduation Rate = Cohort Graduates / (Total Cohort Enrollment – Cohort Members Who Move)	Staff Records	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Columbia Center for Urban Agriculture				
Program Name: Improving Mental and Physical Health of Food Insecure Children Through Hands-On Nutrition Interventions				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Service #1	1 Hour	\$75.56	1,034	996
Service #2	1 Hour	\$83.20	624	364

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Service #1	\$78,129.04	1,034
Service #2	\$20,966.00	252
Development/Start Up Service Funding	0	
Total Amount Requested to Boone County:	\$99,095.04	

Improving Mental and Physical Health
of Food Insecure Children

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 23, 2017

Columbia Center for Urban Agriculture
Attn: Billy Polansky, Executive Director
PO Box 1742
Columbia, MO 65205
billyp@columbiaurbanag.org

RE: Written Clarification #1 to 30-20JUL17 – Purchase of Service Contracts

Dear Mr. Polansky:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – Purchase of Service Contracts, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melinda Bobbitt', written in a cursive style.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Columbia Center for Urban Agriculture
Name of Program	Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions

Organization Profile	
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1. Contact information and notes on expertise, experience, and qualifications are not provided for each board member on the Governing Board section.

Action Required: Provide contact information and notes on expertise, experience, and qualifications for all board members on Apricot.

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2. The audit reported a significant finding that several employees carry organization debit cards and recommended that cards are stored in a secure area.

Action Required: Provide information on how this significant finding in the audit has or will be addressed.

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3. The Employee Compensation table shows that all employees receive the same salary and with no benefits. Qualifications are not provided for any of the positions.

Action Required: Provide clarification on whether the salaries in the Employee Compensation table are correct and if so, provide additional information regarding salaries. Update the Employee Compensation table on the Organization Profile if the salaries are not correct. Provide qualifications on Apricot for each position.

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Program Overview Form	
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4. The Consumer Demographics section lists 1,092 school age students will be served. The remaining child/youth/parents/guardian's demographics are distributed between Infant/Toddlers, Preschool, Middle School, High School, and Parent/Guardians (age 20 and over). *Action Required:* Provide clarification on the number of infants/toddlers, preschool, middle school, and high school youth to be served. Which aspect of the program will they receive?

--

5. The Program Access mentions programming will occur after school and during the summer. *Action Required:* Provide clarification on activities that will occur during the fall and winter months.

--

6. The Collaboration section describes partnerships with other agencies by providing nutritional interventions for the children attending their programs. Agencies that have partnered with CCUA and receive funding from the Boone County Children's Services (BCCS) Fund include: CHA Low-Income Services, Inc., Mary Lee Johnston Community Learning Center, Fun City, and Boys and Girls Club. *Action Required:* Provide clarification on whether CCUA is receiving payments from any of the listed organizations for providing Opportunity Gardens or other educational activities in addition to funds requested through this program proposal.

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7. The information entered in the Program Budget was for Year 2. The Year 1 amount should have been listed. *Action Required:* Provide an explanation in the field below that explains why the Year 1 request will be lower than the Year 2 request.

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Program Services Form (1-5)	
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Service 1

8. The service description lacks specific information on the type and structure of activities within the schools.

Action Required: Provide clarification on how students will receive Health Education, gardening instruction, and other CCUA activities during the school day and year.

--

9. The outputs section needs to be adjusted for services provided between January 1, 2018 – December 31, 2018. The proposal provides outputs either for the second year of services or during a full school year. The unit measure should also be listed as ‘one hour’.

Action Required: Complete the table below by providing the estimated number of units, number of individuals to be served, and funding request amounts for services provided for calendar Year 1 and Year 2 (January 1 through December 31). The ‘Service Change Chart’ for Service 1 will also need to be completed.

Year of Services	# of Units to be provided	# of Unduplicated Individuals	Total Requesting Amount
Year 1 (1/1/18 – 12/31/18)			
Year 2 (1/1/19 – 12/31/19)			

10. The Performance Measures provide outcomes and indicators that could be attributed to other factors. Performance Measures need to be rewritten so outcomes and indicators demonstrate changes directly tied to CCUA services. The method of measurements will also need to be changed as attendance data and MAP scores are not directly tied to CCUA.

	Proposed Outcome Comments	Proposed Indicators Comments	Proposed Method of Measurement Comments
(1-1)	The outcomes imply that data from the previous year is available regarding the amount of nutritious food remaining on the Garden Bar after each lunch service.	The indicators only track change for 3 rd and 5 th graders. The exclusion of 4 th grade leaves room for error measuring an increase of selecting nutritious foods.	Weighing the food added and remaining on the Garden Bar seems like it would be difficult to track with the different Nutrition Staff at the various participating schools.
(1-2)	Changes in attendance could be attributed to other efforts being done in the school and community. This outcome may not be directly attributable to CCUA.	The length of time to receive changes in attendance will conflict with reporting periods for BCCS.	Students in 6 th grade will be in a different school compared to when they received CCUA services. This will be difficult to track if students enter different Middle Schools.
(1-3) – (1-5)	Changes in MAP scores could be attributed to other efforts being done in the school and community. This outcome may not be directly attributable to CCUA.	The indicator states that MAP scores will be compared to students who did not participate in programming. How would this be tracked?	MAP test scores could be difficult to obtain compare o students who did not participate in programming.

Action Required: Provide outcomes, indicators, and method of measurements that can be directly tied to programming achievements. Outcomes for mental and physical health should be included. Measurement tools may need to be created to compare attitudes and knowledge of nutrition and making healthy decisions. Assistance with Performance Measures can be provided during final negotiations but for the time being, proposed new Performance Measures in the 'Service Change Chart' for Service 1.

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Service 2

11. The unit measure should be listed as 'one hour'.

Action Required: Update the unit measure in the 'Service Change Chart' for Service 2.

--

12. The Funding Request section mentions that Opportunity Gardens also receives funding from Heart of Missouri United Way. The total number of units to be provided should include the number of units being provided for the whole program, not just the units covered by BCCS.

Action Required: Update the total number of units to be provided in the Outputs section for the whole program. The Funding Request section is where the number of units that BCCS is funding will be listed (n=252).

--

13. The Funding Request section states "We are requesting the full amount in both years 1 and 2". The number of units to be provided has more than doubled compared to the current contract.

Action Required: Provide clarification on whether the number of units to be provided and funding request amount is for one year of service. If not, the outputs and funding request needs to be adjusted for one year of service.

--

14. The service description mentions the gardening program is a three-year long program with different cohorts. The Performance Measures lack outcomes regarding retainment of gardeners in the program and graduation rates for cohorts each year.

Action Required: Provide Performance Measures in the 'Service Change Chart' for Service 2 that reflects retention and graduation rates from the program.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
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15. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions			
Service #1 – Taxonomy of Service Name: Health Education			
Service #1 – Taxonomy Definition of Service: Provides information to maintain or improve physical and mental health and overall wellbeing.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Columbia Center for Urban Agriculture			
Program Name: Improving Mental and Physical Health of Food Insecure Children through Hands-On Nutrition Interventions			
Service #2 – Taxonomy of Service Name: Community Gardens			
Service #2 – Taxonomy Definition of Service: Provision of garden space, materials, and/or information for community members to grow food.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Organization Profile

Improving Mental and
Physical Health of Food
Insecure Children Through
Hands on Nutrition
Intervention

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Columbia Center for Urban Agriculture

DBA:

Federal EIN Number:

26-4486257

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1007 N College Ave

#1

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Phone Number:

573-514-4174

Website:

<http://www.ColumbiaUrbanAg.org>

Head of Organization

Billy Polansky

Head of Organization Phone:

573-514-4174

Address

PO Box 1742

City

Columbia

State

Missouri

County

Boone

Zip

65205

Organization Fax Number:

Email:

billyp@columbiaurbanag.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

billyp@columbiaurbanag.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Provide your organization's mission statement. (600 character limit)

Organization Mission Statement (Purpose): CCUA works to enhance our community's health by connecting people to agriculture and the land through hands-on learning opportunities from seed to plate.

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Organization History: CCUA began providing hands-on garden education in 2008 as a project of Sustain Mizzou. In 2009, the organization incorporated as its own not-for-profit and has since been providing meaningful educational opportunities that help Columbia residents live healthier lives. CCUA's 1.3 acre central-city Urban Farm is an educational site that also serves as the home base for off-site programming at local schools, the homes of low-income families, and throughout the community. 2017 marks the eighth year at the Urban Farm and the seventh year of the popular and successful Opportunity Gardens Program.

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Brief Statement of Organization's Major Goals: A. CCUA's Programs will increase access to healthful and sustainable fruits and vegetables.
B. CCUA's programs will cultivate understanding of a good food system that serves the whole community and the environment.
C. CCUA's programs will empower program participants to build the skills necessary to make healthful choices about their bodies, the local ecosystem and their community.
D. CCUA's assessment plan will measure lesson/activity efficacy, program success and individual successes of program participants.
E. CCUA's Programs will be aligned with the goals of community partners.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of Incorporation: /document/download/filename/1470749456_30405_ArticlesofIncorporation.pdf/

Provide a copy of the organization's Articles of Incorporation.

Bylaws (MUST BE IN PDF FORMAT)

Bylaws: /document/download/filename/1470749693_34051_By-Laws1-21-16.pdf/
Provide a copy of the organization's Bylaws.

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational Chart (must be for the entire organization): /document/download/filename/1500047632_30406_OrgChart.pdf/

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan: /document/download/filename/1499964348_42846_Final_2017-2019StrategicPlan.pdf/

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Service Area: Currently, CCUA primarily provides services within the city of Columbia. A small number of services are provided outside of city limits, within Boone County.

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
CCUA's diverse programming reaches people of all backgrounds. CCUA's Urban Farm grows fresh food which is donated to local food pantries. The PLANTS Program provides hands-on experiences to groups at CCUA's Urban Farm and at other sites across the city, this program is very flexible to meet the needs of partnering organizations, therefore demographics vary. The Opportunity Gardens Program serves families living at or below 130% of the poverty level. Two-thirds of these families live in public housing and many families are refugees; the program has 13 languages represented.

Conflict of Interest Policy: **Does your organization have a written Conflict of Interest policy?**
yes

Whistleblower Policy: **Does your organization have a written Whistleblower policy?**
yes

Business Continuity Plan: **Does your organization have a written Business Continuity plan?**
no

Records Retention Policy: **Does your organization have a written Records Retention policy?**
yes

If yes, does the Records retention policy include a Records Retention Schedule?
no

Governing Board

Length of Board Term (e.g. "2 years"):

1st Term = 1 Yr. 2nd and 3rd Terms = 2 Years Each

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member						Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date	
Robbie Price	Member	04/01/2016	04/01/2018	PO Box 1742	✓	Added on 05/13/2015	
Jim Carrell	Member	04/01/2017	04/01/2019	PO Box 1742	✓	Added on 05/13/2015	
Sarah Bantz	President	04/01/2016	04/01/2018	PO Box 1742	✓	Added on 05/13/2015	
Molly Froidl	Member	04/01/2017	04/01/2018	PO Box 1742	✓	Added on 05/13/2015	
John Emery	Member	04/01/2016	04/01/2018	PO Box 1742	✓	Added on 05/13/2015	
Ellen Thomas	Member	04/01/2017	04/01/2019	PO Box 1742	✓	Added on 05/13/2015	
Jenny Young	President Elect	04/01/2017	04/01/2019		✓	Added on 08/05/2016	
Caroline Kobe	Treasurer	04/01/2017	04/01/2018	PO Box 1742	✓	Added on 08/05/2016	

Governing Board Member**Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Lisa Guillory	Secretary	04/01/2016	04/01/2018	PO Box 1742	✓	Added on 05/13/2015
Robert Battle	Member	04/01/2017	04/01/2019		✓	Added on 08/05/2016
Jeff Chinn	Member	04/01/2017	04/01/2019		✓	Added on 08/05/2016

Total Active Links:11, Total Deactivated Links:3, Current Active Links:11, Current Deactivated Links:3

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

Calendar Year

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1470750284_29953_501c3Approval.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1499965416_29954_2016ManagementLtrColumbiaCenterforUrbanAgriculture%281%29.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1470750285_29955_ColumbiaCenterforUrbanAg-2015FederalForm990.pdf/

required to file a 990 or 990 EZ with the IRS.

Financial Policies and Procedures:
Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

1. Annually, CCUA's board approves an annual budget.
2. Bank accounts and credit card statements are reconciled monthly by the Treasurer.
3. It is prohibited for any check to be written to "cash".
4. All cash and checkbooks are kept in a secured, locked location.
5. All accounting records are kept in a password-protected Quickbooks file.
6. All cash or checks received are recorded on an "incoming funds log" and two signatures accompany each entry.
7. All incoming checks are immediately marked "for deposit only".
8. All checks written require two signatures.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation			Link Info			Active	Date
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:			
Opportunity Gardens Coordinator		1.00	\$30,250.00	\$0.00	✓	Added on	06/12/2015
PLANTS Program Manager		1.00	\$30,250.00	\$0.00	✓	Added on	05/14/2015
Office Manager		1.00	\$30,250.00	\$0.00	✓	Added on	05/14/2015
Director of Urban Farming		1.00	\$30,250.00	\$0.00	✓	Added on	05/14/2015
Executive Director		1.00	\$30,250.00	\$0.00	✓	Added on	05/14/2015

Total Active Links:5, Total Deactivated Links:2, Current Active Links:5, Current Deactivated Links:2

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1470755033_32839_CCUABudget.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1470753851_32678_CityofColumbiaCert.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473805193_32841_CCUA.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1473805193_32847_CCUA.pdf/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Columbia Center for Urban Agriculture	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/15/2017
2017 Health RFP (Review ends 03/24/2017 5:00 PM CDT)	Columbia Center for Urban Agriculture	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018	✓	Added on 01/09/2017
Children's Services Fund - POS RFP #25-15JUN15 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	Columbia Center for Urban Agriculture	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	✓	Added on 11/08/2016

Total Active Links:3, Total Deactivated Links:0, Current Active Links:3, Current Deactivated Links:0

System Fields

Record ID

15323

Modification Date

07/14/2017 10:53 AM CDT

Modified By

Columbia Center for Urban Agriculture ORG

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Columbia Center for Urban Agriculture

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Improving Mental and Physical Health of Food Insecure Children Through Hands-On Nutrition Interventions

Amount of Request

\$141,560.00

County-Children's Services - Service Type (check all that apply)

Home-based and community-based family intervention programs

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)

<http://www.ColumbiaUrbanAg.org>

Address

1007 N College Ave

#1

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Name

William Edward Polansky

Phone Number

573-514-4174

Address

PO Box 1742

City

Columbia

State

Missouri

County

Boone

Zip

65205

Program Administrator Title

Executive Director

Email

billyp@columbiaurbanag.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1499890355_30421_AttachmentA.JPG/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1499890355_30420_AttachmentB.JPG/

Attachment C Work Authorization Certification

/document/download/filename/1499890355_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1499890355_30418_2017_07_12_13_00_39.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Link Info

Active Date

Columbia Center for Urban Agriculture

PO Box 1742

Billy Polansky

Added on
06/15/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

26-4486257

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

William Polansky

Printed Name - Organization Executive Director/President/CEO

6/29/2017

Date

William Polansky

Signature - Organization Executive Director/President/CEO

6/29/2017

Date

SARAH BANTZ

Printed Name - Organization Board Chair

7/6/17

Date

Sarah Bantz

Signature - Organization Board Chair

7/6/17

Date

ATTACHMENT B

(Please complete and return with Proposal Response.)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

William Polansky - Executive Director
Name and Title of Authorized Representative

WR Polansky
Signature

6/29/2017
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

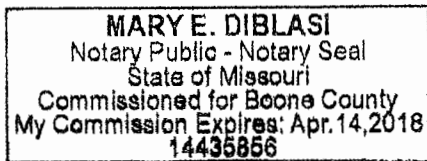
County of BOONE)
) ss
State of MISSOURI)

My name is WILLIAM POLANSKY I am an authorized agent of COLUMBIA CENTER
FOR URBAN AGRICULTURE (Bidder). This business is enrolled and participates in a federal work
authorization program for all employees working in connection with services provided to the
County. This business does not knowingly employ any person that is an unauthorized alien in
connection with the services being provided. Documentation of participation in a federal work
authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in
writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter
be in violation and submit a sworn affidavit under penalty of perjury that all employees are
lawfully present in the United States.

[Signature] 7/5/17
Affiant Date
William Polansky
Printed Name

Subscribed and sworn to before me this 5TH day of July 2017



[Signature]
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when
enrolling.

THE E-VERIFY MEMORANDUM OF UNDERSTANDING FOR EMPLOYERS

ARTICLE I PURPOSE AND AUTHORITY

The parties to this agreement are the Department of Homeland Security (DHS) and the COLUMBIA CENTER FOR URBAN AGRICULTURE (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

ARTICLE II RESPONSIBILITIES

A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
 - a. Notice of E-Verify Participation
 - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

Company ID Number: 732937

4. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
 5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.
 - a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.
 6. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
 - a. If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
 - b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The Employer will use the photocopy to verify the photo and to assist DHS with its review of photo mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.
- Note: Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.
7. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.
 8. The Employer agrees that, although it participates in E-Verify, the Employer has a responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures.
 - a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly

employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status

(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

14. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA as applicable by not discriminating unlawfully against any individual in hiring, firing, employment eligibility verification, or recruitment or referral practices because of his or her national origin or citizenship status, or by committing discriminatory documentary practices. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the immigration-related unfair employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

15. The Employer agrees that it will use the information it receives from E-Verify only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords), to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at E-Verify@dhs.gov. Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, upon

Company ID Number: 732937

reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see [M-795 \(Web\)](#)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

B. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

- b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.
- c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.
- d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.
- e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:
 - i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,
 - ii. The employee's work authorization has not expired, and
 - iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).
- f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:
 - i. The Employer cannot determine that Form I-9 complies with Article II.A.6,
 - ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
 - iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with

Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

C. RESPONSIBILITIES OF SSA

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.

2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.

4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

D. RESPONSIBILITIES OF DHS

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

a. Automated verification checks on alien employees by electronic means, and

- b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the Employer with operational problems associated with the Employer's participation in E-Verify. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train Employers on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials.
5. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.
6. DHS agrees to issue each of the Employer's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify

case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.
4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.
2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.
4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the

Company ID Number: 732937

employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:

- a. Scanning and uploading the document, or
- b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).

7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.

8. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

ARTICLE IV SERVICE PROVISIONS

A. NO SERVICE FEES

1. SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V MODIFICATION AND TERMINATION

A. MODIFICATION

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.

2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.

B. TERMINATION

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer's participation in E-Verify, with or without notice at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

ARTICLE VI PARTIES

- A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.
- C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.
- E. The Employer understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to,

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Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.

Company ID Number: 732937

Approved by:

Employer COLUMBIA CENTER FOR URBAN AGRICULTURE	
Name (Please Type or Print) WILLIAM POLANSKY	Title
Signature Electronically Signed	Date 12/04/2013
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 12/04/2013

Company ID Number: 732937

Information Required for the E-Verify Program

Information relating to your Company:

Company Name	COLUMBIA CENTER FOR URBAN AGRICULTURE
Company Facility Address	1007 N College Ave #2 COLUMBIA, MO 65201
Company Alternate Address	PO BOX 1742 COLUMBIA, MO 65205
County or Parish	BOONE
Employer Identification Number	264486257
North American Industry Classification Systems Code	611
Parent Company	
Number of Employees	10 to 19
Number of Sites Verified for	1

Company ID Number: 732937

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MISSOURI

1 site(s)

Company ID Number: 732937

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name WILLIAM POLANSKY
Phone Number (573) 514 - 4174
Fax Number
Email Address BILLYP@COLUMBIAURBANAG.ORG

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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JULY15 - *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4247 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE = \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS = 1,500

TOTAL # OF UNDER SERVED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE = \$60,000 / 1,500 = \$40 per hour

The unit rate shown above is an example only; this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Service, Board Funding Policy on the Boone County website at:

<https://www.show-meboone.com/CommunityServices/commnon.pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract. If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMCW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMCW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmehoone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melissa Bobbitt at mbobbitt@boonecountymt.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time.

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all state and federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund. receipt of which is hereby acknowledged:

Company Name:

Columbia Center for Urban Agriculture

Address:

PO Box 1742 Columbia MO 65205

Phone Number:

573-514-4774

Fax Number:

N/A

E-mail:

billyp@columbianurbanag.org

Authorized Representative Signature:

William Blansky

Date:

7/12/17

Authorized Representative Printed Name:

William Blansky

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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David Collins	Harbison Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank Bk.	874-8518	877-8432
6.	Judy Starr	Central Bank BC	874-8506	874-8432
7.	Jody Munson	Central Bank KC	874-8506	874-8432
8.	Bob Hull	US Bank	446-3394	446-2061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

23.	Bonnie L. Larkin	Central Bank		874-8501
24.	Jennifer Hockman	US Bank		446-6736
25.	Erica Wright	US Bank		673-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
'13-20JUL17 - Depository of County Funds

	Julia Lutz	IT		
47.	ARON GAS	IT		
48.	Self	COLLECTOR		
49.	Denise Abney	Collector		
50.	TOM DARROUTH	TREAS		
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

- a. You included the following requested attachments:
 - Attachment A 2017 Organization Assurance Sheet
 - Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
 - Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

1. The first part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom.

2. The second part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom.

Response: This RFP # 30-20JUL17, has been revised. The Program Overview section should reflect information for all the services. The Program Service (A3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:

<https://www.boonemichigan.com/Community/Services/commnon-pd/CBCSSIFundingPolicy.pdf>



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- J Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged

Company Name:

Columbia Center for Urban Agriculture

Address:

PO Box 1742 Columbia MO 65205

Phone Number

573-514-4174

Fax Number

N/A

E-mail:

billyp@columbiacenterforurbanagriculture.org

Authorized Representative Signature

William Polansky

Date:

7/12/17

Authorized Representative Printed Name:

William Polansky

1. The first part of the report is a general
introduction to the subject.

2. The second part is a detailed
description of the methods used in the
study.

RE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 application.

22.	Kelly Hill	Heart of MO CHSH	442-4670	N/A
23.	Janie Throck	Grade A Plus	573-268-4322	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
	W. J. Epping	W. J. Epping	268-5129	
24.	Billy Polansky	CCWA	514 4174	
25.	Beatrice Stewart	Great Circle	673 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Megladol	Boys Girls Club	268 8549	
28.	Mark Bradel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-9899727	
30.	Heather Dinn	At Fletcher Boys	573-574-3677	
31.	Laine Bang-Walker	Per f of Psych	884-6136	
32.	Michelle Shiller	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Jane Campbell	Tree Top LLC	870-945-0348	
3.	Jennifer Klostermann	CMCA BRIDGE	573-427-7897	
4.	Mernell King	CMCA Bridge	573-999-4119	
5.	Bonnie Gantzi	Fun City	573-256-1436	573-256-8641
6.	Philip Peters	Grade A'	573-442-1150	
7.	Christina Gilbert	First Chance for Child	777-1815	777-1816
8.	Madaline Gannon	Compass Health	636-332-2187	
9.	Pamela Hall	umc-child Health-ARC	573-884-0321	
10.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
11.	Vikki Dawett	EC-PBS	573-356-9562	
12.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
13.	Anne Kiessling	Kiessling & Assoc.	573-554-2122	
14.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
15.	Melody Boring	SOAR	573-884-6324	
16.	Carole Schuch	BRIDGE	573-265-4921	884-1070
17.	Whitney Jones	St. Raymond Society	(777) 607-1215	
18.	Becky Markst	CHA Low-Income Svc	573-443-2556	0551
19.	Gay Littleken	MLJ CLC	573-449-5600	573-875-1535
20.	Minam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
	Shore Livingston	BGC	823-1157 ext	874-0681
	Shelly Lock	CCAMD	445-5437	
	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Jim Arttag	U of Mo CFPR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Fink	CPS	214-3480	
10.	Wretta Schouten	YE2	256-1896	254-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Luck	Rainbow House	573-473-2463	
15.	Ron Rone	YC2	573-854-7011	
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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Columbia Center for Urban Agriculture
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Improving Mental and Physical Health of Food Insecure Children Through Hands-On Nutrition Interventions
Amount of Request	\$141,560.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

This proposal will address community-level issues of: low fruit and vegetable consumption, obesity, food insecurity, and an academic achievement gap that exists for students who receive Free or Reduced Lunch (FRL).

Low consumption of fruits and vegetables contributes to poor mental and physical health (Florence et al., 2008) and 86% of Boone County residents do not eat the recommended five daily servings of fruits and vegetables (MO DHSS, 2011).

Overweight children are more likely to have poor academic achievement and lifetime health issues (Florence et al., 2008) and 55% of Boone County residents are overweight or obese (MO DHSS, 2011), which is an indicator of poor overall health.

Food insecurity affects many Columbia Public School (CPS) children, with 42% receiving FRL (DESE, 2017) and CPS students who receive FRL score lower on standardized tests, and attend school less often (Boone Indicators, 2017). Children with less nutritious diets score lower on standardized literary assessments (Florence et al., 2008). Additionally, poor nutrition often causes school absences (Brown et al., 2008). Children in food-insecure households have a lower general health status, compared with children in food-secure households (Casey, 2005). School-aged children experiencing food insecurity are more likely to experience higher levels of anxiety, higher incidence of chronic illness, and more internalized behavior problems than children who do not experience hunger (Weinred, 2002).

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

This proposal addresses issues faced by families who live in Columbia's three "target neighborhoods"— North, Central, and East. These neighborhoods, identified in the City's strategic plan, are disproportionately affected by issues of poverty, food insecurity, lack of education, and poor nutrition (Columbia,

2015). Children in these targeted neighborhoods are more likely to receive FRL compared to children living in other neighborhoods. All eight elementary schools serving these three neighborhoods have FRL rates over 50%.

Only 39.5% of 3rd grade CPS students receiving FRL scored "proficient" in English Language Arts; the rate for non-FRL students is 75.5% (Boone Indicators, 2017).

Among 6th grade CPS students who receive FRL, only 16% scored proficient in Math, and 26.3% scored proficient in English Language Arts; the rate for non-FRL students is 59.7% and 72.9% respectively (Boone Indicators, 2017).

Notably, only 83.5% of 6th grade FRL students attended school more than 90% of school days; the rate for non-FRL students is 95.1% (Boone Indicators, 2017).

These indicators of student achievement among students with FRL are staggeringly lower than those found in other city neighborhoods and in the school district as a whole.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Nutrition- and garden-based programs at schools and homes will improve fruit and vegetable consumption leading to better physical and mental health outcomes for children living in the City's three most economically distressed neighborhoods.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

3rd and 5th graders at the eight elementary schools with high rates of FRL will participate in 17 distinct nutrition- and garden-focused activities during the school year. The "Farm to School" Coordinator will coordinate activities at CPS and will work with CCUA's staff to conduct these activities, which include school gardening, fruit and vegetable tastings, cooking demonstrations, and hands-on lessons at CCUA's Urban Farm.

These activities will complement lessons at afterschool and summer programs coordinated by partner agencies (Boys & Girls Club, Moving Ahead, Fun City, Navig8). A complementary service, CCUA's Opportunity Gardens program, will train low-income families to be successful home gardeners. The program will target families with children in the city's three targeted neighborhoods who attend the eight elementary schools. Providing parents an opportunity to garden at home with their children will reinforce the lessons learned during the school day without imposing a financial burden on families with limited resources.

Reaching children in a variety of places with a comprehensive suite of garden and nutrition activities reinforces their positive food choices and encourages a healthy lifestyle. Activities which occur during school, afterschool, in the summer, and at home provide youth with numerous opportunities to have positive interactions with fruits and vegetables, leading children to be more comfortable around previously unknown or "yucky" foods.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The City of Columbia identified the North, Central, and East neighborhoods as key to achieving social equity goals. These neighborhoods have higher rates of poverty, unemployment, crime, and stress. This project's eight targeted elementary schools with high rates of FRL (Alpha Hart, Elliot Battle, Benton, Blue Ridge, Derby Ridge, New Haven, West Boulevard, and Parkade) serve students who live in the three targeted neighborhoods. Each of these schools has a rate of FRL, exceeding 50%. Within the eight schools, the program will work with third and fifth grade classes. Afterschool and summer program partners also focus on students living in the three neighborhoods.

CCUA's Opportunity Gardens program currently serves 100 Columbia families who are living with reduced resources by providing home gardens and mentoring gardening and cooking skills. Families participating in the Opportunity Gardens program are represented by individuals from 21 different countries and speak 14 different languages. Many participating families live in the city's three targeted neighborhoods, public housing, or Section 8 residences.

b. Why will these particular consumers be served? (1500 character limit)

Many families in poverty choose low-cost foods that are calorie dense and nutrient poor, leading to the paradoxical situation where hunger and obesity coexist. Experiences with outdoor gardens and fresh fruits and vegetables can be a gateway to healthy lifestyle choices. Providing opportunities to interact with fresh food, such as planting and eating fresh vegetables, encourages students to connect with their food. This connection can lead to increased fruit and vegetable consumption. Educators at CPS and other partner agencies have provided positive feedback regarding CCUA's hands-on lessons since 2009.

Students who receive FRL have significantly lower social and emotional wellbeing, reading and math scores, and attendance (Boone Indicators, 2017). Low achievement among these students who use FRL are linked to problems such as dropping out of school, incarceration, and poor health—continuing the cycle of poverty (Flester, 2013).

Since 2011, CCUA's Opportunity Gardens program has received an overwhelmingly positive response from low-income families who struggle to eat well and stay healthy. These families will continue to be served because of this positive feedback. A backyard garden is a healthy way for families to spend time together and produce their own fresh, healthy food at little to no cost. An increased focus on the targeted neighborhoods, will reinforce the lessons for children who participate in these same activities at school.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Teachers have packed schedules. This project integrates healthy food and outdoor activity into the school district's science, health, and PE curricula. The CPS Coordinator will work with administration, teachers, and CCUA staff to ensure that the nutrition and health lessons will contribute toward the teachers' overall academic goals.

Families who participate in the Opportunity Gardens program encounter health, self-esteem, and housing problems. CCUA staff has developed practices to accommodate families by mentoring them over several years and by empowering neighborhood garden Ambassadors.

d. Total number of unduplicated individuals to be served by the proposed program:

1360

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

200.91

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

1360

City of Columbia

1089

Other Counties

0

Residence Total

1360

Record Lock

0

Race

White (alone)

655

Black or African American (alone)

491

Native American Indian or Alaskan Native

5

Asian (alone)

70

Native Hawaiian or other Pacific Islander (alone)

2

Multiple Races

112

Some Other Race

25

Race Total

1360

Ethnicity

Hispanic or Latino (of any race)

97

Not Hispanic or Latino

1263

Ethnicity Total

1360

Gender**Female**

672

Male

688

Other

0

Gender Total

1360

Income**At or below 200% of Federal Poverty Level**

1142

Over 200% of Federal Poverty Level

218

Income Total

1360

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

34

Preschool (3 years – 5 years)

35

School Age (6 years – 11 years)

1092

Middle School (12 years – 14 years)

27

High School (15 years – 19 years)

22

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

150

Age Total

1360

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

n/a

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the

proposed program. (600 character limit)

School activities will occur at the eight schools and at CCUA's Urban Farm during regular school hours. After school and summer activities will occur at our partners' established program sites and at CCUA's Urban Farm during the partner agencies' normal program hours. The Opportunity Gardens program occurs at the homes of participating families Monday – Friday 8am – 7pm.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Schools selected to be a part of the Farm to School program have FRL rates over 50% and serve children who live in the city's three targeted neighborhoods. Students who participate in FRL come from homes living below 185% of the poverty line.

After school and summer program partners serve low-income children who live in the three targeted neighborhoods.

The Opportunity Gardens program serves Columbia families living below 130% of the poverty line. Many of the families who currently participate in the program live in the three targeted neighborhoods.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

n/a

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

The children and families being served by the school, after school/summer, and Opportunity Gardens programs live with low incomes. The improved nutrition that results from participation in the programs will help alleviate future poverty.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

n/a

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

n/a

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

The Farm to School Coordinator must be familiar with the CPS system, and hold a current teaching certificate. The individual must be knowledgeable of food, food safety, and Serve Safe Certified. CCUA staff has no external licensing requirements.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

n/a

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

n/a

If Yes - Provide a description of the accreditation process: (600 character limit)

n/a

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Best practices in Place-Based Education guide CCUA's educational experiences for groups of school children at the Urban Farm and for families in the Opportunity Gardens program. "Place-based learning is an educational approach that uses all aspects of the local environment, including local cultural, historical, and sociopolitical situations and the natural and built environment, as the integrating context for learning" (Gruenwald, 2003).

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

Place-Based education connects students to their local environment and community. Allowing children and families to feel connected with their surroundings supports good mental and physical health.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

n/a

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

Physical health directly affects mental health, they are inseparable. Obesity can affect self-esteem and the physical discomfort associated with a poor diet can lead to behavior problems. "Physical and mental health are interwoven, with origins and consequences that are not easily disentangled. This is especially true when it comes to children and youth." (Murphey, 2014).

"Access to nutrition...can enhance a student's psychosocial well-being, reduce aggression and school suspensions and decrease discipline problems" (Brown et al., 2008).

"Effective school nutrition programs that have the potential to improve students' diet quality, academic performance, and, over the long term, their health" (Florence et al., 2008).

Students who participated in a healthy eating campaign "scored higher on English and science tests than students who did not take part in the campaign" (Stuber, 2014).

"Nutrition interventions in children are more likely to be successful if they are activity-based, theory-driven, involve families...[and] the wider community" (Lytle et al, 1995).

"Parental modeling, peer normative beliefs and fruit, juice, and vegetable availability were significantly correlated with fruit, juice and vegetable consumption (Cullen et al., 2001).

A "10x10 meter plot can provide most of a household's total yearly vegetable needs, including much of the household's nutritional requirements for vitamins A, C, B complex, and iron" (Patel, 1991).

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

n/a

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Collaboration between CCUA and CPS strengthens both partners' ability to serve children at-risk for poor mental and physical health. While school lunchrooms already have fresh and healthy options available, many students, especially those from low-income families, do not choose those options. With CCUA's assistance, CPS' Nutrition Services Department will expand its focus to impact students, beyond the food service itself, to nutrition-education activities. The program will encourage healthy behaviors by leveraging CCUA's expertise in garden- and nutrition-based education. The Farm to School Coordinator will improve collaboration between CPS Nutrition Services, CPS Science, and CCUA to ensure a streamlined, interdisciplinary, and impactful programming suite. After school and summer programs will integrate gardening and nutritional education into established programs that serve low-income children.

The Opportunity Gardens Program is a unique household-focused approach to nutrition. Supporting the whole household ensures that the message of good food choices will continue beyond the installation of a garden. Each mentoring session is tailored to the household's needs and encourages experimentation in the kitchen and garden without the fear of failure. Because the program highlights the different cultures and needs of all participants, every household is treated with respect and provided opportunities to showcase its accomplishments.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

The summer months (when school is out) provide a natural lag in the programming cycle when CCUA and CPS staff will discuss progress and needed changes to the programs being offered. Continuous improvement, stakeholder feedback, and outcomes measurement are key components of CCUA's processes. CCUA's annual budget includes funding to hire outside assessment and evaluation professionals to ensure that goals are being met and to assist with decisions making. In fact, this project proposal was a result of conversations between CCUA, CPS Nutrition Services, and CPS Science on how to deliver programs that meet desired outcomes of all three stakeholders. CCUA's partnership with CPS will improve the feedback and outcomes measurement process. Currently, CCUA relies on teacher surveys to collect information about impact on students. In this proposal, data already included in the district's current assessment toolbox will be used to measure student improvement. A similar process is used with partner agencies that offer after school and summer programs. The Opportunity Gardens Program relies on verbal and written feedback from gardeners along with written staff observations to measure the success of various teaching strategies and tactics.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

CPS will collect feedback on nutritional education lessons. Feedback will continue to be sought from third and fifth grade teachers participating in the Farm to School activities. After each nutrition and garden interaction, educators will be surveyed to collect feedback on all school, after school, and summer activities. The Opportunity Gardens program collects feedback from program participants using an annual survey. Adjustments will be made on activities based on this feedback.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

CCUA will co-manage the project with CPS. This application has CPS as a sub-contractor of CCUA because each organization's contributions are dependent on the other. The roles of each organization cannot be isolated in separate proposals. CCUA and CPS staff will design and conduct activities together for the classroom, lunchroom, school gardens, and CCUA's Urban Farm. Field trips to CCUA kickoff and culminate the 17 distinct nutritional activities which occur at each school.

CPS has the ability to reach large numbers of students and embed hands-on nutrition interventions during the school day. This project institutionalizes CCUA's mission into the local public school system. CPS can link participating students with measurements of fruit/vegetable consumption, test scores, and attendance. CPS will help recruit families for CCUA's Opportunity Gardens program.

Collaboration with agencies offering after school and summer programs creates another opportunity for children to have hands-on experiences with

gardening and nutritious food. These partner agencies have already done the work of recruiting the target audience, and CCUA supports these agencies by providing enjoyable nutritional interventions.

Many families participating in the Opportunity Gardens program live in the Columbia Housing Authority or other low-income housing. CCUA has established relationships with CHA and other landlords to ensure that low-income renters are able to garden at home.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500303071_40691_scan0003.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1500399048_40764_scan0014.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 PLANTS Program Manager	MQ1 B.A.	FTE1 1.00	SR1 FROM \$30,250.00	SR1 TO \$45,760.00
P2 PLANTS Program Associate AmeriCorps	MQ2 Community and Gardening Experience	FTE2 1.00	SR2 FROM \$15,000.00	SR2 TO \$15,000.00
P3 PLANTer Seasonal Employees (Multiple Positions)	MQ3 Community and Gardening Experience	FTE3 1.00	SR3 FROM \$22,800.00	SR3 TO \$36,608.00
P4 Opportunity Gardens Program Manager	MQ4 B.A.	FTE4 1.00	SR4 FROM \$30,250.00	SR4 TO \$45,760.00
P5 Opportunity Gardens Program Associate AmeriCorps	MQ5 Community and Gardening Experience	FTE5 1.00	SR5 FROM \$15,000.00	SR5 TO \$15,000.00
P6 Farm to School Coordinator (CPS- Subcontractor)	MQ6 Teaching Certificate, Kitchen Experience, ServeSafe Certification	FTE6 1.00	SR6 FROM \$56,000.00	SR6 TO \$65,000.00
P7	MQ7	FTE7 0.00	SR7 FROM \$0.00	SR7 TO \$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The PLANTS Program Manager will coordinate with the Farm to School Coordinator and partner agencies to develop and conduct activities at schools and CCUA's Urban Farm. Salary range and minimum qualifications are similar to other CCUA Manager positions.

The PLANTS Program Associate will assist the Manager in coordinating and conducting activities. As an AmeriCorps member, AmeriCorps sets the salary range.

The PLANTer Seasonal Employees are temporary/seasonal employees who work with groups of students during educational activities. There are many PLANTer positions and the use of these employees is a function of the number of students present at a given field trip. Salary range and minimum qualifications are similar to other temporary positions at CCUA.

The Opportunity Gardens Program Manager will coordinate and conduct CCUA's home gardening program for low-income families. Salary range and minimum qualifications are similar to other CCUA Manager positions.

The Opportunity Gardens Program Associate will assist the Manager in coordinating and conducting CCUA's home gardening program for low-income families. As an AmeriCorps member, AmeriCorps sets the salary range.

The Farm to School Coordinator will coordinate and conduct in-school and Urban Farm activities with CCUA staff and serve as the district's liaison to CCUA. Salary range and minimum qualifications are similar to other CPS Coordinator positions.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)

Provides funding for the majority of CCUA's Opportunity Gardens Program.

1A \$59,402.00 22

B. Other United Ways (300 character limit)

1B \$0.00 0

C. Capital Campaigns (300 character limit)

1C \$0.00 0

D. Grants (non-governmental) (300 character limit)

Startup supplies for school gardening will be pursued through grants.

1D \$10,000.00 4

E. Fund Raising & Other Direct Support (300 character limit)

Supplies for CCUA's Opportunity Gardens Program are raised through private fundraising.

1E \$23,601.00 9

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)

This proposal's request.

2A \$141,560.00 52

B. Boone County - Community Health Funding (300 character limit)

2B \$0.00 0

C. Boone County- Other Funding (300 character limit)

2C \$0.00 0

D. Funding from Other Counties (300 character limit)

2D \$0.00 0

E. City of Columbia - Social Service Funding (300 character limit)

2E \$0.00 0

F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Missouri Department of Conservation pays for field trip transportation.	\$6,972.00	3
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Columbia Public Schools will provide this amount from their budget to support the Farm to School Coordinator position.	\$31,700.00	12
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	273235	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$169,300.00	62
Personnel Narrative (300 character limit)		
This covers personnel expenses for the staff positions outlined above.		
2. Non-Personnel	2.	2. %
	\$103,935.00	38
Non-Personnel Narrative (300 character limit)		
This covers lesson material costs and transportation costs.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	273235	

Yearly Amount Request from Children's Services Fund

Year 1 Total Request	Year 2 Total Request
\$99,095.04	\$141,562.76
Total Amount Request from CSF	
240657.8	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

CPS will match personnel costs from its operating budget.

Supplies for school gardens will be purchased through private fundraising.

Maintenance of CCUA's Urban Farm is funded by private donations.

Student transportation will be paid for by the MO Dept of Conservation.

The Opportunity Gardens Program is funded by the United Way. Currently BCCSF funds mentoring services rendered, although this funding will expire at the end of 2017.

AmeriCorps pays for a portion of their members' salary.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

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Stuber, N. (2014). Nutrition and Students Academic Performance (Rep.). St Paul, MN: Wilder Research

Weinred., L. Wehler., C. Perloff, J., Scott, R., Hosmer, D., Sagor, L., Gundersen, C. (2002). Hunger: Its impact on childrens health and mental health. Pediatrics, (4) e41. Doi: 10.1542/peds.110.4.e41.

MEMORANDUM OF AGREEMENT

between

Columbia Center for Urban Agriculture

(hereinafter referred to as "Applicant Organization")

and

Columbia Public Schools

(herein referred to as "Collaborative Partner")

Project Title:

Improving Mental and Physical Health of Food Insecure Children through Hands on Nutrition Intervention

Preamble:

This proposal links nutrition and outdoor activity to physical and mental health outcomes. A "Farm to School" (FTS) coordinator will be created within the Collaborative Partner's organization. The staff person will coordinate nutrition-focused activities for 3rd and 5th grade students at eight elementary schools with high rates of Free and Reduced eligible enrollment. The schools include: Alpha Hart Lewis, Elliot Battle, Benton, Blue Ridge, Derby Ridge, New Haven, West Boulevard, and Parkade Elementary schools. The FTS Coordinator will ensure activities are linked to the school district's learning outcomes and nutritional goals. The activities coordinated by the FTS Coordinator aim to improve nutrition which is linked with higher rates of attendance, improved reading comprehension, and overall engagement in the school day. The FTS Coordinator will measure changes in attendance, test scores, and fruit and vegetable consumption for the students participating in this pilot.

Duration of Agreement:

The project will begin July 1, 2018 and conclude December 31, 2019. This includes the entire 2018-2019 School Year and half of the 2019-2020 School Year.

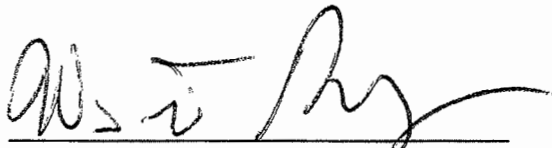
Applicant Organization Agrees to:

1. Work alongside Collaborative Partner to organize and execute Urban Farm field trips for students in the eight target elementary schools 3rd and 5th grades. All students will visit the Urban Farm twice per school year.
2. Work with families in these schools through the Opportunity Gardens mentoring program.
3. Assist Farm to School Coordinator with 17 distinct school-based activities.
4. Complete required grant reporting and program assessments.
5. Reimburse Collaborative Partner for a maximum of 553 hours of instruction at a rate of \$75.56 per hour per 12-month period (totaling \$41,784.68 annually). Funds for reimbursement are contingent on successful funding proposals from Boone County Children's Service Fund and other funding agencies.

Collaborative Partner Agrees to:

1. Work with applicant organization to develop and coordinate place-based learning activities for students in target elementary school's 3rd and 5th grades.

2. Deliver 17 unique Farm to School related programs for each student in target elementary school's 3rd and 5th grades.
3. Work with the Applicant Organization and other project partners to make necessary data available for program assessment.
4. Provide matching funds of \$31,700 per 12-month period for salary and benefits for the Farm to School Coordinator.
5. Comply with the funding policy of the Boone County Children's Services Board Funding Policy.
6. Provide monthly invoices to the Applicant Organization on or before the 3rd of each month for the prior month's services rendered.



Billy Polansky, Executive Director
Columbia Center for Urban Agriculture

7-17-17

Date



Peter Stiepleman, Superintendent
Columbia Public Schools

July 10, 2017

Date

MEMORANDUM OF AGREEMENT

between

Columbia Center for Urban Agriculture

(hereinafter referred to as "Applicant Organization")

and

Boys and Girls Club

(herein referred to as "Collaborative Partner")

Project Title:

Improving Mental and Physical Health of Food Insecure Children through Hands on Nutrition Intervention

Preamble:

This proposal links nutrition and outdoor activity to physical and mental health outcomes. The Applicant Organization is addressing community-level issues of: low fruit and vegetable consumption, obesity, food insecurity, and an academic achievement gap that exists for students who receive Free or Reduced Lunch. This comprehensive approach will target students who live in the City of Columbia's three targeted neighborhoods, and include nutrition interventions at school, at afterschool and summer programs across the community, and at the homes of low-income families.

Programming between the Applicant Organization and Collaborative Partner will include. Six eight-week sessions of gardening and cooking activities at the Boys and Girls Club and at CCUA's Urban Farm.

Duration of Agreement:

The project will begin January 1, 2018 and conclude December 31, 2019.

Applicant Organization Agrees to:

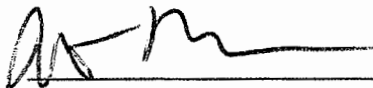
1. Work alongside Collaborative Partner to coordinate gardening and cooking activities at the Boys and Girls Club and at CCUA's Urban Farm.
2. Be solely responsible for delivering educational programming by providing all necessary staff and lesson plans for the six eight-week sessions of program implementation.
3. Make space available at CCUA's Urban Farm for field trips.

Collaborative Partner Agrees to:

1. Work with applicant organization to schedule and recruit students for the six eight-week sessions of gardening and cooking programs.
2. Work with the Applicant Organization to make necessary data available for program assessment.
3. Make space available in the Boys and Girls Club's Kitchen and Outdoor Garden for the six eight-week sessions of gardening and cooking programs.
4. Allow Applicant Organization to use the Boys and Girls Club Kitchen for other programming outside of the six eight-week sessions. These will be on mutually agreed upon dates and times.

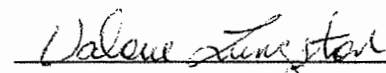
5. Comply with the funding policy of the Boone County Children's Services Board Funding Policy.

This agreement is contingent on successful funding proposals from Boone County Children's Service Fund and other funding agencies.



Billy Polansky, Executive Director
Columbia Center for Urban Agriculture

7-18-17
Date



Valorie Livingston, Executive Director
Boys and Girls Club

7-18-17
Date

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Columbia Center for Urban Agriculture
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Improving Mental and Physical Health of Food Insecure Children Through Hands-On Nutrition Interventions
Amount of Request	\$141,560.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

n/a

c. Provide justification for the request for one-time funding. (600 character limit)

n/a

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

4.1 Health Education

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Provides information to maintain or improve physical and mental health and overall wellbeing.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

CCUA will collaborate with Columbia Public Schools (CPS) to deliver nutrition programming. CPS's new Farm to School Coordinator will work together with CCUA's staff educators to plan, coordinate, and deliver programming surrounding place-based learning, school gardening activities, fruit and vegetable tastings, and cooking demonstrations/activities. These activities occur in schools and at CCUA's Urban Farm. They are designed to encourage good nutritional behaviors while helping to meet the school district's learning goals. Activities that occur during the school day will help students understand the importance of healthy diets, encourage fruit and vegetable consumption at school and home, and encourage students to spend more time in healthy outside activities.

To further impact these students, CCUA will work with social service agencies to provide hands-on garden- and nutrition-related activities to students in afterschool and summer programming. These programs will occur both at CCUA's Urban Farm and at partner agency sites. These partnerships allow CCUA to reach students outside of the school day at established afterschool and summer programs such as Boys and Girls Club, Moving Ahead, Fun City, and Navig8. The students attending these programs are already identified as low-income, at-risk, and/or living in one of the three targeted neighborhoods.

This program is designed for low-income children who live in the City of Columbia's three targeted neighborhoods and students in eight high-FRL elementary schools. These students are at risk of poor nutrition, obesity, and the various social issues that lead to falling behind in school and continuing the cycle of poverty. Improved nutrition among these students will lead to improved physical and mental health outcomes.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 Hour of Instruction

b. Unit Rate (#1)

\$75.56

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

n/a

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

This rate is the cost of staff time and supplies associated with teaching learners at school gardens, lunchrooms, classrooms and the Urban Farm. The rate is currently being used on a POS agreement with Boone County.

d. Total Number of Units of Service to be Provided (#1)

1596

e. Total Number of Unduplicated Individuals (#1)

996

f. Average Number of Units of Service per Unduplicated Individual (#1)

1.6

g. Average Cost of Service per Individual (#1)

121.08

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

n/a

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

The recipients of the service are children from low-income families who live in one of Columbia's three targeted neighborhoods and attend a school that has a rate of Free and Reduced Lunch greater than 50%.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

n/a

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

n/a

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

This service is not eligible for reimbursement from health insurance or state subsidy.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

n/a

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$75.56	225	\$17,001.00
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00
	1c1.	1c2.	1c3.
c. City of Columbia - Social Services Funding (#1)	\$0.00	0	\$0.00
	1d1.	1d2.	1d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	\$0.00	0	\$0.00
	1e1.	1e2.	1d4.
e. Heart of Missouri United Way Funding (#1)	\$0.00	0	\$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$120,596.76

b. Proposed Number of Units of Service (#1)

1596.04

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or

enabling the organization access to funding from other funding sources. (#1) (600 character limit)

This is a tremendous opportunity to institutionalize hands-on garden- and nutrition-based activities into the school day, and create a permanent position within Columbia Public Schools that will focus on encouraging students to consume more fruits and vegetables and connect the students to healthful outdoor activities.

In Year 1 of the proposal we are only requesting \$78,129.04 because full partnership with Columbia Public Schools will begin in the 2018-19 school year. Year 2 we will request the full amount \$120,596.76

Service #1- Performance Measures**Outcome (1-1)**

Students who participate in FTS programming will put more fruits and vegetables on their lunch tray at each school's "Garden Bar" as compared to the prior year.

Indicator (1-1)

3rd and 5th grade students who participate in FTS programming will consume 10% more fruits and vegetables.

Method of Measurement (1-1)

Every day Nutrition Service staff will weigh all food that is added to the Garden Bar during lunch service and subtract all food remaining on the Garden Bar at the end of lunch service.

Additional Outcome (1-2)

Attendance records will show higher rates of attendance among students who participated in FTS programming in 5th grade as compared to the prior year.

Additional Indicator (1-2)

The number of 6th grade students with attendance over 90% will increase by 5 percentage points among those who participated in programming in 5th grade.

Additional Method (1-2)

Analysis of attendance data for 6th grade students who participate in FTS programming.

Additional Outcome (1-3)

English Language Arts MAP test scores for participating 3rd graders will improve compared to the prior year.

Additional Indicator (1-3)

The number of 3rd grade students with reading proficiency will increase by 5 percentage points among those who participate in programming.

Additional Method (1-3)

Analysis of English Language Arts MAP test scores for 3rd graders who participate in FTS programming.

Additional Outcome (1-4)

Math MAP test scores for 6th graders who participated in FTS programming in 5th grade will improve as compared to the prior year.

Additional Indicator (1-4)

The number of 6th grade students with math proficiency will increase by 5 percentage points among those who participated in FTS programming in 5th grade.

Additional Method (1-4)

Analysis of Math MAP test scores for 6th graders who participated in FTS programming in 5th grade.

Additional Outcome (1-5)

English Language Arts MAP test scores for 6th graders who participated in FTS programming in 5th grade will improve as compared to the prior year.

Additional Indicator (1-5)

The number of 6th grade students with reading proficiency will increase by 5 percentage points among those who participated in FTS programming in 5th.

Additional Method (1-5)

Analysis of English Language Arts MAP test scores for 6th graders who participated in FTS programming in 5th grade.

Service #1 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

Students choosing more fruits and vegetables from the Garden Bar is linked to "improved fruit and vegetable consumption".

Improved reading and math comprehension, higher rates of attendance, and students choosing more fruits and vegetables from the garden bar are linked to "better physical and mental health outcomes".

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

There are numerous factors that affect academic achievement, physical and mental health, and school attendance. Some of these factors include: quality of education, classroom teaching methods, instability associated with living in poverty, and the behaviors modeled by parents and others outside of school.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

An increase of 5% on reading, math, and attendance data would show a significant increase for a first-year program. Measuring the amount of fruits and vegetables taken at each school's garden bar will show that students are choosing more healthy foods.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Columbia Public Schools already measures each of these outcomes, therefore using an established method of measurement is an efficient use of resources and provides an established baseline.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

1.1 Community Gardens

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provision of garden space, materials, and/or information for community members to grow food.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

100 families in the Opportunity Gardens program will receive one-on-one mentoring in their backyard garden. After a new garden is built with CCUA staff, one-on-one mentoring sessions begin with a new gardener. CCUA makes between three and 12 visits per household per year (average of six). Gardening topics such as seasonality, crop spacing, pests, and watering are covered.

CCUA also provides all participants with a "Growing Guide" which has been created to aid in mentoring with consistent information across the program. The "Growing Guide" includes information about plant needs, plants that grow well in Missouri, weed identification, pest identification, soil and compost science information, and a resource list.

Garden mentoring sessions address gardening issues such as soil science, seasonality, crop spacing, watering, weeds, and garden pests. If no issues are present, mentoring may include sharing gardening tips, making the next season's plan, providing resources, or scheduling a cooking session.

Many of the families who participate in the program are also mentored on meal preparation and preservation methods. Cooking mentoring sessions may include topics such as harvesting techniques, meal preparation, canning, dehydrating, and fermentation. CCUA staff work with families in their kitchens to develop skills that will ensure garden produce is incorporated into their daily diet.

This three-year mentoring program has three cohorts of gardeners enrolled at once. First-year gardeners generally require more mentoring visits and need the most help, second-year gardeners are slightly more independent, and third-year gardeners graduate every fall as independent home gardeners.

Graduation is a mutual agreement between CCUA and participants based on level of independence and length of time in program. The consumer population of this service consists of individuals living at or below the poverty line in Columbia and/or eligible for such programs as WIC, SNAP, or TANF. Many participants are refugees or immigrants as well, but all are households living with limited resources. Many of these households live the city's three targeted neighborhoods. 2016 OG households were represented by individuals from 21 different countries that speak 14 different languages.

Service #2 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)**

1 Hour of Mentoring

b. Unit Rate (#2)

\$83.20

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

n/a

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

This is the cost of staff time, transportation, and overhead expenses associated with mentoring a low-income family in the home garden or kitchen. Additionally, this rate includes the cost of supplies associated with distributing plants, seeds, fertilizer and other tools to the Opportunity Gardens participants. The rate is currently being used on a POS agreement with Boone County.

d. Total Number of Units of Service to be Provided (#2)

252

e. Total Number of Unduplicated Individuals (#2)

364

f. Average Number of Units of Service per Unduplicated Individual (#2)

0.69

g. Average Cost of Service per Individual (#2)

57.6

Service #2 - Service Fee**a. Will the proposed service (#2) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

n/a

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Families living at 130% or below the poverty level do not have the resources to pay for this service.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

n/a

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

n/a

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

The proposed service is not eligible to be billed to health insurance or for state subsidy.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

n/a

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$83.20	102	\$8,486.62
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$83.20	522	\$43,430.40

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$20,966.00

b. Proposed Number of Units of Service (#2)

252

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or

enabling the organization access to funding from other funding sources. (#2) (600 character limit)

The Opportunity Gardens Program is not fully funded to serve 100 families. In 2017, CCUA's Opportunity Gardens Program is primarily funded by the HMUW and BCCSF. This request would continue funding from BCCSF from 2017 into 2018 and fill a gap in a shortage of HMWU funding as our recent proposal to HMUW was only partially funded. We are requesting the full amount in both years 1 and 2.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Participants will report they "always" eat the food grown in their garden.	75% of Opportunity Garden program participants will successfully produce fruits and vegetables in their home gardens.	Annual survey.
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Participants will report they "always" or "sometimes" cook meals at home.	60% of Opportunity Gardens program participants will cook more meals at home.	Annual Survey.
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)**

Eating more fruits and vegetables at home is connected to "improved fruit and vegetable consumption"

Spending time in outside activities and eating fruits and vegetables is connected to "better physical and mental health outcomes".

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Garden success can be affected by many external factors in the environment. If an Opportunity Gardens participant is not successful, due to weather or changes in gardener availability, there will be less benefit. CCUA works closely with gardeners to anticipate changes and ensure gardener success.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

By measuring the number of Opportunity Garden participants who are eating the food from their garden and cooking meals at home, we can discover whether gardens are increasing healthful lifestyle choices and food security. Participants who incorporate home-grown food into home-cooked meals are reaping the most benefit from gardening.

d. Provide a rationale for each method of measurement (2). (600 character limit)

When Opportunity Garden participants apply to the program, they are given a pre-test to determine how much they initially grow and cook at home. For the three years in the program, each participant is given an annual survey. This survey information serves as both a formative and summative assessment of the Opportunity Garden participant's progress as a gardener and a cook.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)**Service #3 - Taxonomy Definition of Service (300 character limit)**

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)****b. Unit Rate (#3)**

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)			

	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

b. Service #4 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
	4a1.	4a2.	4a3.
a. Boone County - Children's Services Funding (#4)	\$0.00	0	\$0.00
	4b1.	4b2.	4b3.
b. Boone County - Community Health Funding (#4)	\$0.00	0	\$0.00
	4c1.	4c2.	4c3.
c. City of Columbia - Social Services Funding (#4)	\$0.00	0	\$0.00
	4d1.	4d2.	4d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	\$0.00	0	\$0.00
	4e1.	4e2.	4d4.
e. Heart of Missouri United Way Funding (#4)	\$0.00	0	\$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
	5a1.	5a2.	5a3.
a. Boone County - Children's Services Funding (#5)	\$0.00	0	\$0.00
	5b1.	5b2.	5b3.
b. Boone County - Community Health Funding (#5)	\$0.00	0	\$0.00
	5c1.	5c2.	5c3.
c. City of Columbia - Social Services Funding (#5)	\$0.00	0	\$0.00
	5d1.	5d2.	5d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	\$0.00	0	\$0.00
	5e1.	5e2.	5e3.
e. Heart of Missouri United Way (#5)	\$0.00	0	\$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

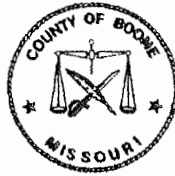
c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

141562.76



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts Boone County Children's Services Fund 2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymmo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing/Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

My name is _____. I am an authorized agent of _____
_____ (Bidder). This business is enrolled and participates in a federal work
authorization program for all employees working in connection with services provided to the
County. This business does not knowingly employ any person that is an unauthorized alien in
connection with the services being provided. Documentation of participation in a federal work
authorization program is attached hereto.

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/10/2017

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

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

PRODUCER HOLLIDA INSURANCE AGENCY LLC 1018 S Westwood Blvd Ste 3 Poplar Bluff, MO 63901		CONTACT NAME: PHONE (A/C, No, Ext): (573) 727-9700 FAX (A/C, No): (573) 727-9701 E-MAIL ADDRESS: Johnnyrhowe@gmail.com		
INSURED Columbia Center for Urban Agriculture PO Box 1742 Columbia, MO 65205 (573) 514-4174		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Alliance of Nonprofits		10023
		INSURER B: Missouri Employers		
		INSURER C:		
		INSURER D:		
		INSURER E:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			2016-44088	06/01/2017	06/01/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input checked="" type="checkbox"/> Liquor Liability						MED EXP (Any one person) \$ 20,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY			2016-44088	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/> ANYAUTO			BODILY INJURY (Per person) \$				
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident) \$				
<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS		PROPERTY DAMAGE (Per accident) \$				
			\$				
	UMBRELLA LIAB						EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR		AGGREGATE \$				
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE		\$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1029744	06/01/2017	06/01/2018	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an additional insured to the extent of the insureds' involvement with the exception of workers compensation.

CERTIFICATE HOLDER

CANCELLATION

County of Boone, Missouri 613 E. Ash Street Columbia MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Johnny R. Howe</i>

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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract

Fun City Youth Academy

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Community Playground of Columbia, Inc. dba Fun City Youth Academy**, a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **FCYA**.

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

WHEREAS, FCYA has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY FCYA

FCYA is expected to the greatest extent possible to maximize funding from all other sources. FCYA shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. FCYA shall only request reimbursement for services not reimbursable by any other source. FCYA shall not invoice the Children's Services Fund for units of service invoiced to another funding source. FCYA shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** FCYA will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal **#30-20JUL17** (Purchase of Service Contracts), any addenda, and FCYA's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over FCYA's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from FCYA and FCYA agrees to furnish the **Fun City Youth Academy** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in FCYA's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$84,036.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. FCYA agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB. This contract may at the sole discretion of the BCCSB and with the agreement of FCYA be renewed for **an additional one (1), one-year period**. FCYA agrees and understands that the BCCSB may require supplemental information to be submitted by FCYA prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Out of School Programming	One hour	\$10.27	5,000	\$51,350.00
Parent Partnership	15 minutes	\$9.00	1,674	\$15,066.00
Individual Therapy – Child	15 minutes	\$9.00	320	\$2,880.00
Group Therapy – Child	15 minutes	\$9.00	480	\$4,320.00
Academic Instruction	One hour	\$10.42	1,000	\$10,420.00

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

event the billing dispute is resolved in favor of FCYA, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by FCYA to monitor service delivery and program expenditures. FCYA agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by FCYA and, if so stipulated, are noted on this contract document. Payments may be withheld from FCYA if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. FCYA agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

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

activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** FCYA may enter into subcontracts for components of the contracted service as FCYA deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services

under the resulting contract agreement, FCYA shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should FCYA fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, FCYA shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the FCYA for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. Indemnification. To the extent permitted under Missouri law, FCYA agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Community Playground of Columbia, Inc. dba Fun City Youth Academy** (meaning anyone, including but not limited to consultants having a contract with FCYA or subcontractor for part of the services), or anyone directly or indirectly employed by FCYA, or of anyone for whose acts FCYA may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

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

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

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

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

27. **Record Retention Clause.** FCYA shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

Any written notice or communication to FCYA shall be mailed or delivered to:

Community Playground of Columbia, Inc. dba Fun City Youth Academy
Bonnie Yantzi
1809 Vandiver Dr., Suite 110
Columbia, MO 65202

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

**Community Playground of Columbia, Inc.
dba Fun City Youth Academy**

By: Bonnie Yantzi
Signature

By: Bonnie Yantzi/Executive Director
Printed Name/ Title

Boone County, Missouri

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

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

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk DKB

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

James Patchford by jg 12/20/17 (2161/71106/\$84,036.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

E-mail: mbobbitt@boonecountymo.org

November 1, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 - Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Community Playground of Columbia dba Fun City

Address: PO Box 1426 Columbia, MO 65205

Telephone: (573) 256-1436 Fax: (573) 256-8641

Federal Tax ID (or Social Security #): 43-1009564

Print Name: Bonnie Yantz Title: Executive Director

Signature: Bonnie Yantz Date: 11/3/17

E-mail: bonnie@fcya.org

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Community Playground of Columbia, Inc.
Name of Program	Fun City Youth Academy

Organization Profile

1. The bylaws state that a minimum of 11 members but be on the board. There are only ten board members listed in the Governing Board section.

Action Required: Update the Governing Board section on Apricot once the 11th member is added to

Governing Board section has been updated with 11th member, effective 11/1/2017.

he board.

Proposal Cover Sheet

2. Attachment C is not provided on the Proposal Cover Sheet

Action Required: Provide a copy of Attachment C with the required signatures.

Please find document attached to email.

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3. The Program Consumers section states, "Another challenge is convincing parents to apply for MO Child Care Assistance (Subsidy) when they appear to be eligible." Parents need to apply for MO Child Care Assistance (Subsidy) before the Boone County Children's Services Fund (BCCS) pays for children to attend the Fun City Youth Academy.

Action Required: Provide information on what is being done to assist parents to apply for MO Child Care Assistance (Subsidy) when they are eligible. Provide clarification on how this impacts the funding request amount to BCCS if parents are not receiving assistance when they are

If income and household size information on the FCYA student enrollment application indicates a parent might be eligible (however, we cannot know for sure that they *are* eligible), we mail and/or email the parent a childcare assistance application with the attached instructions for applying. We later make a follow-up phone call/email to the parent to ask if they've completed and turned in the subsidy application yet. If they haven't, we indicate that we're available to help them complete it and we offer to submit it to DSS for them. The subsidy amount indicated in the proposed budget is based on amounts we've received in past years. We do not turn away youth because of a family's inability to pay. If a family does not apply for childcare when they are eligible, the end result would be a restriction in the amount of services required, or a reduction in the number of children that can be served by the program.

eligible.

4. The Program Access section states that students must be Boone County residents, however, the Consumer Demographics section lists five students who reside in other counties.

Action Required: Provide clarification on these five students and the funding source paying for t

During Summer Academy, we often serve children who live with one parent/guardian during the school year and a different parent/guardian during the summer. The five children referenced above reside with a parent/guardian – who is a permanent Boone County resident – in the summer. Services provided to these five students are paid for by private donations, fundraising efforts, and program service fees paid by their parents/guardians. The Saturday Academy ONLY serves City of Columbia and Boone County residents.

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vices.

5. The Program Budget shows the total expenses exceeding the total revenues by \$22,500.

Action Required: Provide clarification on why expenses exceed revenues and how this will be addressed.

When I submitted this proposal, I neglected to enter proposed funding from the Heart of Missouri United Way. We plan to request \$40,000 in funding from HMUW (\$20,000 each for Saturday and Summer Academies) to increase the number of Boone County youth who read proficiently by 3rd grade. We would then have to add \$17,500 in personnel expenses, to hire a certified teacher to prepare reading sessions for Saturday Academy.

1. Due to the complexity of tracking service levels and performance measures in an out of school program environment, the City and County plan to add “Out of School Programming” as a service in the *Taxonomy of Services*, with the following definition:

Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before school, after school, weekends, and/or during seasonal breaks (e.g. summer). This service must include at least two other related services from the *Taxonomy of Services*.

The unit measure for the Out of School Programming service will be “one hour.” Providers will be allowed to capture related services, as approved by the City and County, as part of the global Out of School Programming Service unit measure. Therefore, providers can simply track the time spent in the program as the base unit measure. The related services must be indicated and outlined in the Out of School Programming service description and reflected in the Performance Measures.

The City and County plan to drop Tutoring from the *Taxonomy of Services* and add the following services:

- Academic Instruction- Differentiated, curriculum-based instruction provided in a group or individual (tutoring) setting by a qualified professional to increase individual student achievement, as measured by grade-level benchmarks and standards from the student’s primary source of education.
- Academic Support – Supplementary assistance with educational concepts and tasks (homework).
- Academic Enrichment – Curriculum-based activities intended to engage students in learning and increase skills and knowledge in subject matter.

Please, keep in mind that all services need to be listed for the whole program. There may be additional services that could be listed under Out of School Programming

Service #	Service Name	Notes
1	Out of School Programming	Refer to the <i>Taxonomy of Services</i> for the different services being provided. Tutoring was listed on the City proposal and will require additional follow-up.
2	Parent Partnership	Need more information Building Strong Families and the home and school visits
3	Individual Therapy – Child	Need more information on the counseling provided to students
4	Group Therapy – Child	Need more information on the counseling provided to students
5	Academic Instruction	See Service 5 clarification questions.

- a. Service 1 – Out of School Programming needs to include different services that are offered as base programming. Services can include the different curriculums described in the proposal. Here are suggestions on how curriculums could be paired with the *Taxonomy of Services*:
 - i. Positive Youth Development – MindUP, SETCLAE, Nguzo Saba, On-Site Mentoring (group and one-on-one mentoring)
 - ii. Physical Activity – Let’s Move!
 - iii. Nutrition Education – Farm to Table, Fresh Fruits, and Vegetables Program

- iv. Academic Support – Tutoring was listed on the City Proposal.
- b. Service 2 – Parent Partnership may need to be added as a service or have a different service name depending on clarification response listed below.
- c. Service 3 – Individual Therapy – Child may need to be added as a service based on the clarification response below.
- d. Service 4 – Group Therapy – Child may need to be added as a serviced based on the clarification response below.
- e. Service 5 – Academic Instruction – possibly add this as a service to cover the morning portion of summer instruction with Columbia Public Schools.

Service 1 – Out of School Programming (combine Service 1, 2, and part of 3)

6. Service 1 needs to be renamed “Out of School Programming”. Services 1 and 2 and On-Site Mentoring embedded in Service 3 on the proposal can be combined into this.

Action Required: Complete the ‘Service Change Chart’ for Service 1. Services that are provided during Out of School Programming need to be listed in the service name. This is the only instance where multiple services will be listed in the service name. Provide justification below on why each additional service to Out of School Programming is listed.

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| <ul style="list-style-type: none"> i. Positive Youth Development – MindUP develops social competencies in youth, SETCLAE increases positive identities and self-esteem in youth, Nguzo Saba (7 Principles of Kwanzaa) increases positive values and identities, On-Site Mentoring provides social interaction, guidance, and/or role models to students and increases students’ sense of support. ii. Physical Activity – Let’s Move! (Michelle Obama’s initiative) seeks to combat childhood obesity by increasing physical activity and healthy habits. iii. Nutrition Education – Farm to Table (Gardening with CCUA, Kids in the Kitchen/Show Me Nutrition with MU Extension), students learn to grow their own food, learn about food groups and learn to make healthy snacks. Fresh Fruits & Veggies Program increases healthy eating habits in youth. |
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d to be provided for Out of School Programming for the whole program. The number of units to be provided should include all units regardless of the funding source. The unit measure should be listed as “one hour”.

Action Required: Complete the ‘Service Change Chart’ for Service 1.

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| See Service Change Chart for Service 1. |
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unit rates need to be the same for both the County and City. The proposal listed unit rates higher for the County proposal than the City.

Action Required: Provide justification for the updated unit rate to be used for both the County

These are the revised unit rates I submitted in my response to the City of Columbia:

Program Service #1 revised unit rate: \$10.42, determined by dividing program service expenses (\$34,000) by number of units to be provided (3262).

Program Service #2 revised unit rate: \$10.27, based upon unit rate of current contract with BCCS for similar program service.

Program Service #3 revised unit rate: \$10.27, based upon unit rate of current contract with BCCS for similar program service.

Program Service #4 revised unit rate: \$9.00, based upon unit rate of current contract with BCCS for similar program service.

and the City.

9. The Funding Request Amount section should only list the number of units that BCCS will fund and the funding amount request.

See Service Change Chart for Service 1.

Action Required: Complete the Funding Request section on the 'Service Change Chart' for Service 1.

10. The proposed performance measures were well written and can be included 'Service Change Chart'. The Performance Measures section needs to include outcomes, indicators, and method of measurements of the different services being provided in Out of School Programming.

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See Service Change Chart for Service 1.

n Required: Complete the 'Service Change Chart' for Service 1.

Service 2 (Parent Partnership)

11. "Parent Partnership" will need to be added as a service based on the information provided. The

FCYA's Parent Advocate uses the Building Strong Families (BSF) curriculum provided by MU Extension to facilitate monthly parent meetings on the BSF topics: Family Strengths, Communicating, Managing Stress, Child Self-Care, Food & Fitness, Money Matters, Balancing Responsibilities, Healthy Home, and Kids & Self-Esteem. After she presents information on the topic, the Parent Advocate then leads a group discussion with the parents, where they can share experiences with one another and learn from one another. If parents/guardians indicate a need for services we don't provide, we inform them of other agencies that can help. FCYA staff members inform parents/guardians of the free BSF classes offered at the MU Family Impact Center. This year, measures are being put into place to coordinate transportation in FCYA's van. Providing transportation will increase parent/guardian attendance in BSF classes and FCYA monthly parent meetings. Home and school visits are only conducted as needed. We may conduct 15 visits per year; but this may include only 10 unduplicated households, as more than 1 visit may be conducted with the same family. A home visit might be conducted if there has been a life event such as a pregnancy, marriage or death in the family, custody issues, or a separation. School visits are rarely conducted but when FCYA staff have concerns about students, we contact schools and use the consent form signed by parents to obtain students grades, discipline records, IEP or 504 Plan or attendance records if necessary. Family-oriented activities offered to parents vary program. Saturday Academy has an Annual Fall Family Feast, a Kwanzaa celebration, and an End-of-Year gathering (usually a BBQ, but we've also done a Carnival Day). We also invite FCYA families to attend our annual fundraising dinner and silent auction every April. Summer Academy's family event is Nguzo Saba Day, where families are invited to the school for a Kwanzaa celebration, enjoy a potluck-style meal together, and watch the Talent Show and/or Poetry Slam starring their children.

tion mentions Building Strong Families and coordinating home and school visits but did not provide specific information on these efforts.

Action Required: Provide more information on the Building Strong Families and the home and school visits and activities offered to parents.

12. The Parent Partnership's outputs should include any time spent coordinating and incorporating parents in program services. This needs to include Building Strong Families and the home and

The revised unit rate used in response to the City was \$9.00, determined by unit rate of current contract with the County for similar program service. The unit measure is 15 minutes. The proposed number of units to be provided are 1,620 for Saturday Academy and 1,728 for Summer Academy. These numbers were determined by revising the number of unduplicated individuals served: 45 (Saturday) and 54 (Summer) and proposing to provide an average of 9 hours and 8 hours, respectively, per unduplicated individual. One parent meeting, home or school visit last anywhere from 30 minutes to 2 hours, depending on reason for visit, meeting topic, etc. Activities offered to parents (Nguzo Saba Day, etc.) usually last longer than 2 hours.

its. The unit measure should be “15 minutes” or “one hour” depending on the measure that works best. The number of units to be provided should be for the whole program service, regardless of the funding source.

Action Required: Complete the ‘Service Change Chart’ for Service 2. Provide information below on how the unit rate and number of units to be provided were determined. The unit rate needs to be the same for both the County and the City.

13. The Funding Request Amount section should only list the number of units that BCCS will fund and the funding amount request.

Action Required: Complete the Funding Request section on the ‘Service Change Chart’ for S

See Service Change Chart for Service 2.

ce 2.

14. The proposed performance measures were well written and can be included ‘Service Change Chart’. The Performance Measures section needs to include outcomes, indicators, and method of measurements of the different services being provided for Parent Partnership.

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See Service Change Chart for Service 2.

on Required: Complete the ‘Service Change Chart’ for Service 2.

Service 3 (possibly Individual Therapy – Child)

15. The Service 3 description in the proposal mentioned Individual and Group Counseling Sessions. The description lacked sufficient information. Depending on the clarification response, Individual Therapy – Child needs to be added as Service 3.

Action Required: Provide sufficient information on how Fun City will provide Individual Therapy – Child, who will provide this therapy, the qualifications of this individual, and location of the therapy.

16. We haven’t had a counselor for Saturday Academy since the 21st Century Grant ended in 2016, but would hire a counselor if funding allowed. When individual behavioral issues arise, the counselor would provide individual therapy to children at Saturday Academy as needed. The Licensed Counselor hired by FCYA during Summer Academy is Miriam Hasenclever. She has a BA in Elementary Education, MEd in Educational Counseling Psychology, and EdSp in Educational Counseling Psychology. In Missouri, she holds certifications in 1-8 Elementary Education, K-12 Counseling, and School Psychological Examiner. She has 40+ years’ experience working with the same populations as those served by FCYA (see resume attached to email). Location of the therapy is West Blvd. Elementary, where Summer Academy is held. Counselor facilitates this therapy wherever space allows in the school; this includes the cafeteria, library, and unoccupied offices/classrooms. Individual therapy is conducted on an as-needed basis, generally for individual behavioral issues that arise in the classroom, or to discuss group conflicts with every individual involved. (Please see counselor’s report for 2017 attached to email.)

Therapy – Child” needs to be added as service unless the clarification response indicates it should have a different service name or included in a different service. Outputs need to be provided for the whole program service, regardless of the funding source.

Action Required: Complete the ‘Service Change Chart’ for Service 3. Provide information below on how the unit rate and number of units to be provided were determined. The unit rate needs to be the same for both the County and the City.

17. T

The revised unit rate used in response to the City was \$9.00, determined by unit rate of current contract with the County for similar program service. The proposed number of units to be provided was determined by analyzing the counselor’s session notes from her previous years working with Fun City. She takes detailed notes on the students with whom she has individual sessions, including names, dates, times, what was discussed, behaviors, concerns, resolutions, etc. From this, I estimated about how many units of individual child therapy are typically provided.

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ng Request Amount section should only list the number of units that BCCS will fund and the funding amount request.

Action Required: Complete the Funding Request section on the ‘Service Change Chart’ for S

See Service Change Chart for Service 3.

ce 3.

18. Performance measures need to be provided for Individual Therapy – Child.

Action Required: Provide performance measures in the ‘Service Change Chart’ for Service 3.

Performance measures for Service 3 were determined by analyzing the counselor’s session notes from her previous years working with Fun City. I noticed that as the program progressed, her notes usually indicated an improvement in individual student behaviors; that is, a decrease in individual behavioral issues.

Provide information below on how the outcomes, indicators, and method of measurements were determined.

Service 4 (possibly Group Therapy – Child)

19. The Service 3 description in the mentioned Individual and Group Counseling Sessions. The description lacked sufficient information. Depending on the clarification response, Group Therapy – Child needs to be added as Service 4.

Action Required: Provide sufficient information on how Fun City will provide Group Therapy – Child, who will provide this therapy, the qualifications of this individual, and location of the therapy.

20. "Group Therapy – Child" needs to be added as service unless the clarification response indicates it should have a different service name or included in a different service. Outputs need to be

We haven't had a counselor for Saturday Academy since the 21st Century Grant ended in 2016, but would hire a counselor if funding allowed. When group conflicts arise, the counselor would provide group therapy at Saturday Academy as needed. The Licensed Counselor hired by FCYA during Summer Academy is Miriam Hasenclever. She has a BA in Elementary Education, MEd in Educational Counseling Psychology, and EdSp in Educational Counseling Psychology. In Missouri, she holds certifications in 1-8 Elementary Education, K-12 Counseling, and School Psychological Examiner. She has 40+ years' experience working with the same populations as those served by FCYA (see resume attached to email). Location of the therapy is West Blvd. Elementary, where Summer Academy is held. Counselor facilitates this therapy wherever space allows in the school; this includes the cafeteria, library, and unoccupied offices/classrooms. Generally, group therapy is conducted during lunchtime; but it may be conducted at any time as-needed. Counselor will gather a group of children who, for example, were all involved in the same incident/conflict; they eat lunch together, discuss the issues and problem-solve. (Please see counselor's report for 2017 attached to email)

whole program service, regardless of the funding source.

Action Required: Complete the 'Service Change Chart' for Service 4. Provide information below on how the unit rate and number of units to be provided were determined. The unit rate needs to be the same for both the County and the City.

21. The revised unit rate used in response to the City was \$9.00, determined by unit rate of current contract with the County for similar program service. The proposed number of units to be provided was determined by analyzing the counselor's session notes from her previous years working with Fun City. She takes detailed notes on the students with whom she has group sessions, including names, dates, times, what was discussed, concerns, conflicts, resolutions, etc. From this, I estimated about how many units of group child therapy are typically provided.

ing Request Amount section should only list the number of units that BCCS will fund and the funding amount request.

Action Required: Complete the Funding Request section on the 'Service Change Chart' for S

See Service Change Chart for Service 4.

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ice 4.

22. Performance measures need to be provided for Group Therapy – Child.

Action Required: Provide performance measures in the 'Service Change Chart' for Service 4. Provide information below on how the outcomes, indicators, and method of measurements were determined.

Performance measures for Service 4 were determined by analyzing the counselor's group therapy session notes from her previous years working with Fun City. I noticed that as the program progressed, her notes usually indicated increased group solidarity; that is, a decrease in group conflicts arising among students.

Service 5 (Academic Instruction – Summer only)

23. The current contract provides services during the summer in coordination with Columbia Public Schools (CPS) and this service was mentioned in the proposal to the City. The proposal describes that the morning portion of the summer program is provided by certified teachers hired by CPS to provide instruction on reading, writing, and math. This means that it must be listed as a separate service.

Action Required: Complete the 'Service Change Chart' for Service 5. Provide information on the outputs, funding request, and program performance measures. Provide the number of units to b

Outputs (as in proposal to the City) are as follows:

Unit measure: one hour

Unit rate: \$10.42

Total # units to be provided: 4,788

Total # unduplicated individuals: 90

Funding request: \$10,420 (1,000 units of service funded through the County)

Performance measures (as revised in proposal response to the City):

Outcome 5-1: Students' reading proficiency levels will either increase to "at/above benchmark" or remain at their grade's benchmark level. Indicator 5-1: 70% of students will remain at, or increase to "at/above benchmark" reading proficiency levels. Method of measurement 5-1: Utilize STAR assessment reading scores of students.

Outcome 5-2: Students' math proficiency levels will either increase to "at/above benchmark" or remain at their grade's benchmark level. Indicator 5-2: 70% of students will remain at, or increase to "at/above benchmark" math proficiency levels. Method of measurement 5-2: Utilize STAR assessment math scores of students.

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he County and the funding request amount, even if this figure is zero.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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24. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart
Organization Name: Community Playground of Columbia, Inc. Program Name: Fun City Youth Academy
Service #1 – Taxonomy of Service Name: Out of School Programming (including: 1. Positive Youth Development, 2. Physical Activity, 3. Nutrition Education)
Service #1 – Taxonomy Definition of Service: Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before school, after school, weekends, and/or during seasonal breaks (e.g. summer). This service must include at least two other related services in the <i>Taxonomy of Services</i> .
Provide a detailed description of the proposed service: 1. Positive Youth Development (MindUP, SETCLAE, Nguzo Saba, On-Site Mentoring): During Summer and Saturday Academy, instructors hired by FCYA create lessons/activities using the following curriculums: MindUP, SETCLAE and Nguzo Saba. The MindUP curriculum, which is a comprehensive social and emotional learning program for pre-K – 8 students, and is informed by current research in the fields of cognitive neuroscience, mindful education, social and emotional learning, positive psychology, and evidence-based teaching practices. Students are given pre- and post-tests which measure their knowledge of self-control methods and brain function. MindUP sessions will be held monthly during Saturday and twice weekly in the Summer. We use two different African American Heritage curriculums. The Nguzo Saba curriculum addresses the Seven Principles of Kwanzaa: Umjoa (Unity), Kujichagulia (Self-Determination), Ujima (Collective Work and Responsibility), Ujamaa (Cooperative Economics), Nia (Purpose), Kuumba (Creativity) and Imani (Faith - to believe with all our heart in our people, our parents, our teachers, our leaders and the righteousness and victory of our struggle). Nguzo Saba was created to introduce and reinforce these seven basic values of African culture which contribute to building and reinforcing family, community and culture. Students are given pre- and post- assessments, testing their knowledge of the Seven Principles and Kwanzaa. The Self-Esteem Through Culture Leads to Academic Excellence (SETCLAE) curriculum is taught on the premise that Black youth, through increased self- and cultural-awareness, will develop confidence and pride in themselves and will be more motivated to make good choices. Students are given the SETCLAE Student Profile at the beginning and end of program; it measures a maintenance, increase or decrease in their positive self-image and self-esteem. Black History (which encompasses building and reinforcing family, community and culture, and increasing self- and cultural-awareness) is emphasized daily during Summer and Saturday Academies. In addition to the Black History lessons/activities during class time, communal gatherings are part of each day of FCYA programming. During Summer Academy, all students assemble in the gym and a new Principle is introduced every Monday (this gathering is called Harambee!); throughout the week, all students assemble daily for Community Building to reinforce the importance of the Principle and each class is required to choose 1 Principle and prepare a presentation on it. In addition to the Black History lessons/activities during Saturday Academy, community is reinforced every Saturday by the students gathering together in a circle to talk about plans and expectations for the day, to talk about how everyone's weeks went, and anything else on their minds. On-Site Mentoring is not one-on-one; it is done in a group setting. Currently, Saturday Academy has a male mentor group and a female mentor group but have struggled to create a consistent schedule for these groups, mostly due to a lack of volunteer follow-through (i.e. volunteer mentors claiming the male mentor group will meet twice per month, but volunteer male mentors showing up only once per month or every other month). This year, measures are being put in place to create a more consistent, structured schedule under which the male/female mentor groups will operate. The facilitators of the male mentor group are men from Columbia's local Prince Hall Masons (the primary, most consistent

leaders being Mr. Courtney Pulley and Mr. Lindsay Murray). During the 2016-2017 year, the primary facilitator of the female mentor group was Fun City's own Saturday Program Coordinator, but also included women from MU groups such as Delta Sigma Theta Sorority, Inc. and the National Alliance of Black School Educators (NABSE). On-Site Mentoring provides social interaction, guidance, and/or role models to students and increases students' sense of support. While all Summer Academy teachers provide social interaction, guidance and serve as role models for Fun City students, the Summer Academy also offers a weekly male mentor group (named Young Gentleman's Society) and female mentor group (named Girls Club). The facilitators of these mentor groups are certified teachers hired by Fun City to teach during the afternoon portion of Summer Academy.

2. Physical Activity (Let's Move!): Former First Lady Michelle Obama's initiative Let's Move! involves exercise and an exploration of healthy habits. It seeks to combat the epidemic of childhood obesity by increasing physical activity. During Saturday Academy, at least an hour of physical activity is scheduled into the program each day. During Summer Academy, students go outside (or to the gym) for recess at least 2 times per day and go swimming once per week. Pedometers are worn to monitor students' physical activity.

3. Nutrition Education (Farm to Table, FFVP): We have an MOU with Columbia Center for Urban Agriculture (CCUA) during Summer Academy and the students receive lessons and hands-on gardening experience. Children participate in crate and straw bale gardening and take a trip to CCUA Farms where they sample the fruits and vegetables. The students plant veggies at the beginning of summer in hopes that they can harvest and taste them before summer's over. We also collaborate with MU Extension; they provide two teachers to carry out the Kids in the Kitchen or Show Me Nutrition curriculum. Students learn about the food groups and nutrition, and they make and eat their own healthy snacks. In Fresh Fruits & Vegetables Program (FFVP) children learn about and sample different fruits and vegetables during both Summer and Saturday Academies. During the summer, each week has a different color theme (red fruits/veggies one week, green the next) and some vegetables are only shown, not sampled (such as jicama and onion). FFVP goals are to combat childhood obesity by helping students learn more about healthful eating habits, expand the variety of fruits and vegetables children experience and increase youth fruit and veggie consumption.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$10.27	15,576 (Saturday – 6000, Summer – 9576)	165 (Saturday – 75, Summer – 90)

Funding Request to Boone County

Amount Requested to Boone County: \$51,350	Proposed Number of Units of Service: 5000
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Performance Measures

Outcome:	Indicator:	Method of Measurement:
1-1: Increase of self-image and self-esteem in youth under the age of 19 1-2: Increase knowledge of African American History in youth under the age of 19 1-3: Increase of self-control skills in youth	1-1: 70% of students will demonstrate an increase in their self-image and self-esteem 1-2: 70% of students will demonstrate an increase in knowledge of African American History	1-1: Adapted SETCLAE pre/post survey 1-2: Nguzo Saba pre/post test

<p>under the age of 19</p> <p>1-4: Increase of knowledge of brain function in youth under the age of 19</p> <p>1-5: Students will perceive an increased sense of support and caring relationships with mentors</p>	<p>1-3: 70% of students will demonstrate an increase in knowledge of self-control methods</p> <p>1-4: 70% of students will demonstrate an increase in knowledge of brain function</p> <p>1-5: 70% of students will indicate and increased sense of support and caring relationships with mentors</p>	<p>1-3: MindUP pre/post test</p> <p>1-4: MindUP pre/post test</p> <p>1-5: Mentor retrospective pretest</p>
<p>2-1: Increase physical activity in youth under the age of 19</p>	<p>2-1: 70% of students will demonstrate an increase in physical activity</p>	<p>2-1: Activity reports, charting students physical exercise</p>
<p>3-1: Increase of interest in gardening in youth under the age of 19</p> <p>3-2: Increase knowledge of fresh fruits and vegetables in youth under the age of 19</p>	<p>3-1: 70% of students will demonstrate an increased interest in gardening</p> <p>3-2: 70% of students will demonstrate an increase in knowledge of fresh fruits and vegetables</p>	<p>3-1: survey, pictures</p> <p>3-2: Fresh Fruits & Vegetables Pre/Post test</p>

Service Change Chart

Organization Name: Community Playground of Columbia, Inc.

Program Name: Fun City Youth Academy

Service #2 – Taxonomy of Service Name: Parent Partnership

Service #2 – Taxonomy Definition of Service: Actively coordinates parents and organizational staff to work together to support and improve the learning, development, and health of the child(ren).

Provide a detailed description of the proposed service: FCYA's Parent Advocate uses the Building Strong Families (BSF) curriculum provided by MU Extension to facilitate monthly parent meetings on the BSF topics: Family Strengths, Communicating, Managing Stress, Child Self-Care, Food & Fitness, Money Matters, Balancing Responsibilities, Healthy Home, and Kids & Self-Esteem. After she presents information on the topic, the Parent Advocate then leads a group discussion with the parents, where they can share experiences with one another and learn from one another. We also utilize the Center for the Study of Social Policy's Strengthening Families Protective Factors Framework (available free online). We work to offer parents concrete support in times of need by facilitating monthly meetings where open discussions are encouraged, and by informing parents that they may call us any time they need to talk (most parents have the cell phone number of the director and parent advocate). To increase knowledge of parenting and child development, we supply the parents with resources from Children's Trust Fund, and

discuss parenting and child development during the monthly parent meetings. To increase parental resilience, we provide them with information of outside services available (or make referrals) when they're experiencing a difficult life event, and we encourage parents to attend special family-oriented events (Nguzo Saba Day, Black History Bowl, Talent Show/Poetry Slam, Kwanzaa celebration and ceremony) to help them form more positive relationships with their children. We increase the social and emotional competence of children using the MindUP curriculum during the Summer Academy. When parents regularly attend the monthly meetings, their social connections inevitably increase; they are meeting with others who may be experiencing similar difficulties and can discuss their lives among each other without feeling judged. Home and school visits are only conducted as needed. A home visit might be conducted if there has been a life event such as a pregnancy, marriage or death in the family, custody issues, or a separation. School visits are rarely conducted but when FCYA staff have concerns about students, we contact schools and use the consent form signed by parents to obtain students grades, discipline records, IEP or 504 Plan or attendance records if necessary.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$9.00	3348 (Saturday – 1620, Summer – 1728)	99 (Saturday – 45, Summer – 54)

Funding Request to Boone County

Amount Requested to Boone County: \$15,066	Proposed Number of Units of Service: 1674
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Performance Measures

Outcome:	Indicator:	Method of Measurement:
2-1: Increase knowledge of child development and parenting skills of parents	2-1: 60% of parents will demonstrate an increased knowledge of child development and parenting skills	2-1: Feedback survey given at the end of parent meetings
2-2: Increase parents sense of support and improvement in family relationship	2-2: 60% of parents will perceive an increased sense of support and improvement in family relationships	2-2: Feedback survey given at end of program, staff records

Service Change Chart			
Organization Name: Community Playground of Columbia, Inc.			
Program Name: Fun City Youth Academy			
Service #3 – Taxonomy of Service Name: Individual Therapy - Child			
Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
Provide a detailed description of the proposed service: We haven't had a counselor for Saturday Academy since the 21 st Century Grant ended in 2016, but would hire a counselor if funding allowed. When individual behavioral issues arise, the counselor would provide individual therapy to children at Saturday Academy as needed. The Licensed Counselor hired by FCYA during Summer Academy is Miriam Hasenclever. She has a BA in Elementary Education, MEd in Educational Counseling Psychology, and EdSp in Educational Counseling Psychology. In Missouri, she holds certifications in 1-8 Elementary Education, K-12 Counseling, and School Psychological Examiner. She has 40+ years' experience working with the same populations as those served by FCYA. Location of the therapy is West Blvd. Elementary, where Summer Academy is held. Counselor facilitates this therapy wherever space allows in the school; this includes the cafeteria, library, and unoccupied offices/classrooms. Individual therapy is conducted on an as-needed basis, generally for individual behavioral issues that arise in the classroom, or to discuss group conflicts with every individual involved.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$9.00	480 (Saturday – 160, Summer – 320)	165 (Saturday – 75, Summer – 90)
Funding Request to Boone County			
Amount Requested to Boone County: \$4320		Proposed Number of Units of Service: 480	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
3-1: Decreased number of individual behavioral issues in students	3-1: 60% of students participating in individual therapy will demonstrate a decreased number of individual behavioral issues		3-1: Audit of counselor's session notes for individual students

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Service Change Chart			
Organization Name: Community Playground of Columbia, Inc.			
Program Name: Fun City Youth Academy			
Service #4 – Taxonomy of Service Name: Group Therapy - Child			
Service #4 – Taxonomy Definition of Service: Provides therapeutic treatment for children with a related problem arranged in a group format with a qualified mental health professional. Group Therapy places focus on all group members.			
Provide a detailed description of the proposed service: We haven't had a counselor for Saturday Academy since the 21 st Century Grant ended in 2016, but would hire a counselor if funding allowed. When group conflicts arise, the counselor would provide group therapy at Saturday Academy as needed. The Licensed Counselor hired by FCYA during Summer Academy is Miriam Hasenclever. She has a BA in Elementary Education, MEd in Educational Counseling Psychology, and EdSp in Educational Counseling Psychology. In Missouri, she holds certifications in 1-8 Elementary Education, K-12 Counseling, and School Psychological Examiner. She has 40+ years' experience working with the same populations as those served by FCYA. Location of the therapy is West Blvd. Elementary, where Summer Academy is held. Counselor facilitates this therapy wherever space allows in the school; this includes the cafeteria, library, and unoccupied offices/classrooms. Generally, group therapy is conducted during lunchtime; but it may be conducted at any time as-needed. Counselor will gather a group of children who, for example, were all involved in the same incident/conflict; they eat lunch together, discuss the issues and problem-solve.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$9.00	720 (Saturday – 240, Summer – 480)	165 (Saturday – 75, Summer – 90)
Funding Request to Boone County			
Amount Requested to Boone County: \$6480		Proposed Number of Units of Service: 720	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
4-1: Decreased number of group conflicts arising among students	4-1: 60% of students participating in group therapy will demonstrate a decreased number of group conflicts	4-1: Audit of counselor's group therapy session notes	

Service Change Chart			
Organization Name: Community Playground of Columbia, Inc.			
Program Name: Fun City Youth Academy			
Service #5 – Taxonomy of Service Name: Academic Instruction – Summer only			
Service #5 – Taxonomy Definition of Service: Differentiated, curriculum-based instruction provided in a group or individual (tutoring) setting by a qualified professional to increase individual student achievement, as measured by grade-level benchmarks and standards from the student’s primary source of education.			
Provide a detailed description of the proposed service: The students begin each day by eating breakfast in their classrooms starting at 8:00am. Certified teachers hired by CPS focus on reading, writing and math beginning at 8:20am, until the Fun City teachers take over at 11:20am. The morning teacher communicates any pertinent information to the afternoon teacher (academic, behavioral issues, et cetera). The morning teachers refer to CPS Standards and Missouri Learning Standards when creating their daily lesson plans and activities which are hands-on, minds-on, and engaging. Some students arrive to the program with STAR scores showing they are below proficiency for their grade level. So, occasionally, teachers are required to modify lesson plans and activities to fit the needs of students. CPS hires one paraprofessional for the Summer, but we often serve more than one student who requires a para. To resolve this, we might assign one of the Foster Grandparents, EdX Interns, or C.A.R.E. workers to this student, and/or give the student “brain breaks” when needed. Each classroom usually has one “brain break” per day for all the students. They might go to the gym or playground to run around, or walk to the park on Again Street, or get moving with a “Just Dance” video on YouTube. The idea is to release their excess energy, so they come back to the classroom ready to learn. CPS teachers administer STAR reading and math assessments to Fun City students at the beginning of the program and at the end to measure the students’ increase, maintenance or decrease in reading and math proficiency.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:

One hour	\$10.42	4788 (Summer only)	90
Funding Request to Boone County			
Amount Requested to Boone County: \$10,420		Proposed Number of Units of Service: 1000	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
5-1: Students' reading proficiency levels will either increase to "at/above benchmark" or remain at their grade's benchmark level	5-1: 70% of students will remain at, or increase to "at/above benchmark" reading proficiency levels		5-1: Utilize STAR assessment reading scores of students
5-2: Students' math proficiency levels will either increase to "at/above benchmark" or remain at their grade's benchmark level	5-2: 70% of students will remain at, or increase to "at/above benchmark" math proficiency levels		5-2: Utilize STAR assessment math scores of students

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Community Playground of Columbia, Inc.				
Program Name: Fun City Youth Academy				
Program Outputs from all funding sources (including Children's Services Fund): 24,912				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Out of School Programming	One hour	\$10.27	15,576	165
Parent Partnership	15 minutes	\$9.00	3348	99
Individual Therapy – Child	15 minutes	\$9.00	480	165
Group Therapy – Child	15 minutes	\$9.00	720	165
Academic Instruction	One hour	\$10.42	4788	90
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Out of School Programming	\$51,350		5000	
Parent Partnership	\$15,066		1674	
Individual Therapy – Child	\$4320		480	
Group Therapy – Child	\$6480		720	
Academic Instruction	\$10,420		1000	
Development/Start Up Service Funding				
Total Amount Requested to Boone County:	\$87,636			

RESUME OF QUALIFICATIONS

MIRIAM HASENCLEVER

Home address:
8 Westwood
Columbia, MO 65203
Phone- 573-443-7211
Cell- 573-819-3522
Email- miriamhasenclever@gmail.com

Kelly Substitute CPS e-mail address:
mhasenclever@cpsk12.org

EDUCATION

BA	1972	University of Evansville, Evansville, Indiana Elementary Education
MEd	1983	University of Missouri- Columbia Columbia, Missouri Educational Counseling Psychology
EdSp	1992	University of Missouri-Columbia Columbia, Missouri Educational Counseling Psychology

CERTIFICATION

State of Missouri

1-8 Elementary Education
K-12 Counseling
School Psychological Examiner

EMPLOYMENT

1974-1982	Taught 1 st , 2 nd , and 4 th grades. Prince George's County Schools, Maryland
1982-1983	Job developer at University of Missouri- Columbia Career Planning and Placement Center
1983-1985	Taught 7 th and 8 th grade Reading and English. Prince George's County Public Schools, Maryland
1985-1986	Taught 4 th grade. Prince George's County Public Schools, Maryland
1986-1987	Elementary counselor. Prince George's County Public Schools, Maryland
1987-1988	Counselor and School Psychological Examiner at Therapy for Kids. Columbia, Missouri
1988-1989	Elementary Counselor/School Psychological Examiner. Fulton Public Schools
1989-1990	Elementary Counselor. Columbia Public Schools.

1990-1991	Elementary Counselor. Prince George's County, Maryland
1991-2014	Elementary counselor. Columbia Public Schools.
1997-2003	Summer Enrichment Program Taught "Cooking Around the World", a multicultural cooking class based on current children's literature
2005-2014	Summer Adventure, Summer Journey , Sunsation (CPS)

PROFESSIONAL TRAINING- workshops, conferences, seminars

8/20014 Executive Function in Mental Health: Are Your Clients Seeing the Whole Picture ?
Cross Country

4/2013 New Frontiers in Pediatric Counseling Burrell, Springfield

11/20012, 11/2013 MSCA Fall Conference

4/2011 Art Therapy and Anxiety:Healing Through Imagery

5/2010 Anxiety Disorders:Research,Diagnosis and Treatment Cross Country Education

10/2009 Gifted Conference

1/22/09 Overindulged Children and Conduct Disorder

8/24/08 Conscious Discipline Workshop

8/20/08-9/24/08 (two hours once a week) Parenting with Love and Limits

8/5/08 Adoption by Lutheran Services

7/29/08 Mental Health and Meds for Children

7/28/08 IEP Process

7/24/08 Children and Mental Health workshop

1/4/08 Mean Girls workshop

11/5/07 Brief Counseling

7/30/07, 7/31/07,8/1/07 Seven Habits of Highly Effective People

5/24/07 Art therapy and Anxiety: Healing Through Imagery

3/07 Conscious Discipline workshop

11/4/06 Framework for Understanding Poverty – Ruby Payne

9/27/06 The Tornado Within: Exploring the Connections Between Children's Anger, Unresolved Grief and Escalated Violence

9/23/06 ACAM – Counseling Minority Students

8/28/06 Best Practices

9/05 Closing the Achievement Gap – Larry Bell

8/05 Mentoring conference – Washington, D.C.

3/5/05 Adolph Brown III – motivational speaker (working with challenging populations)

11/6/04 Attachment Disorder – Missouri State Counselors Association Fall Conference

7/20/04 Changing Minds: Addressing the Achievement Gap

8/04 K-5 Writing Curriculum with Katie Wood Ray

1/04 Closing the Achievement Gap, Missouri ASCP, St. Louis

11/03 Special Assistance Team: Assistance to Survivors and Families, MSCA Pre-Conference

8/6/03-8/7/03 Cooperative Discipline, staff development
 7/10/03 Narrowing the Gap without Lowering the Bar, staff development
 6/30/03-7/1/03 A Framework for Understanding Poverty, staff development
 6/23/03 Understanding the Difficult Child, Howard Glasser, Kansas City
 6/18/03 Five Theaters of the Mind: Curtain Call, staff development
 4/24/02 Current Mental Health Issues in Schools- ADHD, MO Department of Health and Senior Services, Bureau of Family Health
 6/6/02-6/7/02 Domestic Violence: Understanding the Effects on Children and Families, MO Department of Health and Senior Services, Bureau of Family Health
 6/12/02 Guidance Program Curriculum Revision, staff development
 6/20/02 The Value of Managing Diversity, staff development
 6/27/02-6/28/02 Creating Cathedrals of Learning, Not Fortresses of Fear, staff development
 3/15/02 "The Many Challenges of the Abusive Student", Developmental Resources, KC, KS
 2/27/02 Helping Students Deal with Grief, staff development
 8/9/01 Classroom Strategies that Help Students Improve Performance, staff development
 4/7/01 Explosive and Defiant Children and Adolescents: A New Approach for Creating Change, Ray Levy, PhD, St. Louis

PROFESSIONAL ORGANIZATIONS

National Education Association (NEA)
 Missouri State Counselors Association
 (MSCA)

RELATED EXPERIENCES

11/85-6/86	Prince George's County Mental Health Assoc. Volunteer at suicide prevention and crisis hotline
1/90-6/90	Rainbow House.Volunteer
1992-2001	Boone County Foster Parent
1994-1997	Youth Ministry at Unity Center. Teacher
1998-1999	Girl Scout Brownie Leader
6/02/99-7/02/99	Volunteer Teacher Aide in extended year school
1999-2004	Girl Scout Volunteer
1999-2004	Advocate for Jordanian immigrant
2012-2014	Career Night atWBE
2013-2014	CPS participant in ICAN meeting at Rainbow House

SPECIAL AREAS OF INTEREST

Mentor Programs, Case Management of At-Risk Families, Working with Parents

Fun City Youth Academy Summer Program 2017

Counselor Report

Miriam Hasenclever

Fun City Youth Academy seemed to elevate its programming during the summer of 2017. Students enjoyed the activities and topics that were covered. The administrators, mainly Mrs. Nickens, looked at lesson plans, made suggestions, observed lessons, and gave feedback to each teacher. Teacher skills seemed exemplary. All teachers were open to conferring with the counselor. This collaboration with the teachers helped the counselor make stronger relationships with the students. Students knew all of us (adults) at Fun City were working together. This social/emotional component implemented by the counselor included the following topics: self-esteem, getting along with others, problem-solving, stress, respect, feelings, coping strategies, chronic family health issues, divorce, and other issues that would arise.

Total number of students in Fun City - 89.

Total number of lunch groups - 87

Total number of individual students seen - 101

Counselor had administrative and teacher consults daily.

4th and 5th grade individuals were seen more frequently than the other grade levels. More conflict and problem-solving issues arose in the 4th and 5th classes. The teachers chose to do group and individual work instead of classes. Individual and group work seemed to be more effective than classes.

4 parents and 1 teacher (from the last school year) were contacted by phone by the counselor. Contact with families is critical to the success of Fun City Youth Academy. A parent advocate visits homes. Also administrators and teachers made more calls home this summer concerning the children. The calls done by other adults in the program necessitated fewer calls from the counselor.

In conclusion, the strength of Fun City Youth Academy was great leadership, competent teachers, and students willing to learn and participate in activities. These 3 components allowed the counselor to work effectively with students. The individual and group sessions were productive. Communication among administrators, teachers, students, and counselor was excellent. All involved created a positive environment at Fun City Youth Academy !
The eight week session seemed a success !

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

My name is Bonnie Yantzi. I am an authorized agent of Community Playground of Columbia, Inc. (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Bonnie Yantzi 7/6/17
Affiant Date

Bonnie Yantzi
Printed Name

Subscribed and sworn to before me this 6 day of July, 2017.



JERRILYN CAREY
My Commission Expires
April 7, 2018
Boone County
Commission #14436362

Jerrilyn Carey
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.



Company ID Number: 835690

**THE E-VERIFY
MEMORANDUM OF UNDERSTANDING
FOR EMPLOYERS**

**ARTICLE I
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the Community Playground of Columbia, Inc. (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II
RESPONSIBILITIES**

A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
 - a. Notice of E-Verify Participation
 - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

4. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.

a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.

6. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

a. If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The Employer will use the photocopy to verify the photo and to assist DHS with its review of photo mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.

Note: Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.

7. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

8. The Employer agrees that, although it participates in E-Verify, the Employer has a responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures.

a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly

employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status

(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

14. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA as applicable by not discriminating unlawfully against any individual in hiring, firing, employment eligibility verification, or recruitment or referral practices because of his or her national origin or citizenship status, or by committing discriminatory documentary practices. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the immigration-related unfair employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

15. The Employer agrees that it will use the information it receives from E-Verify only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords), to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at E-Verify@dhs.gov. Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, upon

reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see [M-795 \(Web\)](#)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

B. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

- b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.
- c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.
- d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.
- e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:
- i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,
 - ii. The employee's work authorization has not expired, and
 - iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).
- f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:
- i. The Employer cannot determine that Form I-9 complies with Article II.A.6,
 - ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
 - iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with

Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

C. RESPONSIBILITIES OF SSA

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.

2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.

4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

D. RESPONSIBILITIES OF DHS

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

a. Automated verification checks on alien employees by electronic means, and

- b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the Employer with operational problems associated with the Employer's participation in E-Verify. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train Employers on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials.
5. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.
6. DHS agrees to issue each of the Employer's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify

case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.

3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.

4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the

Company ID Number: 835690

employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:

- a. Scanning and uploading the document, or
- b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).

7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.

8. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

ARTICLE IV SERVICE PROVISIONS

A. NO SERVICE FEES

1. SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V MODIFICATION AND TERMINATION

A. MODIFICATION

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.

2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.

B. TERMINATION

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer's participation in E-Verify, with or without notice at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

ARTICLE VI PARTIES

- A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.
- C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.
- E. The Employer understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to,

Company ID Number: 835690

Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.

Company ID Number: 835690

Approved by:

Employer Community Playground of Columbia, Inc.	
Name (Please Type or Print) Consuela D Johnson	Title
Signature Electronically Signed	Date 12/09/2014
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 12/10/2014

Company ID Number: 835690

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	Community Playground of Columbia, Inc.
Company Facility Address	1809 Vandiver Drive Suite 110 Columbia, MO 65202
Company Alternate Address	P.O. Box 1426 Columbia, MO 65205
County or Parish	BOONE
Employer Identification Number	431009564
North American Industry Classification Systems Code	611
Parent Company	
Number of Employees	10 to 19
Number of Sites Verified for	3



Company ID Number: 835690

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MISSOURI

3 site(s)



Company ID Number: 835690

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name Bonnie C Yantzi
Phone Number (573) 256 - 1436
Fax Number (573) 256 - 8641
Email Address Bonnie@fcya.org

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Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 23, 2017

Community Playground of Columbia, Inc. dba Fun City Youth Academy
Attn: Bonnie Yantzi, Director
1809 Vandiver Drive, Suite 110
Columbia, MO 65202
bonnie@fcya.org

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Yantzi:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File
George Norman – GEEDY2@aol.com

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Community Playground of Columbia, Inc.
Name of Program	Fun City Youth Academy

Organization Profile	
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1. The bylaws state that a minimum of 11 members but be on the board. There are only ten board members listed in the Governing Board section.

Action Required: Update the Governing Board section on Apricot once the 11th member is added to the board.

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Proposal Cover Sheet	
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2. Attachment C is not provided on the Proposal Cover Sheet

Action Required: Provide a copy of Attachment C with the required signatures.

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Program Overview Form	
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3. The Program Consumers section states, "Another challenge is convincing parents to apply for MO Child Care Assistance (Subsidy) when they appear to be eligible." Parents need to apply for MO Child Care Assistance (Subsidy) before the Boone County Children's Services Fund (BCCS) pays for children to attend the Fun City Youth Academy.

Action Required: Provide information on what is being done to assist parents to apply for MO Child Care Assistance (Subsidy) when they are eligible. Provide clarification on how this impacts

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the funding request amount to BCCS if parents are not receiving assistance when they are eligible.

4. The Program Access section states that students must be Boone County residents, however, the Consumer Demographics section lists five students who reside in other counties.

Action Required: Provide clarification on these five students and the funding source paying for their services.

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5. The Program Budget shows the total expenses exceeding the total revenues by \$22,500.

Action Required: Provide clarification on why expenses exceed revenues and how this will be addressed.

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Program Services Form (1-5)	
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1. Due to the complexity of tracking service levels and performance measures in an out of school program environment, the City and County plan to add "Out of School Programming" as a service in the *Taxonomy of Services*, with the following definition:
Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before school, after school, weekends, and/or during seasonal breaks (e.g. summer). This service must include at least two other related services from the *Taxonomy of Services*.

The unit measure for the Out of School Programming service will be "one hour." Providers will be allowed to capture related services, as approved by the City and County, as part of the global Out of School Programming Service unit measure. Therefore, providers can simply track the time spent in the program as the base unit measure. The related services must be indicated and outlined in the Out of School Programming service description and reflected in the Performance Measures.

The City and County plan to drop Tutoring from the *Taxonomy of Services* and add the following services:

- Academic Instruction- Differentiated, curriculum-based instruction provided in a group or individual (tutoring) setting by a qualified professional to increase individual student achievement, as measured by grade-level benchmarks and standards from the student's primary source of education.
- Academic Support – Supplementary assistance with educational concepts and tasks (homework).
- Academic Enrichment – Curriculum-based activities intended to engage students in learning and increase skills and knowledge in subject matter.

Please, keep in mind that all services need to be listed for the whole program. There may be additional services that could be listed under Out of School Programming

Service #	Service Name	Notes
1	Out of School Programming	Refer to the <i>Taxonomy of Services</i> for the different services being provided. Tutoring was listed on the City proposal and will require additional follow-up.
2	Parent Partnership	Need more information Building Strong Families and the home and school visits
3	Individual Therapy – Child	Need more information on the counseling provided to students
4	Group Therapy – Child	Need more information on the counseling provided to students
5	Academic Instruction	See Service 5 clarification questions.

- a. Service 1 – Out of School Programming needs to include different services that are offered as base programming. Services can include the different curriculums described in the proposal. Here are suggestions on how curriculums could be paired with the *Taxonomy of Services*:
 - i. Positive Youth Development – MindUP, SETCLAE, Nguzo Saba, On-Site Mentoring (group and one-on-one mentoring)
 - ii. Physical Activity – Let’s Move!
 - iii. Nutrition Education – Farm to Table, Fresh Fruits, and Vegetables Program
 - iv. Academic Support – Tutoring was listed on the City Proposal.
- b. Service 2 – Parent Partnership may need to be added as a service or have a different service name depending on clarification response listed below.
- c. Service 3 – Individual Therapy – Child may need to be added as a service based on the clarification response below.
- d. Service 4 – Group Therapy – Child may need to be added as a serviced based on the clarification response below.
- e. Service 5 – Academic Instruction – possibly add this as a service to cover the morning portion of summer instruction with Columbia Public Schools.

Service 1 – Out of School Programming (combine Service 1, 2, and part of 3)

6. Service 1 needs to be renamed “Out of School Programming”. Services 1 and 2 and On-Site Mentoring embedded in Service 3 on the proposal can be combined into this.
Action Required: Complete the ‘Service Change Chart’ for Service 1. Services that are provided during Out of School Programming need to be listed in the service name. This is the only instance where multiple services will be listed in the service name. Provide justification below on why each additional service to Out of School Programming is listed.

7. Outputs need to be provided for Out of School Programming for the whole program. The number of units to be provided should include all units regardless of the funding source. The unit measure should be listed as “one hour”.

Action Required: Complete the ‘Service Change Chart’ for Service 1.

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8. The unit rates need to be the same for both the County and City. The proposal listed unit rates higher for the County proposal than the City.

Action Required: Provide justification for the updated unit rate to be used for both the County and the City.

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9. The Funding Request Amount section should only list the number of units that BCCS will fund and the funding amount request.

Action Required: Complete the Funding Request section on the ‘Service Change Chart’ for Service 1.

--

10. The proposed performance measures were well written and can be included ‘Service Change Chart’. The Performance Measures section needs to include outcomes, indicators, and method of measurements of the different services being provided in Out of School Programming.

Action Required: Complete the ‘Service Change Chart’ for Service 1.

--

Service 2 (Parent Partnership)

11. “Parent Partnership” will need to be added as a service based on the information provided. The proposed Service 3 description mentions Building Strong Families and coordinating home and school visits but did not provide specific information on these efforts.

Action Required: Provide more information on the Building Strong Families and the home and school visits and activities offered to parents.

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12. The Parent Partnership's outputs should include any time spent coordinating and incorporating parents in program services. This needs to include Building Strong Families and the home and school visits. The unit measure should be "15 minutes" or "one hour" depending on the measure that works best. The number of units to be provided should be for the whole program service, regardless of the funding source.

Action Required: Complete the 'Service Change Chart' for Service 2. Provide information below on how the unit rate and number of units to be provided were determined. The unit rate needs to be the same for both the County and the City.

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13. The Funding Request Amount section should only list the number of units that BCCS will fund and the funding amount request.

Action Required: Complete the Funding Request section on the 'Service Change Chart' for Service 2.

--

14. The proposed performance measures were well written and can be included 'Service Change Chart'. The Performance Measures section needs to include outcomes, indicators, and method of measurements of the different services being provided for Parent Partnership.

Action Required: Complete the 'Service Change Chart' for Service 2.

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Service 3 (possibly Individual Therapy – Child)

15. The Service 3 description in the proposal mentioned Individual and Group Counseling Sessions. The description lacked sufficient information. Depending on the clarification response, Individual Therapy – Child needs to be added as Service 3.

Action Required: Provide sufficient information on how Fun City will provide Individual Therapy – Child, who will provide this therapy, the qualifications of this individual, and location of the therapy.

--

16. "Individual Therapy – Child" needs to be added as service unless the clarification response indicates it should have a different service name or included in a different service. Outputs need to be provided for the whole program service, regardless of the funding source.

Action Required: Complete the 'Service Change Chart' for Service 3. Provide information below on how the unit rate and number of units to be provided were determined. The unit rate needs to be the same for both the County and the City.

--

17. The Funding Request Amount section should only list the number of units that BCCS will fund and the funding amount request.

Action Required: Complete the Funding Request section on the 'Service Change Chart' for Service 3.

--

18. Performance measures need to be provided for Individual Therapy – Child.

Action Required: Provide performance measures in the 'Service Change Chart' for Service 3. Provide information below on how the outcomes, indicators, and method of measurements were determined.

--

Service 4 (possibly Group Therapy – Child)

19. The Service 3 description in the mentioned Individual and Group Counseling Sessions. The description lacked sufficient information. Depending on the clarification response, Group Therapy – Child needs to be added as Service 4.

Action Required: Provide sufficient information on how Fun City will provide Group Therapy – Child, who will provide this therapy, the qualifications of this individual, and location of the therapy.

--

20. "Group Therapy – Child" needs to be added as service unless the clarification response indicates it should have a different service name or included in a different service. Outputs need to be provided for the whole program service, regardless of the funding source.

Action Required: Complete the 'Service Change Chart' for Service 4. Provide information below on how the unit rate and number of units to be provided were determined. The unit rate needs to be the same for both the County and the City.

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21. The Funding Request Amount section should only list the number of units that BCCS will fund and the funding amount request.

Action Required: Complete the Funding Request section on the 'Service Change Chart' for Service 4.

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22. Performance measures need to be provided for Group Therapy – Child.

Action Required: Provide performance measures in the 'Service Change Chart' for Service 4. Provide information below on how the outcomes, indicators, and method of measurements were determined.

--

Service 5 (Academic Instruction – Summer only)

23. The current contract provides services during the summer in coordination with Columbia Public Schools (CPS) and this service was mentioned in the proposal to the City. The proposal describes that the morning portion of the summer program is provided by certified teachers hired by CPS to provide instruction on reading, writing, and math. This means that it must be listed as a separate service.

Action Required: Complete the 'Service Change Chart' for Service 5. Provide information on the outputs, funding request, and program performance measures. Provide the number of units to be funded through the County and the funding request amount, even if this figure is zero.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
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24. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Community Playground of Columbia, Inc.			
Program Name: Fun City Youth Academy			
Service #1 – Taxonomy of Service Name: Out of School Programming (including:)			
Service #1 – Taxonomy Definition of Service: Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before school, after school, weekends, and/or during seasonal breaks (e.g. summer). This service must include at least two other related services in the <i>Taxonomy of Services</i> .			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request to Boone County			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Community Playground of Columbia, Inc.			
Program Name: Fun City Youth Academy			
Service #2 – Taxonomy of Service Name: Parent Partnership			
Service #2 – Taxonomy Definition of Service: Actively coordinates parents and organizational staff to work together to support and improve the learning, development, and health of the child(ren).			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request to Boone County			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Community Playground of Columbia, Inc.			
Program Name: Fun City Youth Academy			
Service #3 – Taxonomy of Service Name: Individual Therapy - Child			
Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request to Boone County			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: Community Playground of Columbia, Inc.			
Program Name: Fun City Youth Academy			
Service #4 – Taxonomy of Service Name: Group Therapy - Child			
Service #4 – Taxonomy Definition of Service: Provides therapeutic treatment for children with a related problem arranged in a group format with a qualified mental health professional. Group Therapy places focus on all group members.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request to Boone County			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Community Playground of Columbia, Inc.			
Program Name: Fun City Youth Academy			
Service #5 – Taxonomy of Service Name: Academic Instruction			
Service #5 – Taxonomy Definition of Service: Differentiated, curriculum-based instruction provided in a group or individual (tutoring) setting by a qualified professional to increase individual student achievement, as measured by grade-level benchmarks and standards from the student's primary source of education.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request to Boone County			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Development/Start Up Service Funding				
Total Amount Requested to Boone County:				

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Community Playground of Columbia, Inc.

DBA:

Fun City Youth Academy

Federal EIN Number:

43-1009564

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1809 Vandiver Drive

Suite 110

City

Columbia

State

Missouri

County

Boone County

Zip

65202

Address

PO Box 1426

City

Columbia

State

Missouri

County**Zip**

65205



Organization Phone Number:

Organization Fax Number:

573-256-1436

573-256-8641

Website:

www.funcityyouthacademy.org

Email:

bonnie@fcya.org

Head of Organization

Bonnie Cecile Yantzi

Head of Organization Title (e.g. Director, President, CEO)

Director

Head of Organization Phone:

314-474-7976

Head of Organization Email:

bonnie@fcya.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization

Mission

Statement

(Purpose):

Provide your organization's mission statement. (600 character limit)

The mission of Fun City Youth Academy is to engage area youth and their parents in academic, cultural and recreational programs that promote academic achievement, self respect, and civic and social responsibility.

Organization

History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

FCYA was founded in 1970 at the grass roots level. Rev. and Mrs. Melvin West, Wynna Faye Elbert and Mrs. Beulah Ralph, established a program that would keep children from hanging out on the streets and getting into trouble. In July of 1973, it was incorporated as Community Playground of Columbia, Inc., a 501c3 non-profit organization that operates as the Fun City Youth Academy. In 2013, FCYA and Columbia Public Schools began to collaborate in a joint summer school at Ridgeway Elementary. The Saturday Youth Academy was created in 2003 and is held at the J.W. "Blind" Boone Community Center.

Brief Statement

of Organization's

Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

To promote academic achievement among under-served children through engagement in academic activities, and social skills development and stress management programs in order to improve their self-image/self-esteem

To provide under-served parents another level of support through monthly Parent Empowerment Groups, referrals, home visits and visits to schools

Articles of

Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1434405060_30405_ArticlesofIncorporation_4pages.pdf/

Provide a copy

of the

organization's

Articles of

Incorporation.

Bylaws:

Provide a copy

of the

organization's

Bylaws.

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1487714251_34051_FunCityBy-Laws2017.pdf/

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational Chart
(must be for the entire organization):

/document/download/filename/1467119667_30406_OrgChart.pdf/

Strategic Plan:

Strategic Plan (MUST BE IN PDF FORMAT)
/document/download/filename/1500307033_42846_StrategicPlanupdated2.17.pdf/

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)
FCYA serves the City of Columbia/Boone County area

Population Served:

Briefly describe the population(s) served by your organization. (600 character limit)
The average population profile shows that 88% of FCYA students lived with a single parent. Of the single parent households, 93% were headed by single mothers. At least 12% of FCYA parents were high school dropouts. Ninety percent of the FCYA student families had incomes below 200% of the poverty level; 95% were eligible for free or reduced lunch. Although 92% of the students lived with at least one working adult, 90% lived in households considered underemployed and 85% of the families received at least one type of welfare benefit.

Conflict of Interest Policy:

Does your organization have a written Conflict of Interest policy?
yes

Whistleblower Policy:

Does your organization have a written Whistleblower policy?
yes

Business Continuity Plan:

Does your organization have a written Business Continuity plan?
yes

Records Retention Policy:

Does your organization have a written Records Retention policy?
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):
3 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Austin Gaughan	Treasurer	11/19/2016	11/19/2019	2579 E Buffalo Drive, Columbia, MO 65202	✓	Added on 12/13/2016
Valencia Broadus	Member at Large	10/31/2016	10/31/2019	3133 Benton Avenue, Kansas City, MO 64128	✓	Added on 06/15/2015
Carmaleta Brunston	Member at Large	11/19/2016	11/19/2019	1603 Merideth Drive, Columbia, MO 65203	✓	Added on 12/13/2016

Governing Board Member**Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Deb Swanegan	Secretary	07/31/2015	07/31/2018	2308 Winchester Dr., Columbia, MO 65202	✓	Added on 06/15/2015
Danieal H Miller	Member at Large	01/31/2016	01/31/2019	720 W Sexton Road, #B, Columbia, MO 65203	✓	Added on 07/11/2016
Tylee Schnake	Member at Large	03/31/2016	03/31/2019	3333 S Big Timber Drive, Columbia, MO 65201	✓	Added on 07/11/2016
Jeffrey Johnson	Member at Large	03/31/2016	03/31/2019	4105 Red Fox Court, Columbia, MO 65202	✓	Added on 07/11/2016
George Norman, Jr.	President	10/31/2015	10/31/2018	2503 Feldspar Court, Columbia MO 65203	✓	Added on 06/09/2015
Pat Brown	Member at Large	05/31/2015	05/31/2018	2826 Melody Lane, Columbia MO 65203	✓	Added on 06/15/2015
James E Patterson	Vice President	01/31/2015	01/31/2018	1301 Old Highway 63 South, Apt 905, Columbia MO 65202	✓	Added on 06/15/2015

Total Active Links:10, Total Deactivated Links:8, Current Active Links:10, Current Deactivated Links:8

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member**Financial Information****Organization Fiscal Year:**

January to December

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1442597799_29953_IRSTaxExemptLetter2015.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1497639155_29954_CommunityPlaygroundofColumbia2016ReviewReport%281%29.pdf/

IRS 990 or 990 EZ:

990/990 EZ (MUST BE PDF FORMAT)

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

/document/download/filename/1498573909_29955_2016Form990.pdf/

Financial Policies and

Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The Board Treasurer shall have charge and custody of and be responsible for all funds and securities of the organization. The Treasurer shall make a report at each Board meeting, chair the Finance Committee, and make financial information available to the Board. Finance Committee is responsible for developing and reviewing fiscal procedures, fundraising plan, and the annual budget with staff and other Board members. Board must approve the budget, and all expenditures must be within the budget. Any major change in the budget must be approved by the Board or the Executive Committee.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Saturday Manager: Site 2	2 yrs college, 10 hrs education or child development, 1 yr childcare experience	0.24	\$5,500.00	\$0.00	✓	Added on 06/14/2015
Executive Director	B.A, 2 years office & accounting experience	1.00	\$38,480.00	\$3,250.00	✓	Added on 06/14/2015
Principal	BS in education or related subject, 3 yrs teaching experience	0.27	\$7,200.00	\$0.00	✓	Added on 06/14/2015
Saturday Program Coordinator	3 yrs college, 20 hrs education or child development, 2 yr childcare experience	0.50	\$10,200.00	\$0.00	✓	Added on 08/18/2016
Counselor	BS in counseling or related topic, 3 yrs of counseling experience	0.28	\$9,195.00	\$0.00	✓	Added on 06/14/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1472845416_32839_HMUWOrgBudget.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1487715377_32678_COMMUNITYPLAYGROUNDColsigned.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1487715427_32841_CAAPA2017.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)




Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Community Playground of Columbia, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 06/30/2017
2017 Health RFP (Review ends 03/24/2017 5:00 PM CDT)	Community Playground of Columbia, Inc.	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018		Added on 01/30/2017
Children's Services Fund - POS RFP #25-15JUN15 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	Fun City Youth Academy	Children's Services Fund - POS	Boone County	RFP #25-15JUN15		Added on 05/27/2015
Total Active Links:3, Total Deactivated Links:0, Current Active Links:3, Current Deactivated Links:0						

System Fields

Record ID

12721

Modification Date

07/17/2017 10:57 AM CDT

Modified By

Community Playground of Columbia, Inc. ORG

Creation Date

01/06/2015 2:18 PM CST

Created By

Apricot Subsystem

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Community Playground of Columbia, Inc.

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Fun City Youth Academy

Amount of Request

\$80,000.00

County-Children's Services - Service Type (check all that apply)

Home-based and community-based family intervention programs
Prevention programs which promote healthy lifestyles among children and youth and strengthen families
Individual, group, or family professional counseling and therapy services

Program Information

Program Website (will default to Organization website)

www.funcityyouthacademy.org

Address

1809 Vandiver Drive

Suite 110

City

Columbia

State

Missouri

County

Boone County

Zip

65202

Address

PO Box 1426

City

Columbia

State

Missouri

County**Zip**

65205

**Program Administrator Name**

Bonnie Yantzi

Phone Number

573-256-1436

Program Administrator Title

Director

Email

bonnie@fcya.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500307981_30421_AttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500307981_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

Signed Addendums

/document/download/filename/1500389123_30418_SignedAddendums.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Link Info

Active Date

Community Playground of Columbia, Inc.

PO Box 1426

Bonnie Cecile Yantzi



Added on
06/30/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-1009564

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Bonnie Wantzi - Executive Director
Printed Name - Organization Executive Director/President/CEO

7/6/17
Date

Bonnie Wantzi
Signature - Organization Executive Director/President/CEO

7/6/17
Date

George W. Norman, Jr.
Printed Name - Organization Board Chair

7/12/17
Date

George W. Norman, Jr.
Signature - Organization Board Chair

7/12/17
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Bonnie Vantzi - Executive Director
Name and Title of Authorized Representative

Bonnie Vantzi 7/6/17
Signature Date



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.
 - b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.
 - c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto. Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Hines	Heritage Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank BC	874-8518	877-8432
6.	Judy Starr	Central Bank BC	874-8506	874-8432
7.	Jody Munson	Central Bank KC	874-8506	874-8432
8.	Rob Hull	US Bank	446-3394	446-4061
9.	Joe Ritter	Landmark Bank	441-2818	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

23.	Bonnelander	Central Bank		874-8501
24.	Jennifer Hickman	US Bank		446-6738
25.	Eric Wright	US Bank		623-231-5902
26.				
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

46.	Julia Lutz	IT		
47.	Aron Gas	IT		
48.	Julia Lutz	COLLECTOR		
49.	Denise Abney	Collector		
50.	TOM LAROUX	TREAS		
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By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Community Playground of Columbia, Inc.

Address:

PO Box 1426 Columbia, MO 65205

Phone Number: 573-256-1436

Fax Number: 573-256-8641

E-mail: bonnie@fcya.org

Authorized Representative Signature

Bonnie Yantzi

Date:

12/4/17

Authorized Representative Printed Name:

Bonnie Yantzi



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

- a. You included the following requested attachments:
- Attachment A 2017 Organization Assurance Sheet
 - Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
 - Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J, in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:
<https://www.showineboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Community Playground of Columbia, Inc.

Address:

PO Box 1426 Columbia, MO 65205

Phone Number: 573-256-1436

Fax Number: 573-256-8641

E-mail: bonnie@fcya.org

Authorized Representative Signature: Bonnie Yantzi

Date: 2/4/17

Authorized Representative Printed Name:

Bonnie Yantzi



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund


ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Community Playground of Columbia DBA Fun City

Address:

PO Box 1426 Columbia MO 65205

Phone Number: (573)256-1436

Fax Number: (573)256-8641

E-mail: bonnie@fcya.org

Authorized Representative Signature: Bonnie Yantzi

Date: 7/10/17

Authorized Representative Printed Name: Bonnie Yantzi

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Donna J. King	Tree Top LLC	573-427-7897	
3.	Earnestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klostermann	CMCA BRIDGE	573-427-7897	
5.	Mernell King	CMCA Bridge	573-999-4179	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A'	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vikki Dawalt	EC-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Anita Kiessling	Kiessling & Assoc.	573-554-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Baling	SOAR	573-884-6384	
17.	Carole Schuck	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond Society	(777) 607-5215	
19.	Becky Markt	CHA Low-Income Svcs	573-443-2556	0551
20.	Gay Litzken	MLJ CLC	573-449-5600	573-875-1535
21.	Miniam Martens	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Nelly Hill	Heart of MO CASH	442-4670	N/A
23.	John Trust	Grade A Plus	573-268-4372	
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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Community Playground of Columbia, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Fun City Youth Academy
Amount of Request	\$80,000.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

According to the Boone Indicators Dashboard, the median income of Black family households in Boone County is \$24,316 less than the median income of white family households (2015). This income inequality means that Black children in Boone County are more likely to be impacted by poverty than white children. A study from Washington University in St. Louis, MO demonstrated that exposure to poverty during early childhood can have negative effects on the regions of a child's brain that handle stress regulation and emotion processing. It also found that early caregiving and nurturing can mediate the effects of childhood stress and trauma on the brain. They concluded, "children who are intellectually, socially, morally starved by poverty will require far more resources as adults, through increased crime, decreased productivity, worse health outcomes, higher rates of substance abuse, and continued generational poverty ("Poverty's Impact on Missouri's Children", 2015). To save Boone County resources in the long run, early intervention programs are key. According to the Columbia/Boone County Community Health Improvement Plan (CHIP) Annual Report for 2016, several accomplishments have been made in the Healthy Lifestyles area but there are still issues that need to be addressed. The Action Plan for Healthy Lifestyles lists targets such as increasing healthy eating and physical activity. Fun City's programs encourage increased healthy eating and physical activity for Boone children.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The Boone Indicators Dashboard indicates that in 2015 the median income of Black family households in Boone County was \$50,351. According to the Kids Count Data Center, 28.4% of Boone County children were in single parent families in 2015. The majority of Fun City Youth Academy (FCYA) students are African American or multiracial, their families have incomes which are significantly less than \$50,000 and most are headed by single mothers. "It takes a whole village to raise a child" (African proverb), but single parent households often do not have the support of a village of people. FCYA has monthly parent meetings to lend support, but with 13.5% of Boone County families being headed by single parents (Kids Count Data Center, 2017), there are more children and families in need of assistance than FCYA is able to serve. The target population for FCYA is high risk children ages 5

to 14 and their families living in Boone County. The Family Risk Index defines a "high-risk child" as one living in a family where four or more of these factors are present: 1)Child is not living with two parents, 2)Household head is a high school dropout, 3)Family income is below the poverty line, 4)Child is living with parent(s) who is/are unemployed, 5) Family is receiving welfare benefits, and 6)Child does not have health insurance (Nies & McEwen, 2014).

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The goals are to promote healthy lifestyles and improve mental health outcomes for low income youth through academic, cultural and recreational services and caring relationships for the development of social and emotional resilience; to help strengthen family units that include youth under age 19.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

Services to help improve mental health outcomes of youth: 1)Self-Esteem Through Culture Leads to Academic Excellence (SETCLAE) curriculum builds self-esteem, increases positive self-image and provides positive role models from African American history and culture, and 2)MindUP curriculum teaches children how to self-regulate their behavior, increases their knowledge about how the brain functions and teaches self-calming behaviors that build resilience. Services to help promote healthy lifestyles choices among youth: 1)Gardening - Farm to Table: we collaborate with Columbia Center for Urban Agriculture (CCUA) during Summer Academy to provide the students lessons and hands-on gardening experience including crate and straw bale gardening; we also collaborate with MU Extension for the Show Me Nutrition program where children make and eat healthy snacks, 2)Fresh Fruits & Veggies Program introduces children to different fruits & veggies and increases their fruit/veggie consumption, and 3)Let's Move! involves guided exercise and exploration of healthy habits. Services to help strengthen family units that include youth under age 19: 1)Building Strong Families (BSF) curriculum: delivered to both youth and parents, this helps to develop positive social and emotional skills and works at improving mental health and building stronger family bonds, and 2)site-based mentoring and sessions with Licensed Counselor as needed.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The majority of FCYA families are led by single mothers, with the average family size of 4-5 persons. In 2016, most of the children had parents who were underemployed, resulting in 89% of the students being at or below 200% of the poverty level. Fifty-five percent of students resided in the City of Columbia and 94% were residents of Boone County. (We have many students who live with one parent/guardian during the school year, and a different parent/guardian during the summer, resulting in several students who are considered to be outside of Boone County even though they live in Boone County during the summer.) Demographics by program are as follows:

Saturday Academy 2016: 97% were African American or multiracial, 3% (1 student) was white; 95% received free or reduced lunch; 77% were from single-parent households; 95% were below 200% of poverty level.

Summer Academy 2016: 89% were African American or multiracial, 9% white, 2% Asian, 1 student of Hispanic ethnicity; 79% received free or reduced lunch; 72% were from single-parent households; 86% were below 200% of poverty level.

b. Why will these particular consumers be served? (1500 character limit)

FCYA serves these particular consumers because we provide interventions and strategies specifically targeted to address the mental, physical and educational needs of students and families. Historically, these are the consumers we serve and the likelihood is that we will continue to serve the same consumers. This is because we have an outstanding student retention rate. We find that the same families attend Fun City programs year after year (sometimes generation after generation), and they rely on us to provide academic, cultural and recreational services in a safe, affirming, caring environment. There were 81 total students enrolled during Summer Academy 2016. Forty-two of those students returned for Summer Academy 2017. Eleven students who attended Saturday Academy 2016-2017 also attended Summer Academy 2017.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Transportation is the main challenge in serving these consumers: some parents have no transportation, while others work and cannot bring their children to the program. It can be a challenge to get parents involved in the program: many parents work and find it difficult to attend monthly parent meetings or special events where we encourage parents to attend. Another challenge is convincing parents to apply for MO Child Care Assistance when they appear to be eligible.

d. Total number of unduplicated individuals to be served by the proposed program:

150

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

1146.67

Consumer Demographics Instructions

Complete the **Residence, Race, Ethnicity, Gender, Income, and Age** sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the **Consumer Demographic sub-section** should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

145

City of Columbia

100

Other Counties

5

Residence Total

150

Record Lock

0

Race

White (alone)

5

Black or African American (alone)

106

Native American Indian or Alaskan Native

1

Asian (alone)

2

Native Hawaiian or other Pacific Islander (alone)

1

Multiple Races

35

Some Other Race

0

Race Total

150

Ethnicity

Hispanic or Latino (of any race)

5

Not Hispanic or Latino

145

Ethnicity Total

150

Gender

Female

70

Male

80

Other

0

Gender Total

150

Income

At or below 200% of Federal Poverty Level

110

Income Total

150

Over 200% of Federal Poverty Level

40

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

90

Middle School (12 years – 14 years)

10

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

15

Parent/Guardian (age 20 and over)

35

Age Total

150

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)**Program Access****a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

Fun City Summer Academy is held at West Blvd. Elementary (319 West Blvd. N), Monday-Friday, 8 a.m.-4:30 p.m. for 8 weeks in June and July. Saturday Academy operates in 2 locations: Progressive Missionary Baptist Church (PMBC) (702 Banks) and New Horizons United Methodist Church (1020 El Chaparral); it runs for 30 Saturdays during the school year months of September-May, 11:30 a.m.-4:30 p.m. Parent Empowerment Group (Tools for Living) meets once per month (day/time varies) at PMBC, and attempts are made to contact parents in between meetings. Home/school visits are conducted as needed.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

To be eligible to attend the Fun City Summer Academy, a child must be entering grades 1 through 5 (ages 6 to 12) and be a resident of Boone County. To be eligible to attend the Fun City Saturday Academy, a child must be in grades K through 8 (ages 5 to 14) and be a resident of Boone County. To be eligible for the Tools for Living program, a person must be in a parental role and a resident of Boone County.

c. Will program consumers be charged a fee for the proposed program service(s)?

Yes

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

Fun City encourages parents to apply for MO Child Care Assistance if they qualify. If a family is not eligible, fees for Summer Academy are determined by a sliding scale based on income and household size. Fees are charged in order to supplement program costs. We want to give all children the opportunity to attend Fun City and we never turn a child away because of a family's inability to pay. We charge no fee for the Saturday Academy (many parents have indicated that if they were made to pay a fee, their children would not attend) or Parent Empowerment Group.

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Yes

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

The sliding fee schedule is based on the Missouri Department of Social Services Child Care fee formula. The minimum fee of the Summer Academy is \$25 per child. Though we've never had a child qualify, the maximum fee is \$400 per month for families at 400% of Federal Poverty Level (FPL).

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

/document/download/filename/1500365612_40756_slidingscalefee.pdf/

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Fun City Summer Academy is designated a license-exempt summer camp by the Missouri Department of Health and Senior Services. To become registered to receive child care subsidy payment, all applicable staff are required to complete health and safety training on the topics: First Aid/CPR, Emergency Disaster & Response, Mandatory Child Abuse & Neglect Reporting, Prevention & Control of Infectious Diseases, Administration of Medication, Prevention & Response to Food Allergy Emergencies, Building & Physical Premises Safety, Handling & Storage of Hazardous Materials, and Transportation of Children.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

FCYA best practices are derived from the Five Cs model of positive youth development: Competence (academic, social and vocational), Confidence (positive self-concept), Connection (to community, family, peers), Character (positive values, integrity and moral values), and Caring (sympathy and empathy for others) (Bowers et al., 2010).

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

The Five Cs model of positive youth development emphasizes the strengths of youth and, as a consequence, enables youth to be seen as resources to be developed. When a youth manifests these Five Cs over time, he or she is less likely to be on a trajectory of risk and problem behavior such as substance abuse, delinquency, and depression (Bowers et al., 2010).

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

A study done at Washington University in St. Louis, MO demonstrated "the importance of poverty education, but also that the damaging effects of childhood poverty can be prevented. Supporting and expanding programs that work to reduce the harm of the stressors of poverty on children can help mitigate the potential lifelong consequences of growing up in poverty" ("Poverty's Impact on Missouri's Children", 2015). Programs like FCYA reduce the stressors of poverty by giving children a safe, caring, affirming environment where their history and culture is embraced instead of suppressed. Considering FCYA's unique combination of curricula and programming, it is difficult to find reports to use as evidence. Using internal data, we can proudly say that 91% of Summer Academy 2016 students demonstrated an increased knowledge of African American history; 87% demonstrated an increase of positive self-image and self-esteem; 69% demonstrated an increased knowledge of how the brain functions and how anger can be managed in a positive way; 70% demonstrated an increased knowledge of making healthy eating choices; 67% showed an increased interest in gardening; and 77% demonstrated an increased knowledge of family strength and sense of family support.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Academic Enrichment: Increase reading, math and science skills through tutoring and using hands-on, minds-on activities; learning is fun in our programs, as we incorporate creativity and technology into our reading, math and science lessons/activities.

Character/Leadership Development: Develop self-knowledge through character building curricula; learn civic responsibility and respect for the environment through the Adopt-a-Spot program, community service and recycling projects.

Cultural Awareness: Black history is taught on the premise that Black youth, through increased self and cultural awareness, will develop confidence and

pride in self and will be more motivated to strive for academic success. FCYA utilizes two separate Black history curricula: 1)Self-Esteem Through Culture Leads to Academic Excellence (SETCLAE), where lessons cover topics such as goal-setting, family trees, African history, culture, values, manhood, womanhood and academic development, and 2)Nguzo Saba (The Seven Principles of Kwanzaa), created to introduce and reinforce seven basic values of African culture which contribute to building and reinforcing family, community and culture.

Prevention: Site-based mentoring for youth and monthly Parent Empowerment Group for parents using Building Strong Families curriculum and the Center for the Study of Social Policy's Strengthening Families (TM) Protective Factors Framework.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

For the purpose of quality improvement, FCYA completed TCC Group's Core Capacity Assessment Tool (CCAT) in 2016. Results are compiled in the CCAT Final Report, which is intended to help organizations determine their strengths and opportunities for improvement. We have already started using these results to make improvements to our program and plan to complete the CCAT again when it becomes available, perhaps on a biannual basis. Another method we use for quality improvement involves Fun City's Strategic Plan. Each year, FCYA's Board of Directors meets with key staff members to go over Fun City's Strategic Plan. We discuss the Strategic Plan, track our progress, and make revisions as necessary.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Students and parents are given a survey at the end of Saturday and Summer Academies asking how they felt about that year's service and asking whether or not they plan to return the next year. We rely heavily on the parent comments/suggestions section to enhance services and help with program outcomes. We use these results to figure out how programming can be improved and what changes need to be made.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Collaboration with other agencies is vital to Fun City's programming. The Saturday Academy could not operate without its collaboration with the MU Office of Service Learning. They supply an average of 45 volunteers and interns each year. The Service Learning volunteers are crucial to the personal attention that students value so much, as Fun City staffing is limited. We collaborate with MU fraternities and sororities, MU Athletics and MU student clubs/interest groups, and MU Extension provides curricula during both Summer and Saturday Academies. The 2018 Summer Academy will be the fifth consecutive year of Fun City's partnership with Columbia Public Schools (CPS). CPS provides all students free breakfast and lunch, use of the building and school gardens, CPS staff including a morning Principal, an Administrative Assistant, five morning Teachers, one Paraprofessional, one Nurse, two Lunch Technicians and two Custodians. The Central Missouri Community Action (CMCA) Foster Grandparent program provides three to five classroom assistants. The Career Awareness Related Experience (C.A.R.E.) program provides three to five childcare workers. MU Extension provides two teachers to teach the Show Me Nutrition curriculum. The Columbia Center for Urban Agriculture (CCUA) provides one Gardening teacher. Friends of Rock Bridge Memorial provides a teacher, Nature Unleashed and Nature Unfolded curricula, and they sponsor the field trip to Rock Bridge Memorial State Park.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500397660_40691_CPS2017.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1500397660_40764_ProgressiveMOU.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

/document/download/filename/1500397660_40765_CCUA2017.pdf/

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
(Do not use employee names)				

P1	MQ1	FTE1	SR1 FROM	SR1 TO
Executive Director	Bachelor's degree, 4 years management/supervision experience	1.00	\$38,000.00	\$42,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Saturday Program Coordinator	2 years college, 20 hours education or child development, 3 years experience child related	0.29	\$7,500.00	\$9,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Saturday Manager - Site 2	2 years college, 10 hours education or child development, 1 year experience child related	0.25	\$3,000.00	\$3,800.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Administrative Assistant	2 years college, 2 years office and accounting experience	0.50	\$10,400.00	\$12,500.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
Summer Teacher (5)	Licensed to teach in Missouri, 1 year experience child related	0.14	\$4,500.00	\$5,500.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
Summer Principal	Bachelor's degree, 3 years teaching experience	0.25	\$7,500.00	\$9,600.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
Counselor	Licensed Counselor, 3 years experience child related	0.25	\$8,000.00	\$10,500.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The Executive Director will seek additional funding for the proposed program with help from the Administrative Assistant. The Saturday Program Coordinator is responsible for creating weekly lessons using curricula provided by FCYA, planning activities and field trips for the Saturday Academy, and implementing the program at the PMBC location (as well as training the Saturday Academy volunteers). The Saturday Manager implements that same program at the second Saturday Academy site, New Horizons United Methodist. There are five Summer Teachers (grades 1-5) who carry out the program during the afternoon portion of Summer Academy (CPS teachers are responsible for the morning portion: reading, writing and math). FCYA Summer Teachers use curricula provided by Fun City to create daily lessons and minds-on, hands-on activities; they also make sure the students stay physically active throughout the day. The Summer Principal plans field trips and activities and ensures the teachers are carrying out the program by collecting their lesson plans and observing them in the classroom. The Counselor meets with children and families and makes referrals as needed. Salary ranges and minimum qualifications are based upon information obtained from various nonprofit salary and benefits reports, by comparing FCYA salaries to other nonprofits of similar size.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%

	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
FCYA will continue to request grant funding from past sources, as well as search for new sources. Past grant sources include Boone Electric Community Trust, Veterans United Foundation, Walmart, Ameren Missouri, and various civic groups and banks.	\$30,000.00	20
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
FCYA receives financial support from churches, clubs and individuals through direct mail, public appeals and fundraising events. The Community Champions Dinner & Silent Auction was created as a way to honor local citizens and raise funds.	\$15,000.00	10

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Not contracted for 2018. Requesting Boone County purchases services that will provide programming to improve the mental health outcomes of youth, promote healthy lifestyle choices among youth and strengthen family units that include youth under age 19.	\$80,000.00	54
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
City of Columbia funded FCYA from 2015-2017 for the purpose of providing academic, social and cultural programming during summer months. Not contracted for 2018, but submitting a proposal.	\$20,000.00	13
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Since Fall 2011, FCYA had been one of three programs in Columbia chosen to participate in a 21st Century Grant, a five-year collaborative effort between CPS and Columbia Housing Authority Low Income Services (CHALIS). The grant ended in June 2016 and did not get approved for another cycle.	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
FCYA receives Missouri Child Care subsidy payments for eligible children whose parents have applied and been approved.	\$3,500.00	2
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
There are currently no fees for the Saturday Academy. However, fees for the Summer Academy are determined by a sliding scale based on income and household size. No children are turned away because of their family's inability to pay. We only collected \$915 in program service fees in 2016.	\$1,000.00	1
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0

TOTAL PROGRAM REVENUE

TOTAL REVENUE
149500

PROGRAM EXPENSES

1. Personnel	1. \$126,800.00	1. % 74
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Personnel Narrative (300 character limit)

Personnel expenses include salaries, payroll taxes and employee benefits.

2. Non-Personnel	2. \$45,200.00	2. % 26
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Non-Personnel Narrative (300 character limit)

Equipment, fundraising, insurance, occupancy (rent, utilities, phone), program supplies, office supplies for program purposes (such as copy paper and ink), professional fees, activity costs, program food/drink, promotions (printing, postage, advertising), training/conferences and transportation.

TOTAL PROGRAM EXPENSES

**TOTAL
EXPENSES**
172000

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$80,000.00

Year 2 Total Request

\$80,000.00

Total Amount Request from CSF

160000

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

FCYA will continue to request grant funding from past sources, as well as search for new sources. We will submit a proposal to contract with the City of Columbia for the year 2018 and submit a proposal for a prevention grant from Children's Trust Fund for FY2019. When HMUW issues an RFP for Education, we will submit a proposal. Services provided to children who are not Boone County residents are funded by service fees paid by their parents, private donations, and fundraising efforts.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Annie E. Casey Foundation Kids Count Data Center. (2017). Selected Kids Count Indicators for Counties in Missouri. Retrieved from <http://datacenter.kidscount.org/data/customreports/4149,4158,67/1964,1984,1986,1989,2010,9546,9567,9569-9570>

Boone Impact Group. (n.d.). Boone Indicators Dashboard. Retrieved from <http://booneindicators.org/Populations.aspx?id=1#798>

Bowers, E.P., Li, Y., Kiely, M.K., Brittan, A., Lerner, J.V., Lerner, R.M. (2010). The Five Cs Model of Positive Youth Development: A Longitudinal Analysis of Confirmatory Factor Structure and Measurement Invariance. *Journal of Youth and Adolescence*, 39, 720-735.

Columbia/Boone County Public Health and Human Services. (2016). Community Health Improvement Plan Annual Report 2016.

Nies, M.A., McEwen, M. (2014.) Community/Public Health Nursing - E-Book: Promoting the Health of Populations. Retrieved from <https://books.google.com/books?isbn=0323293875>

Poverty's Impact on Missouri's Children. (2015). In Missouri Kids Count. Retrieved from <http://mokidscount.org/stories/povertys-impact-on-missouris-children/>

2017 Memorandum of Understanding Columbia Public Schools and Fun City Partnership

Columbia Public Schools (CPS) and Fun City Youth Academy (FCYA) are entering into a partnership to provide students with summer programming from June 5, 2017 through July 28, 2017. Approximately 80-85 students (current K-4; rising grades 1-5) will attend Columbia Public Schools Summer SUNsations in the mornings and Fun City Youth Academy in the afternoons.

Both organizations remain separate entities and are responsible for their portion of the program. This memorandum documents our mutual understandings about the programs and the parties' responsibilities.

CPS Commitments:

- The programs will be housed at West Boulevard Elementary for the entire 8 weeks, with July at the expense of the district.
- Columbia Public Schools will make its Summer SUNsations program available to participating students from 7:50 a.m. until 11:20 a.m. each day from June 5 through July 28.
- CPS will provide SUNsations teachers for the CPS morning program commensurate with enrollment. They will teach a core curriculum of reading/language arts and mathematics.
- CPS will provide a dedicated administrator whose responsibilities will include
 - Working from 7:30 a.m. through 11:30 a.m. each day.
 - Hiring, supervising, and supporting CPS staff who serve program participants through Summer SUNsations.
 - Helping select the Youth Academy administrator and assisting that administrator in securing use of five classrooms, access to building space and resources including access to the media center, computer lab, gym, playground, office space, storage space, teacher's lounge, and community garden.
- CPS will provide secretarial and nursing support at the District's expense from 7:50 a.m. to 11:30 a.m. each day through the eight weeks.
- CPS will provide curriculum, materials, and supplies for the SUNsations morning program purchased at the District's expense.
- CPS staff will be responsible for student supervision from 7:30 a.m. through 11:20 a.m. each day that the program is in session.
- CPS staff will work closely with Fun City staff to communicate with and engage parents in the programs and to communicate regarding individual student success.
- Assuming continued state support, CPS will provide free breakfast and hot lunch for students enrolled in the program.
- Fun City staff will have access to contact information for scheduling purposes at the ~~Hickman Pool~~ during the aforementioned timeframe, however scheduling is the responsibility of Fun City to coordinate with Columbia Parks and Recreation.
- Fun City staff will have access to schedule transportation with the CPS transportation director, however Fun City must order transportation using a purchase request 2 weeks ahead of time and be funded by Fun City.

ARC

- FCYA will record and track attendance in the afternoon portion of the program from June 5 through July 28, 2017.

We, the undersigned, affirm these mutual understandings.

~~Bonnie Yantzi~~

~~George W. Norman, Jr., President
Fun City Board of Directors~~

Bonnie Yantzi,
Director

11/25/17

Date

Ben Tilley

Ben Tilley, Assistant Superintendent for
Elementary Education, CPS

12/12/16

Date

2016-2017 Memorandum of Understanding

Progressive Missionary Baptist Church and Community Playground of Columbia, Inc.

DBA as Fun City Youth Academy (a fun place for learning)

Progressive Missionary Baptist Church (PMBC) and Fun City Youth Academy (FCYA) are entering into a partnership to provide students with Saturday programming from August 20, 2016 through May 20, 2017. Approximately 40-60 students (current ages 5-14) will attend Fun City's Saturday Youth Academy.

Both organizations remain separate entities and are responsible for their portion of the program. This memorandum documents our mutual understandings about the programs and parties' responsibilities.

PMBC COMMITMENTS:

The programs will be housed at PMBC Christian Life Center located at 702 Banks Ave, Columbia, MO 65203 for the entire 31 Saturdays.

PMBC will make the CLC available to FYCA staff, volunteers and students from 10:30 am to 4:00 pm on each Saturday the program is in session at no cost to FCYA (August 20, 2016 through May 20, 2017).

PMBC will provide a dedicated administrator whose responsibilities will include working with the FCYA Saturday Coordinator in making sure classrooms, kitchen, gym area and bathrooms are available and cleaned at the conclusion of each Saturday session.

PMBC's administrator will work closely with FCYA's staff to communicate with and help engage parents in the program (could be through church announcement, passing out flyers about the program and encouraging eligible parents to enroll their eligible children in the programs).

PMBC's administrator will provide scheduling of the CLC to FCYA's staff to allow time for other options and locations to hold the Saturday program when the CLC may not be available because of church use.

FCYA COMMITMENTS:

FCYA will operate its Saturday Youth Academy from 10:30 am through 4:00 pm from August 20, 2016 through May 20, 2017.

FCYA's Saturday Coordinator will be responsible for the hiring and recruitment of staff and volunteers necessary to manage the students enrolled in the program and over supervision of the Saturday program.

FCYA's Saturday Coordinator will work with the PMBC administrator to include monthly meetings to discuss and/or resolve any problem that may have developed.

Memorandum of Understanding

Between
The Columbia Center for Urban Agriculture (CCUA)
And
Fun City Youth Academy (FCYA)

This Memorandum of Understanding (MOU) sets the terms and understanding between the CCUA and FCYA to collaborate on a sustainable gardening program at West Boulevard Elementary School in June and July of 2017.

Background

CCUA works with West Boulevard Elementary as a part of its Outdoor Classroom Program, and is extending lesson assistance to this year's FCYA garden program as organized by Marekka Nickens and Bonnie Yantzi.

Purpose

This MOU will outline the terms of the collaboration for the 2017 programming.

This will be accomplished by CCUA undertaking the following activities:

Activity	Timeline	Amount of CCUA staff time
Helping with material acquisition and garden space setup	Prior to June 5	2 hours OC Manager time
Providing garden lessons	During Fun City organized gardening events	40 hours OC Manager time
Assisting with assessment and evaluation	During Fun City organized gardening events	2 hours OC Manager time
Assisting with volunteers as needed	During Fun City 2017	2 hour OC Manager time
Provide one Urban Farm experience for 1st - 5th graders	July 12 (rain date of July 27)	4 hours OC Manager time, 4 hours OC Associate time, 4 hours Urban Farm Educator time

FCYA will communicate proactively and regularly with CCUA to ensure that programming is planned for and delivered in an effective, efficient, and organized manner.

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Community Playground of Columbia, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Fun City Youth Academy
Amount of Request	\$80,000.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Positive Youth Development - provide programming in order to improve mental health outcomes of youth

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Fun City Youth Academy (FCYA) provides a safe, stimulating, caring environment that combines academics with youth development activities to high risk, low income, predominantly African American or multiracial children. To provide programming in order to improve mental health outcomes of youth, FCYA offers the following services:

African American Heritage curricula: 1)Self-Esteem Through Culture Leads to Academic Excellence (SETCLAE) is taught on the premise that African American youth, through increased self and cultural awareness, will develop confidence and pride in themselves and will be more motivated to make better lifestyle choices, and 2)Nguzo Saba (The Seven Principles of Kwanzaa) is taught to increase students' knowledge of African American History and was created to introduce and reinforce seven basic values of African culture which contribute to building and reinforcing family, community and culture. During the last week of Summer Academy, students participate in a Jeopardy-style quiz game to test their knowledge of Black History and Culture. Also during the last week is Nguzo Saba Day, where we invite the students' families to the school for a potluck, student Talent show, and the lighting of a kinara in a traditional Kwanzaa ceremony.

The MindUP curriculum is taught to students in order to increase pro-social behaviors; students learn to self-regulate behavior and manage stress; children learn the functions and different parts of the brain and how it responds to fear and anger; and it helps them learn how to respond, rather than react impulsively.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 hour of service delivered to 1 youth under the age of 19

b. Unit Rate (#1)

\$10.27

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

This unit rate is not tied to an established public funding rate, but is consistent with the mutually agreed-upon rate used for BCCSB's current Purchase of Service Contract with FCYA.

d. Total Number of Units of Service to be Provided (#1)

2904

e. Total Number of Unduplicated Individuals (#1)

100

f. Average Number of Units of Service per Unduplicated Individual (#1)

29.04

g. Average Cost of Service per Individual (#1)

298.24

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

Yes

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

Fun City encourages parents to apply for MO Child Care Assistance if they qualify. If a family is not eligible, fees for Summer Academy are determined by a sliding scale based on income and household size. Fees are charged in order to supplement program costs. We want to give all children the opportunity to attend Fun City and we never turn a child away because of a family's inability to pay. We charge no fee for the Saturday Academy because many parents have indicated that if they were made to pay a fee, their children would not attend the program. Our main priority is program attendance.

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

/document/download/filename/1500406713_41196_slidingscalefee.pdf/

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

Yes

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

Since Summer Academy only runs in June and July, Missouri Department of Social Services (DSS) has designated FCYA a license-exempt summer camp (programs that run Sept.-May are considered as such). The Summer Academy receives Missouri Child Care subsidy payments for eligible children whose parents have applied and been approved. To be eligible for child care, there must be a need for all adults in the household or a documented special need for a child. Valid needs for child care include: employment, school, training, incapacitated care taker, and child with a special need for care.

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$10.27	1a2. 2904	1a3. \$29,824.08
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$29,824.08

b. Proposed Number of Units of Service (#1)

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

Requesting funds to alleviate loss of grant funding from CTF and 21st Century. Summer teachers hired by FCYA are now required to be certified, increasing costs. We opened a second program site for the Saturday Academy but had difficulty enrolling students. Efforts included: Open House at New Horizons, meeting with Principal at Cedar Ridge Elementary and setting up a promotional table at their Chili Dinner. FCYA plans to distribute backpacks (school supplies inside) at a back-to-school event in the El Chaparral neighborhood, and to ask if FCYA parents living in that area will recruit others.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Increase of self-image and self-esteem in youth under the age of 19	70% of students will demonstrate an increase in their self-image and self-esteem	Adapted SETCLAE Pre/Post test
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Increase knowledge of African American History in youth under the age of 19	70% of students will demonstrate an increase in knowledge of African American history	Nguzo Saba Pre/Post test
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Increase of self-control skills in youth under the age of 19	70% of students will demonstrate an increase in knowledge of self-control methods	MindUP Pre/Post test
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Increase of knowledge of brain function in youth under the age of 19	70% of students will demonstrate an increase in knowledge of brain function	MindUP Pre/Post test
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

SETCLAE curriculum builds self-esteem, increases positive self-image and provides positive role models from African American history and culture. Nguzo Saba curriculum teaches children about African American history and culture, introduces and reinforces seven basic values of African culture which contribute to building and reinforcing family, community and culture. MindUP teaches children how to self-regulate their behaviors and increases their knowledge about how the brain functions; it also teaches self-calming behaviors that build resilience. All of these improve mental health outcomes.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Transportation issues prevent some children from regular attendance, meaning that some children may not be present on a day when all the other students are taking pre- or post-tests. FCYA provides Saturday Academy transportation for 26 children on a first come, first served basis. Since transportation is the main complaint on Summer Academy parent surveys every year, we are looking into providing some transportation Summer 2018. Many children arrive to Saturday Academy without having had breakfast and are not able to focus. Another factor is high levels of stress in the homes of children.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Measurement levels for each indicator are based on FCYA measurement results from 2015 and 2016. Students have achieved these projected levels in the past.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Method (1-1): Adapted SETCLAE Pre/Post tests measure students' levels of positive self-image and self-esteem; post-test will show an increase, decrease or maintenance of positive self-image and self-esteem levels. Method (1-2): Nguzo Saba Pre/Post assessments test students' knowledge of African American history; post-test will show whether or not they demonstrated an increase in knowledge of African American history. Method (1-3) and (1-4): MindUP Pre/Post tests assess whether or not students are familiar with self-control methods; and they test students' knowledge of how the brain functions.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Community-Based Mentoring - provide programming that promotes healthy lifestyle choices among youth

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Social interaction, guidance, and/or role models in a community setting to increase positive behaviors and decisions.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

FCYA provides a safe, stimulating, caring environment that combines academics with youth development activities to high risk, low income, predominantly African American or multiracial children. To provide programming that promotes healthy lifestyle choices among youth, FCYA offers the following services:

Gardening (Farm to Table): we have an MOU with Columbia Center for Urban Agriculture (CCUA) during Summer Academy and the students receive lessons and hands-on gardening experience. Children participate in crate and straw bale gardening and take a trip to CCUA Farms where they sample the fruits and vegetables. The students plant veggies at the beginning of summer in hopes that they can harvest and taste them before summer's over. We also collaborate with MU Extension; they provide two teachers to carry out the Show Me Nutrition curriculum. Students learn about the food groups and nutrition, and they make and eat their own healthy snacks.

Fresh Fruits & Vegetables Program (FFVP): children learn about and sample different fruits and vegetables during both Summer and Saturday Academies. During the summer, each week has a different color theme (red fruits/veggies one week, green the next) and some vegetables are only shown, not sampled (such as jicama and onion). FFVP goals are to combat childhood obesity by helping students learn more about healthful eating habits, expand the variety of fruits and vegetables children experience and increase youth fruit and veggie consumption.

Fitness: 1)Let's Move!: involves guided exercise and an exploration of healthy habits. Let's Move! seeks to combat the epidemic of childhood obesity by increasing physical activity. 2)Healthy Hip Hop (H3): music impresses a mentality of overall positive living by trying to influence listeners to increase physical activity, value education and to work hard at reaching your goals. During the Summer Academy children also participate in additional free play at recess and weekly swimming trips to the ARC.

Service #2 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)**

1 hour of service delivered to 1 youth under the age of 19

b. Unit Rate (#2)

\$10.27

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

This unit rate is not tied to an established public funding rate, but is consistent with the mutually agreed-upon rate used for BCCSB's current Purchase of Service Contract with FCYA.

d. Total Number of Units of Service to be Provided (#2)

3969

e. Total Number of Unduplicated Individuals (#2)

100

f. Average Number of Units of Service per Unduplicated Individual (#2)

39.69

g. Average Cost of Service per Individual (#2)

407.62

Service #2 - Service Fee**a. Will the proposed service (#2) consumers be charged a fee?**

Yes

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

Fun City encourages parents to apply for MO Child Care Assistance if they qualify. If a family is not eligible, fees for Summer Academy are determined by a sliding scale based on income and household size. Fees are charged in order to supplement program costs. We want to give all children the opportunity to attend Fun City and we never turn a child away because of a family's inability to pay. We charge no fee for the Saturday Academy because many parents have indicated that if they were made to pay a fee, their children would not attend the program. Our main priority is program attendance.

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

/document/download/filename/1500445752_40829_slidingscalefee.pdf/

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

Yes

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

Since Summer Academy only runs in June and July, Missouri Department of Social Services (DSS) has designated FCYA a license-exempt summer camp (programs that run Sept.-May are considered as such). The Summer Academy receives Missouri Child Care subsidy payments for eligible children whose parents have applied and been approved. To be eligible for child care, there must be a need for all adults in the household or a documented special need for a child. Valid needs for child care include: employment, school, training, incapacitated care taker, and child with a special need for care.

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$10.27	3969	\$40,761.63
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$40,761.63

b. Proposed Number of Units of Service (#2)

3969

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Requesting funds to alleviate loss of grant funding from CTF and 21st Century. Summer teachers hired by FCYA are now required to be certified, increasing costs. We opened a second program site for the Saturday Academy but had difficulty enrolling students. Efforts included: Open House at New Horizons, meeting with Principal at Cedar Ridge Elementary and setting up a promotional table at their Chili Dinner. FCYA plans to distribute backpacks (school supplies inside) at a back-to-school event in the El Chaparral neighborhood, and to ask if FCYA parents living in that area will recruit others.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Increase of interest in gardening in youth under the age of 19	70% of students will demonstrate an increased interest in gardening	survey, pictures
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Increase knowledge of fresh fruits and vegetables in youth under the age of 19	70% of students will demonstrate an increase in knowledge of fresh fruits and vegetables	Fresh Fruits & Vegetables Pre/Post test
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Increase physical activity in youth under the age of 19	70% of students will demonstrate an increase in physical activity	Activity reports, charting students physical exercise
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

The program works to improve adoption of healthy lifestyles to low income kids and families. We will introduce a variety of fresh fruits and vegetables, help give kids knowledge and skills to make healthy food choices and they will have the experience of growing food and eating their produce. They will enjoy various forms of physical activity. All of these promote healthy lifestyles choices among youth.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Poor eating habits is an external factor as many families regularly eat very sugary food, fast food, processed foods, and drink a large amount of soda and other sugary drinks. Weather affects the gardening classes and outdoor exercise activities. Sometimes, children also initially lack motivation to participate in fitness. They spend many hours a day watching TV and/or playing video games. Transportation issues prevent some children from regular attendance, meaning that some children may not be present on a day when all the other students are taking pre- or post-tests.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

Measurement levels for each indicator are based on FCYA measurement results from 2015 and 2016. Students have achieved these projected levels in the past.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Method (2-1): Gardening survey taken at end of Summer asks whether or not students are currently interested in gardening, pictures reveal whether or not they enjoyed themselves during gardening class and CCUA Farms field trip. Method (2-2): Fresh Fruits & Veggies Pre/Post assessments test students' knowledge of different fruits and vegetables, measuring their increase, maintenance, or decrease in that knowledge. Method (2-3): Students wear pedometers during the afternoon portion of Summer Academy and their amount of steps is documented, showing an increase or decrease in physical activity.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Site-Based Mentoring - provide programming to help strengthen family units that include youth under the age of 19

Service #3 - Taxonomy Definition of Service (300 character limit)

Social interaction, guidance, and/or role models at an organizational setting to increase positive behaviors and decisions.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

FCYA provides a safe, stimulating, caring environment that combines academics with youth development activities to high risk, low income, predominantly African American or multiracial children. To help strengthen family units that include youth under the age of 19. FCYA offers the following services:

Building Strong Families (BSF): this curriculum helps families identify their own strengths and learn skills to build on those strengths. It helps to develop positive social and emotional skills. It works at improving and building stronger family bonds since both FCYA youth and their adult family members

attending the Parent Empowerment Group learn from the same curriculum each month.

On-Site Mentoring: This bi-weekly on-site program supports both group and one-on-one mentoring for youth. Group topics include drug abuse, tobacco education, alcohol abuse, crime, gangs, and police appreciation. We have separate mentoring groups for males and females.

Individual and Group Counseling Sessions: The Licensed Counselor for FCYA conducts counseling sessions with individual students as-needed. She also meets with parents individually or meets with the whole family depending on the situation. She also meets with students in group counseling sessions when a group of students are all involved in the same situation, incident or confrontation.

Home and school visits encourage parental engagement in working with schools in order to deal with their child's behavior issues. We also encourage families to attend FCYA events (such as the Annual Fall Family Feast and Nguzo Saba Day) in order to increase family social connections and increase parents' engagement in their child's academic achievement. We use the Center for the Study of Social Policy's Strengthening Families (TM) Protective Factors Framework, trying to build parental resilience, social connections, concrete support in times of need, and knowledge of parenting and child development and trying to increase social and emotion competence in children.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

1 hour of service delivered to 1 person

b. Unit Rate (#3)

\$9.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

This unit rate is not tied to an established public funding rate, but is consistent with the mutually agreed-upon rate used for BCCSB's current Purchase of Service Contract with FCYA.

d. Total Number of Units of Service to be Provided (#3)

1046

e. Total Number of Unduplicated Individuals (#3)

150

f. Average Number of Units of Service per Unduplicated Individual (#3)

6.97

g. Average Cost of Service per Individual (#3)

62.76

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

Yes

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

Fun City encourages parents to apply for MO Child Care Assistance if they qualify. If a family is not eligible, fees for Summer Academy are determined by a sliding scale based on income and household size. Fees are charged in order to supplement program costs. We want to give all children the opportunity to attend Fun City and we never turn a child away because of a family's inability to pay. We charge no fee for the Saturday Academy or Parent Empowerment Group.

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

/document/download/filename/1500477783_40862_slidingscalefee.pdf

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

Yes

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

Since Summer Academy only runs in June and July, Missouri Department of Social Services (DSS) has designated FCYA a license-exempt summer camp (programs that run Sept.-May are considered as such). The Summer Academy receives Missouri Child Care subsidy payments for eligible children whose parents have applied and been approved. To be eligible for child care, there must be a need for all adults in the household or a

documented special need for a child. Valid needs for child care include: employment, school, training, incapacitated care taker, and child with a special need for care.

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Yes (complete the Other Funder's Chart below)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$9.00	1046	\$9,414.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$9,414.00

b. Proposed Number of Units of Service (#3)

1046

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Requesting funds to alleviate loss of grant funding from CTF and 21st Century. Summer teachers hired by FCYA are now required to be certified, increasing costs. We opened a second program site for the Saturday Academy but had difficulty enrolling students. Efforts included: Open House at New Horizons, meeting with Principal at Cedar Ridge Elementary and setting up a promotional table at their Chili Dinner. FCYA plans to distribute backpacks (school supplies inside) at a back-to-school event in the El Chaparral neighborhood, and to ask if FCYA parents living in that area will recruit others.

Service #3 - Performance Measures

Outcome (3-1)

Increase knowledge of family strengths in youth under the age of 19

Indicator (3-1)

60% of students will demonstrate an increased knowledge of family strengths

Method of Measurement (3-1)

BSF Pre/Post survey

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Increase knowledge of child development and parenting skills of parents

Additional Outcome (3-3)

Increase parents sense of support and improvement in family relationship

Additional Outcome (3-4)

Increase sense of support and improvement in family relationships in youth under the age of 19

Additional Outcome (3-5)

60% of parents will demonstrate an increased knowledge of child development and parenting skills

Additional Indicator (3-3)

60% of parents will perceive an increased sense of support and improvement in family relationships

Additional Indicator (3-4)

60% of students will perceive an increased sense of support and improvement in family relationships

Additional Indicator (3-5)

Feedback survey given at the end of parent meetings

Additional Method (3-3)

Feedback survey given at end of program, staff records

Additional Method (3-4)

BSF Pre/Post survey, mentor survey

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

The BSF curriculum helps to develop positive social and emotional skills in youth and their parents. It works at building stronger family bonds as both FCYA youth and adult family members attending the Parent Empowerment Group learn from the same curriculum each month. Our mentor programs increase students' sense of support because they know someone is available to talk if they ever need anything. Building on the 5 protective factors in FCYA families helps to strengthen family units.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Some external factors include high stress levels in the family, separated family units due to separation, divorce, or prison. We also find it difficult to get a majority of the parents attend in the monthly parent meetings. Some of them are unable to attend because they work, but some of the parents lack motivation to attend. Some parents do not have transportation, but we are happy to pick them up for meetings. Transportation issues prevent some children from regular attendance, meaning that some children may not be present on a day when all the other students are taking pre- or post-tests.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

Measurement levels for each indicator are based on FCYA measurement results from 2015 and 2016. Students and parents have achieved these projected levels in the past.

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Method (3-1): BSF Pre/Post surveys assess whether or not students have a knowledge of family strengths. Method (3-2): Feedback surveys ask parents if they learned anything and if they found the information to be helpful. Method (3-3): Feedback surveys given at the end of the program ask whether or not parents feel the program benefited their child and themselves and they leave comments/suggestions. Method (3-4): BSF Pre/Post surveys assess how students feel about family relationships, and mentor surveys (given to youth and mentors) assess whether or not a sense of support is perceived.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

b. Service #4 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

- d. Total Number of Units of Service to be Provided (#4)
0
- e. Total Number of Unduplicated Individuals (#4)
0
- f. Average Number of Units of Service per Unduplicated Individual (#4)
0
- g. Average Cost of Service per Individual (#4)
0

Service #4 - Service Fee

- a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

- b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

- c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

- a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)
- Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. [Click here to view document.](#) (#5)

- Service #5 - Taxonomy of Service Name (150 character limit)
- Service #5 - Taxonomy Definition of Service (300 character limit)
- Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

- Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)
- Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

- Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

- Total Number of Units of Service to be Provided (#5)

0

- Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
	5a1.	5a2.	5a3.
a. Boone County - Children's Services Funding (#5)	\$0.00	0	\$0.00
	5b1.	5b2.	5b3.
b. Boone County - Community Health Funding (#5)	\$0.00	0	\$0.00
	5c1.	5c2.	5c3.
c. City of Columbia - Social Services Funding (#5)	\$0.00	0	\$0.00
	5d1.	5d2.	5d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	\$0.00	0	\$0.00
	5e1.	5e2.	5e3.
e. Heart of Missouri United Way (#5)	\$0.00	0	\$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

79999.71



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

4.3.2. Negotiations will only be conducted with potentially acceptable proposals.

4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of _____)
) ss
 State of _____)

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Affiant _____ Date _____

Printed Name _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/06/2017

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

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

PRODUCER Matthew Smith(140734C) 1900 N Providence Rd Ste 204 Columbia MO 65202-3710		CONTACT NAME: Matthew Smith PHONE (A/C, NO, EXT): 573-449-0841 FAX (A/C, NO): 573-449-0833 E-MAIL ADDRESS: msmith@farmersagent.com	
INSURED COMMUNITY PLAYGROUND OF COLUM PO BOX 1426 COLUMBIA MO 65205		INSURER(S) AFFORDING COVERAGE INSURER A: Truck Insurance Exchange 21709 INSURER B: Farmers Insurance Exchange 21652 INSURER C: Mid Century Insurance Company 21687 INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		606315627	01/17/2017	01/17/2018	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 1,000,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	GENERAL AGGREGATE \$ 2,000,000						
	PRODUCTS - COMP/OP AGG \$ 2,000,000						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			606315627	01/17/2017	01/17/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
	AGGREGATE \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N Y	N/A		A02180209	01/17/2017	01/17/2018	PER STATUTE OTHER \$
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER County of Boone, Missouri C/O Purchasing Department 613 E. Ash Street Columbia MO 65201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract

First Chance for Children

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **First Chance for Children** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **FC4C**.

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

WHEREAS, FC4C has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY FC4C

FC4C is expected to the greatest extent possible to maximize funding from all other sources. FC4C shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. FC4C shall only request reimbursement for services not reimbursable by any other source. FC4C shall not invoice the Children's Services Fund for units of service invoiced to another funding source. FC4C shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** FC4C will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and FC4C's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over FC4C's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from FC4C and FC4C agrees to furnish the **First Chance for Children** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in FC4C's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$210,000.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. FC4C agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of FC4C be renewed for **an additional one (1), one-year period**. FC4C agrees and understands that the BCCSB may require supplemental information to be submitted by FC4C prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Parent Partnership	One family	\$12.00	480	\$5,760.00
Home Visiting (Cribs Visit)	One visit	\$75.00	200	\$15,000.00
Home Visiting (BabyU Visit)	One visit	\$128.00	1,200	\$153,600.00
Crisis Intervention	One crisis kit	\$25.00	900	\$22,500.00
Behavioral Health Screening	One screening	\$8.76	1,500	\$13,140.00

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty

days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of FC4C, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by FC4C to monitor service delivery and program expenditures. FC4C agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by FC4C and, if so stipulated, are noted on this contract document. Payments may be withheld from FC4C if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. FC4C agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** FC4C also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of FC4C's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from FC4C, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** FC4C agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect FC4C's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, FC4C hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and

personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event FC4C requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from FC4C may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with FC4C's policies and procedures and in accordance with any local/state/federal regulations. FC4C agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. FC4C must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** FC4C will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** FC4C agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to FC4C's provision of such services.

14. **Accreditation/Licensure/Certifications.** FC4C must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** FC4C agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and FC4C, and this shall include any transaction in which FC4C is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** FC4C may enter into subcontracts for components of the contracted service as FC4C deems necessary within the terms of the contract. All such subcontracts require

the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, FC4C shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** FC4C agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. FC4C shall require each subcontractor to affirmatively state in its Agreement with the FC4C that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide FC4C a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** FC4C agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against FC4C or any individual acting on the FC4C's behalf, including subcontractors, which seek to enjoin or prohibit FC4C from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If FC4C ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if FC4C no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, FC4C will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event FC4C, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to FC4C as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should FC4C fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, FC4C shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the FC4C for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. Indemnification. To the extent permitted under Missouri law, FC4C agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **First Chance for Children** (meaning anyone, including but not limited to consultants having a contract with FC4C or subcontractor for part of the services), or anyone directly or indirectly employed by FC4C, or of anyone for whose acts FC4C may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. Publicity by the FC4C. FC4C shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. FC4C will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. FC4C will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. FC4C agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

24. Independence. This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and FC4C. The BCCSB does not recognize any of the FC4C's employees, agents, or volunteers as those of the BCCSB.

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

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

27. **Record Retention Clause.** FC4C shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

Any written notice or communication to FC4C shall be mailed or delivered to:

First Chance for Children
Kasey Shaumburg
1010 Fay St.
Columbia, MO 65201

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

First Chance for Children

By: Kasey Shaumburg
Signature

By: Kasey Shaumburg
Printed Name/ Title
Interim Executive Director

Boone County, Missouri

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

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

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk DKB

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

Jane Pritchard by jg 12/20/2017 (2161/71106/\$210,000.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 8, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – Purchase of Service Contracts

CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: First Chance for Children
Address: PO Box 1101, Columbia, MO 65205

Telephone: 573-777-1815x203 Fax: 573-777-1816

Federal Tax ID (or Social Security #): 11-3662636

Print Name: Kasey Schaumburg Title: Interim Executive Director

Signature: Kasey Schaumburg Date: 11/8/17

E-mail: director@fc4c.org

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #2**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	First Chance for Children
Name of Program	FC4C Expansion

Program Overview Form

1. Information was provided at the clarification meeting on October 26 regarding the upcoming plans FC4C has for the organization. It was shared that strategic planning will begin November 1 and the search for an Executive Director will be begin January 1.

Action Required: Provide the information that was shared at the meeting regarding the strategic plan and search for the Executive Director.

Kasey Schaumburg will serve as First Chance's Interim Executive Director until a permanent director search can be conducted. This search will coincide with the strategic planning process facilitated by New Chapter Coaching. New Chapter began providing services November 1st. The process will help identify qualities needed for a successful executive director, improve the organization's fundraising strategy, and reexamine the alignment between mission and services.

2. The Program Budget needs to be provided for all program funds for 2018.

Action Required: Complete the Program Budget with all anticipated funding for 2018.

TOTAL PROGRAM REVENUE		PROPOSED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$127,000
Narrative:	Funding for Lend & Learn Libraries	
B. Other United Ways		\$0
Narrative:		
C. Capital Campaigns		\$0
Narrative:		
D. Grants (non-governmental)		\$68,000
Narrative:	Children's Trust Fund, Cardinals Care, and Central Missouri Community Foundation	
E. Fund Raising & Other Direct Support		\$25,000
Narrative:	Board fundraising, golf tournament, and private donors	

2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding	\$210,000	
Narrative:	For the proposed services	
B. Boone County - Community Health Funding	\$0	
Narrative:		
C. Boone County - Other Funding	\$0	
Narrative:		
D. Funding from Other Counties	\$0	
Narrative:		
E. City of Columbia - Social Service Funding	\$0	
Narrative:		
F. City of Columbia - CDGB/Home Funding	\$0	
Narrative:		
G. City of Columbia - CHDO Funding	\$0	
Narrative:		
H. City of Columbia - Other Funding	\$0	
Narrative:		
I. Funding from Other Cities	\$0	
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$0	
Narrative:		
K. State (Purchase of Services, Grants, etc.)	\$148,252	
Narrative:	For Home visitation	
L. Other (Schools, Courts, etc.)	\$0	
Narrative:		
3. Program Service Fees	\$0	
Narrative:		
4. Investment Income (realized & unrealized)	\$0	
Narrative:		
5. Other Revenue Items	\$0	
Narrative:		
TOTAL PROGRAM REVENUE	\$528,852	
PROGRAM EXPENSES	PROPOSED YEAR	
1. Personnel	\$420,950	
Narrative:	This includes salaries for those providing direct service, and does not include fringe benefits.	
2. Non-Personnel	\$107,902	
Narrative:	This includes all direct service material cost, indirect cost and indirect/administrative salary. Indirect costs are not more than 15% of direct service salary costs.	
TOTAL PROGRAM EXPENSES	\$528,852	

3. Information was provided at the clarification meeting on October 26 regarding DSS not funding PAT models.

Action Required: Provide information on the different funding sources that FC4C will continue to receive. Provide information on the models that will be utilized for this program.

FC4C will continue to receive state funding to provide parent education using a new curriculum called Nurturing Parenting but will no longer be able to use Parents as Teachers for the DSS funding. First Chance will use the Nurturing Parenting Comprehensive Program that is evidence based to offer parents long term, comprehensive parent education to improve their parenting skills, reduce instances of child abuse and neglect, and increase kindergarten readiness. For the Baby U program FC4C will use Nurturing Parenting along with Parents as Teachers to provide families with a comprehensive home visitation program that is individualized to fit the families need. While Nurturing Parenting focuses more on parent skills, Parents as Teachers focuses more on child development and parent child interaction. Together they create a truly comprehensive program that addresses issues the entire family face, leading to kindergarten readiness. First Chance has funding from Cardinals Care, Aldi, and private donations to continue services while they re-apply for funding in the coming months. Many of the proposals they will submit are to funders who have granted funded in the previous years, but like Children's Services Fund, have a reapplication process. These reapplications include Heart of Missouri United Way, Children's Trust Fund, and Boone Electric Cooperative. New funding will be sought from an annual golf tournament, Missouri Foundation for Health, the Early Childhood Innovation Prize, and several others.

Program Services Form (1-5)

Service 1

4. Service 1 remain listed as "Family Education". The outputs will need to be changed with a unit measure of "one family".

Action Required: Complete the 'Service Change Chart' for Service 1. Provide updated outputs and funding request amount. Please provide your best and final offer.

First Chance for Children is requesting no funding from Children's Services Fund for Service 1

5. The outcome, indicator, and method of measurement (1-3) needs to be removed from Service 1 since the screenings will be moved to a separate service.

Action Required: Provide the relevant performance measures in the 'Service Change Chart' for Service 1.

Please see 'Service Change Chart'

Service 2

6. The service needs to be renamed "Parent Partnerships". The intention of "Community Collaboration" is organizations are the ones attending and working towards improvement in the community. The unit measure should be "one family".

Action Required: Provide updated outputs and funding request amount in the 'Service Change Chart' for Service 2. Please provide your best and final offer.

Please see 'Service Change Chart'

Service 3

7. Due to the different types of services provided during a home visit, the County and City of Columbia have added "Home Visiting" to the *Taxonomy of Services* with the following definition:
Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the *Taxonomy of Services*, which must also be delivered in the home/residence of the program consumer(s).

Service 3 will be listed as "Home Visiting (CRIBS Visits)" to differentiate between CRIBS and BabyU home visits. The provision of cribs and other crisis intervention supplies distributed at home visits can remain in the unit rate. The unit measure should be "15 minutes" or "one hour". The total number of units to be provided and number of individuals to be served should be provided for the whole program, regardless of the funding source.

Action Required: Complete the 'Service Change Chart' for Service 3 as Home Visiting (CRIBS Visits). Please provide your best and final offer.

Please see 'Service Change Chart'

Service 4

8. Service 4 will be listed as "Home Visiting (BabyU Visits)". The provision of cribs and other crisis intervention supplies distributed at home visits can remain in the unit rate. The unit measure should be "15 minutes" or "one hour". The total number of units to be provided and number of individuals to be served should be provided for the whole program, regardless of the funding source.

Action Required: Complete the 'Service Change Chart' for Service 4 as Home Visiting (BabyU Visits). Please provide your best and final offer.

Please see 'Service Change Chart'

Service 5

9. Service 5 will remain as Crisis Intervention and only include the crisis unit supplies distributed outside of home visits.

Action Required: Complete the Outputs and Funding Request sections on the 'Service Change Chart' with your best and final offer.

Please see 'Service Change Chart'

Service 6

10. The unit rate for Best Practices Training is high.

Action Required: Complete the Outputs and Funding Request sections on the 'Service Change Chart' with your best and final offer.

Please see 'Service Change Chart' and note First Chance is not requesting funding for training from Children's Services Fund.

Service 7

11. The different types of screenings provided need to be added as Service 7. The service should be called 'Behavioral Health Screening'. The unit rate needs to be "one screening" and include the cost of the screening tool, administering, and analyzing the results. Provide the outputs for number of screenings that will be provided during Lend & Learns, home visiting, etc.

Action Required: Complete the 'Service Change Chart' for Service 7. Provide information below on how the estimated number of screenings that will be provided are divided between the different settings (home visits, group events, etc.). Please provide your best and final offer.

	ASQ	ASQ-SE	ESI	Edinburgh
Lend & Learn	60	60	55	25
CRIBS			100	100
BabyU	250	250	250	25
School districts	100	100	100	25

12. Performance Measures will need to be provided for each of the screening tools that are conducted. Please note, a screening outcome was originally listed in Service 1 and can be moved to Service 7.

Action Required: Complete the 'Service Change Chart' for Service 7.

Please see 'Service Change Chart'

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

13. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: First Chance for Children			
Program Name: FC4C Expansion			
Service #1 – Taxonomy of Service Name: Family Education			
Service #1 – Taxonomy Definition of Service: Develops communication and coping skills with the goal of strengthening family relationships.			
Provide a detailed description of the proposed service: Lend & Learn Toy Libraries (L&L) provide a safe and inclusive location, where young children and their parents can explore toys that develop all domains of development including social-emotional, cognitive, motor and language development. Toys can be enjoyed at the library or borrowed at no cost. The toy libraries also provide opportunities for parents to connect with other parents and creates an environment for strong cultural diversity. For many families, the L&L is the only free, safe, clean space that offers regular nutritional snacks and opportunities to play. Each month the L&L will focus on a different developmental topic and activity. Last year alone the L&L served over 2,000 families who do not have regular access to healthy, nutritional foods or developmentally appropriate play spaces. In addition to the activities and snacks, participants have access to screen their children for any developmental concerns and ask questions to a trained family resource specialist, who is available at all L&L hours. The family resource specialist will also help model effective parenting behavior, connect families to community resources, and facilitate a positive environment of family engagement. The L&L will have spaces in: Columbia, Centralia, Ashland, Harrisburg, Hallsville and Sturgeon to ensure the entire county has access to a safe play space. Each space will be open different hours depending on the community's capabilities, but will be open at least once a month. Libraries are open for all families with children ages birth to five, regardless of income. This is targeted to have the greatest effect for families in low-income, and stressful situations, however all families can benefit from this service. Providing developmentally appropriate activities especially for stay at home parents can be stressful and isolating for all families. These L&L locations will help reduce stress, isolation, and help improve family-well being and kindergarten readiness. Families are welcome at any library in the county, but are encouraged to attend hours at the location closest to their residence. FC4C will also collaborate with school districts. In each of the towns outside of Columbia the L&L's will be staffed by the local Parents as Teachers program Parent Educator. Columbia L&L partners with the University of Missouri's Service Learning Program to provide support staff in the library, the School of Social Work and Human Development and Family Studies to give students internships.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One family	41.67	1000	100
Funding Request			
Amount Requested to Boone County: \$0		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Reduced social isolation	50% (n=100) of L&L participants will indicate improved connectedness	Quarterly parent input & satisfaction survey
Increased access to resources	50% (n=100) of L&L participants will utilize the check-out closet	List of resources checked out or taken from the check-out closet.

Service Change Chart
Organization Name: First Chance for Children Program Name: FC4C Expansion
Service #2 – Taxonomy of Service Name: Parent Partnership
Service #2 – Taxonomy Definition of Service: Actively coordinates parents and organizational staff to work together to support and improve the learning, development, and health of the child(ren).
<p>Provide a detailed description of the proposed service:</p> <p>Group Events & Community Outreach- Families participating in our group events and our parenting trainings will receive current child development information and strategies to use while working with their children. Additionally, families will acquire stress reduction strategies, health and safety information, community resource connection information and incentives. Most events will take place in a home community environment within Boone County so families will not have to travel to Columbia to participate. Events will last approximately 2 hours and a snack or meal will be available. Events will be structured to include a parent education component, a family activity component, and a stress reduction socialization component. All events will be family friendly so parents and children can participate together and early childhood professionals will be on site at each event to model positive child/caregiver interactions, and answer questions regarding child development or parenting strategies. Efforts will be made to inform partner agencies of upcoming events and training opportunities.</p> <p>We will have several tiers of events to impact large groups of children within the County. Community and outreach events will be open to all families with age eligible children. This is an opportunity for families from across the community to attend and spending meaningful time with their children. This style of event is vital for creating an inclusive, respectful community with low barriers to service. Our Messy Day is an example of this event bringing together a cross section of the community for activities, education and food. First Chance for Children group events are catered to more specific demographics and are designed to build social connections for families and create communities of support. FC4C will partner with organizations like Columbia Square and CUA to present valuable activities for small groups of children and families. And lastly, our parent training component will be available to families on an FC4C caseload are designed to provide critical information on child safety and welfare, the importance of having a nurturing parent/child relationship, stress management and other common issues faced by families</p>

living in poverty. These Parent Cafe's will be facilitated by a trained FC4C Family Resource Specialist with the intent of education on how to have a more positive parenting experience.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One family	\$12	750	450 families = 1,710 individuals

Funding Request

Amount Requested to Boone County: \$5,750	Proposed Number of Units of Service: 480
-------------------------------------------	------------------------------------------

Performance Measures

Outcome:	Indicator:	Method of Measurement:
Families from rural, undeserved Boone Co. Communities will participate in events.	Families will participate in events leading to better parenting skills and increased connections in their community. (Since the entire community will be invited it is difficult to determine a % or an initial "n" but we are estimating at least 200 unduplicated families)	Sign in sheets and attendance records with name, ages, county, and phone numbers will be kept for each event.
Families will receive information on topics they find relevant to their needs	50% (n=225) of families will provide feedback on the events and give suggestions for future topics	A feedback form will be handed out at each event. Information will be collected and used to improve future events
Events will improve health, social, educational, and economic opportunities of families	100% of events will be centered around topics to improve family outcomes (an initial n= is difficult to determine, we will provide monthly events in all communities in Boone County	A detailed record of the activities, information, and agencies collaborated with at the events will be kept

Service Change Chart

Organization Name: First Chance for Children
Program Name: FC4C Expansion

Service #3 – Taxonomy of Service Name: Home Visiting (Cribs Visit) (including:) Home visitation, expectant/ New Parent Assistance, Crisis Intervention, Health Education, Car Seats, Clothing, Cribs, Diapers/Wipes, and Hygiene Items			
Service #3 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the <i>Taxonomy of Services</i> , which must also be delivered in the home/residence of the program consumers.			
<p>Provide a detailed description of the proposed service:</p> <p>CRIBS (Community Resources, Infant Beds and Support) provides safe cribs for at-risk families who lack safe sleeping accommodations for their baby. The crib is delivered to the family home and is followed by an additional 5 home visits addressing whole family well-being including discussions on: safe sleep, car seat safety, child abuse and neglect reduction, nutrition, physical activity, smoking/substance usage, and increasing access to community resources. The visits will be delivered to the home by Family Resource Specialist and through partner organizations/school districts. Referrals can be made by parents or through partner organizations. Any family at or below 185% of the poverty line, or who exhibits at least one of Missouri's risk factors for child abuse/neglect who does not have a safe crib is eligible for this program. When a need is determined in a family either in the early stages of infancy or the late stages of pregnancy, FC4C will be notified or referred to the family. Partner agencies can notify FC4C to acquire a crib and additional materials, and on-board the family to their organization's processes using their normal procedures. If the family is not already committed to a program, FC4C will enroll that person in our CRIBS program with the hopes of engaging them in our full Baby U home visitation program. Upon delivery of the crib (presumably the 1st or 2nd meeting with a family), the Family Resource Specialist will review best practices for safe sleep as well as review common health and wellness issues, the importance of having a PCP, and the impact of tobacco in the home. The Family Resource Specialist will also have their client do an Everyday Stressors index to establish a baseline. This index will be repeated at the 6th visit for the CRIBS program. Both will be returned to FC4C. A partnership exists with SOAR to provide the FAN programing to families with fussy babies.</p> <p>Partnerships through each school district in Boone County exist to deliver and refer CRIBS, as well as partnerships with several non-profit organizations, including but not limited to: Refugee Immigrant Services, Columbia PAT, and LFCS. If other groups present themselves with a home visiting platform and clients with a need, they will be considered for this partnership.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
30 minutes	\$75	1,800	300 families = 1,140 individuals
Funding Request			
Amount Requested to Boone County: \$15,000		Proposed Number of Units of Service: 200	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Reduce rates of SIDS	100% (n=300) of families who receive a crib will not have a child die due to sleep related death during baby's first 6m.	No parent will report that they have experienced the death of a child because of a sleep related issue. Home visitors will also see the child monthly during their in home experiences.
Increased knowledge of health and safety related issues	75% (n=225) of families who receive a crib will report increased knowledge of health and safety related issues	Parents will fill out a survey at the end of their 6 months of home visitation

Service Change Chart
Organization Name: First Chance for Children Program Name: FC4C Expansion
Service #4 – Taxonomy of Service Name: Home Visiting (BabyU Visit) (including:) Home visitation, Parenting Skills Training, Child Development Education, Crisis Intervention, Health Education, Social/Emotional Screening, Developmental Screening, Car Seats, Clothing, Cribs, Diapers/Wipes, Hygiene Items
Service #4 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the <i>Taxonomy of Services</i> , which must also be delivered in the home/residence of the program consumers.
Provide a detailed description of the proposed service: <p>The Baby U Home Visitation program serves at-risk families at the time they need it most by helping to develop effective parenting skills. Families are visited 1-2 times a month depending on need. Families qualify for this program if they possess one or more risk factors for child abuse/neglect. It is based on the PAT and Nurturing Parenting models of home visitation designed to strengthen families by developing protective factors. Together, the models address social/emotional competencies for children and parents making it a model that spans two generations. A trained Family Resource Specialist (FRS) conducts intentionally designed home visits based on the family and children's developmental needs. Screenings are conducted in all areas of child development including social/emotional. Maternal depression and stress are monitored. Wellness and prevention is the focus of Baby U and the family is supported if referrals for additional services are needed. FC4C FRSs, would conduct this service. Currently, FC4C supports 125 families in Columbia alone. This program would allow those families to continue to receive services, and for the FC4C staff to support small districts with their ideas and expertise. While FC4C will not provide a stipend, or bill Children's Services Fund for the district's home visits, they will continue to support Boone County school districts Parents as Teachers programming by providing a stipend for screenings provided and through diapers, wipes, and books for participating families. For the purposes of this proposal, those services to Boone County school districts (screening and supplies) will be billed through crisis items and behavioral health screening.</p>

Baby U program is based on the PAT and Nurturing Parenting home visitation evidenced-base models, but it goes much further in meeting families where they are at and providing services customized for the family.

FC4C's staff are trained in the PAT and Nurturing Parenting model and have over 90 years of experience working with at-risk populations. They are equipped to provide support to all sectors of the community. The staff have expertise to help the local school PAT programs especially in recruitment, retention of families, and group events. In addition, FC4C has strong relationships with Boone County Health Department's WIC program, as well as social work staff at both local hospitals to help identify potential families. These partners access our Baby Bag and CRIBS programs, and then refer families to our Baby U program. This support of the Baby U program from partner agencies has the potential to serve the families the day they bring their baby home, providing wrap around services for entire families until their children enter Kindergarten.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$128	2,200	120 families= 456 individuals

Funding Request

Amount Requested to Boone County: \$153,600	Proposed Number of Units of Service: 1200
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Performance Measures

Outcome:	Indicator:	Method of Measurement:
Parents will be better informed about the development of their child & learn realistic expectations for developmental behaviors of their children.	75% (n=90) parents will report feeling more informed on annual survey	An annual anonymous survey will be given to parents asking questions about the programming they received.
Families will be more resilient and feel less stress as they develop protective factors.	75% (n=90) parents will report feeling less stresses and more equipped to handle parenting on annual survey	An annual anonymous survey will be given to parents asking questions about the programming they received.

Service Change Chart

Organization Name: First Chance for Children

Program Name: FC4C Expansion

Service #5 – Taxonomy of Service Name: Crisis Intervention

Service #5 – Taxonomy Definition of Service: Access to services to resolve an immediate crisis and/or link to ongoing assistance.

Provide a detailed description of the proposed service:

Baby Bags- Families who receive services under our crisis services will receive Baby Bags, diapers, wipes, car seats, or other items needed to provide care and comfort to their children. Families who access this service will also receive an informal needs assessment to ensure that other needed resources, not provided by FC4C, can be easily secured through our partnering agencies. Most families who receive the Crisis services have newborn/infant children. Families in crisis with very young children are extremely susceptible to stress and depression. For this reason most, if not all, requests for Crisis services will be handled within 24 hours of the request being made. FC4C staff or partnering agencies will deliver requested items to families. All partnering agencies delivering baby bags will be fully trained on safe sleep practices and parenting information related to Children's Trust Fund "Never Shake a Baby" education. Partner agencies to date include: Refugee and Immigration Services, PAT's in all school districts, LFCS, Safe Kids, University and Boone Hospitals. Families receiving the crisis services will also be provided with information about our Lend & Learn Libraries and group events/parent trainings and encouraged to participate. It is our goal to connect families in crisis with other families who may be able to become a support and education system. Services will be delivered to families within their homes thus relieving the need for families to find transportation. All families residing within Boone County with age eligible children who exhibit risk factors may participate in our crisis services.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One crisis kit	\$25	1200	500 families= 1,900 individuals

Funding Request

Amount Requested to Boone County: \$22,500	Proposed Number of Units of Service: 900
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Performance Measures

Outcome:	Indicator:	Method of Measurement:
Increased family self-efficacy.	90% (n=450) families in crisis will reach out to FC4C or a partner organization to receive services in the form of a Baby Bag, diapers, wipes, safety items, home health items, emergency items, food vouchers, car seat or other need.	A complete inventory of services will be kept for all families including family name, item given and date of service. When obtainable qualitative notes will be kept to see if the assistance given helped meet the family's needs and relieved stress.
Increased safety of children	100% (n=500) of families identified as needing a safety item we possess will receive said item, including but not limited to car seats and Baby Bags.	A complete inventory of services will be kept for all families including family name, item given and date of service. When obtainable qualitative notes will be kept to see if the assistance given helped meet the family's needs and relieved stress.

Decreased family stress and risk of child abuse/ neglect	100% (n=500) of families identified as needing crisis items will receive services in a timely fashion	A complete inventory of services will be kept for all families including family name, item given and date of service. When obtainable qualitative notes will be kept to see if the assistance given helped meet the family's needs and relieved stress.

Service Change Chart
Organization Name: First Chance for Children
Program Name: FC4C Expansion
Service #6 – Taxonomy of Service Name: Best Practices Training
Service #6 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.
<p>Provide a detailed description of the proposed service:</p> <p>Trainings provided are intended to meet the needs of the community practitioners at the time of implementation and ultimately help improve the kindergarten readiness of Boone County children by creating more competent providers.</p> <p>Previous to any trainings being provided, FC4C will send out a community needs survey to determine what skills providers feel they need the most help with. The survey will be available to all current partners and additional efforts will be made provide the survey to all providers interfacing with children ages 0-5. Survey results will inform trainings provided.</p> <p>Trainings will be delivered in a fashion most accessible to providers, either in their community, online, or support will be provided to bring them to an outside location. Trainings will be held during times that are most conducive to provider and partner participation. Post-tests will be used to gauge participant engagement and growth. Snacks or a meal will be provided when applicable. While a training schedule is not yet determined this has been done so intentionally to anticipate training opportunities that arise throughout the year which would be beneficial to our client and provider populations and best improve best practices of service providers. This flexibility is to accommodate the many training opportunities may differ in medium, length and style but will be chosen based on the importance information disseminated and the ease of access for consumers.</p> <p>The unit cost has been determined to be an average cost of all trainings delivered over the last 2 years. First Chance for Children will facilitate the trainings when necessary and work with partner organizations to find space and participants. Every effort will be made to include partner agencies in these trainings ensuring that LFCS, Parent Link, CCUA, Columbia Square, Safe Kids, SOAR, PAT, RIS, and other agencies in Boone</p>

County have access to trainings on best practice for our families. While the trainings will directly impact provider's knowledge and best practices, this knowledge will ultimately help improve the lives of children and families in Boone County.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual	\$20	10	10
Funding Request			
Amount Requested to Boone County:\$0		Proposed Number of Units of Service: 0	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Service providers will complete the best practices training	100% (n=10) community service providers will attend the entire training.		Sign in sheet and post test at the end of the training will serve as proof of completion.
Service providers will be more competent in the topic provided	70% (n=7) community service providers will report improved competency		Post test at the end of the training will include questions indicating level of competency obtained

Service Change Chart
Organization Name: First Chance for Children Program Name: FC4C Expansion
Service #7 – Taxonomy of Service Name: Behavioral Health Screening
Service #7 – Taxonomy Definition of Service: Identifies if an individual is at risk of experiencing symptoms of a mental health condition.
Provide a detailed description of the proposed service: First Chance for Children provides many screenings to monitor developmental concerns, parental stress, and maternal depression. To monitor physical and emotional/social development the Ages and Stages Questionnaire and the Ages and Stages Questionnaire –Social Emotional, which monitor developmental progress in children ages one month to five years. It is evidence based, valid, reliable, and accurate approach to identify concerns early. For parental stress the Everyday Stressors Index is used. The ESI assesses daily issues that might be faced by young parents with

children, covering five main problem areas. The higher the score the higher the stress level. This test is also reliable and valid. For maternal depression the Edinburgh Postnatal Depression Scale is used. The 10 questions are a reliable and valid way to effectively and efficiently screen for risk of post partum depression. Mothers are encouraged to share their results with their doctor.

Outputs

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One screening	\$8.76	1,500	460 families= 1,748 individuals

Funding Request

Amount Requested to Boone County: \$13,140	Proposed Number of Units of Service: 1,500
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Performance Measures

Outcome:	Indicator:	Method of Measurement:
Parents will be better informed about the development of their child & learn realistic expectations for developmental behaviors of their children.	75% (n=90) parents be informed at 6 month intervals about the child's development using the Ages and Stages and Ages and Stages: Social Emotional Questionnaires (ASQ-SE)	The Ages and Stages and Ages and Stages: Social/Emotional Questionnaire (ASQ-SE) will be use to measure child development at 6 month intervals.
Mothers will be given the Edinburg Postnatal Depression Scale.	100% new mothers will be encouraged to share the results of the Edinburg Postnatal Depression Scale with their OBGYN at their next visit.	Mothers will complete the Edinburg Postnatal Depression Scale with in one month of child's birth if applicable and share with their OBGYN.
Mothers will report less stress / anxiety after services	75% (n=90) will show improvement on anxiety/stress as measured by the Every Day Stressors Inventory on a 6 month basis.	The Every Day Stressor inventory administered at baseline and every 6 months.
Families will be more resilient and feel less stress as they develop protective factors.	75% (n=90) of families will make progress on self selected goals from family strengthening work in home visits.	Families will identify goals based on information gathered on the Everyday Stressors Index (ESI). Families will develop and monitor progress on goals using the Family-Centered Assessment/Goal Plan.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: First Chance for Children				
Program Name: FC4C Expansion				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Family Education	One family	\$41.67	1000	100
Parent Partnership	One family	\$12.00	750	1710
Home Visit (CRIBS)	30 minute visit	\$75.00	1800	1140
Home Visit (BabyU)	1 hour visit	\$128.00	2200	456
Crisis Intervention	One crisis kit	\$25.00	1200	1900
Best Practices Training	One individual	\$20.00	10	10
Behavioral Health Screening	One screening	\$8.76	1500	1748
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Family Education	\$0		0	
Parent Partnership	\$5,750		480	
Home Visit (CRIBS)	\$15,000		200	
Home Visit (BabyU)	\$153,000		1200	
Crisis Intervention	\$22,500		900	
Best Practices Training	\$0		0	
Behavioral Health Screening	\$13,140		1500	
Development/Start Up Service Funding	\$0			
Total Amount Requested to Boone County:	\$210,000			

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 8, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: First Chance for Children
Address: PO Box 1101, Columbia, MO 65205

Telephone: 573-777-1815x203 Fax: 573-777-1816

Federal Tax ID (or Social Security #): 11-3662636

Print Name: Kasey Schaumburg Title: Interim Executive Director

Signature: Kasey Schaumburg Date: 11/8/17

E-mail: director@fc4c.org

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	First Chance for Children
Name of Program	FC4C Expansion

Organization Profile	
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1. Strategic Plan – There is no Strategic Plan in the Organization Profile.
Action Required: Upload the Strategic Plan in the Organization Profile.
2. Governing Board – The following individuals need their expertise/experience updated: Jess Berkey, Cara Ownings, Tom Rose, and Eliza Trumbower.
Action Required: Update the information in the Governing Board section in the Organization Profile.
3. Governing Board – There is no information provided for board member Aubrey Ash.
Action Required: Update the information for Aubrey Ash in the Governing Board section in the Organization Profile.

Program Overview Form	
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4. Statement of Issue Being Addressed – The narrative states, “Core issues identified by BID being addressed include CAN prevention, basic needs attainment, maternal depression, inclusion, child development, and kindergarten readiness” but does not state BID statistics.
Action Required: Provide statistics from BID that relate to the core issues being addressed.

CAN prevention

For substantiated physical abuse alone, the most common type of abuse, there were 45 children and 41 instances of abuse in 2015. For all types of abuse and neglect, there were 416 substantiated referrals to MO Juvenile & Family Division for status offenses. For data from 2010-2014 there were 426.5 infant deaths and 19.5 for children ages 1-17 per 100,000 in Boone County.

Basic needs attainment

In 2015 alone, Boone County had 1,648 family households with children in poverty. For Columbia this number was 1,459. Families in poverty often have much greater issues meeting their basic needs. The number of households spending over 30% of income on housing was 20,590 in Boone County and 15,533 in Columbia in 2015.

Maternal depression

In 2015 there were 4,511 single female family householders in Boone County and 3,079 in Columbia. Also, in 2015 alone, Boone County had 1,648 family households with children in poverty. For Columbia this number was 1,459. The mothers (single, low education, low income) are at higher risk to experience maternal depression (Ertel, Rich-Edwards, Koenen, 2011).

Inclusion

For 2011-2015 Boone County had 3,049 children living in neighborhoods with a poverty rate higher than 30%, Columbia had 2,997. Families in areas like these often experience isolation.

Child development

In 2016 Columbia, Hallsville, and Southern Boone had 216 children under the age of 5 receiving special education services by their school districts. Centralia, Harrisburg, and Surgeon had no data. For ages 5-21 the number of children receiving special education services for all districts in Boone County is 2,126.

Kindergarten readiness

The BID states in 2016 6.1% of Columbia Public Schools students were not academically ready, and 4.3% were not ready behaviorally. For Rural Boone County these numbers were 8.6% and 3.9% respectively. In total, this is 112 students not ready academically for kindergarten, and 70 not ready behaviorally from one survey, in one year.

Ertel, K. A., Rich-Edwards, J. W., & Koenen, K. C. (2011). Maternal depression in the United States: Nationally representative rates and risks. *Journal of women's health, 20*(11), 1609-1617

5. Consumer Demographics – What other funding source is paying for the 175 unduplicated individuals from other counties?

Action Required: Provide a response to these questions in the field below.

The \$6,000 from Fund Raising and other Direct Support will pay for services for the 175 unduplicated individuals from other counties.

6. Individuals Trained – What types of training will be offered to these unduplicated individuals.

Action Required: Provide more information about the types of trainings topics that will be offered in the field below.

First Chance for Children will provide 10 units of CRIBS Safety and Implementation Training by Tammy Byington but will request no money from Children's Service Fund to implement this training.

7. Collaboration – The first attachment in this section indicates that First Chance for Children receives a grant for the County. To clarify, government entities allow for purchase of services through a competitive process. Moving forward you should remove the word “grant” and utilize the word funding.

Action Required: Provide copies of the current MOUs with the school districts when responding to this clarification. Provide comments in the field below.

Attached are copies of current MOU’s with Boone County school districts. In the future we will replace the word “grant” with “funding”

8. Program Personnel and Narrative – There is currently 4.95 FTEs listed for the Family Resource Specialist.

Action Required: Provide more information on the 4.95 FTEs in the field below.

First Chance will only have 4.05 FTE, the last .9 FTE has been moved to an interim executive director.

9. Program Budget and Narrative – The Total Revenues are \$729,280 which is \$154,252 over the Total Expenses, \$575,028. The Total Revenue should not exceed the Total Expenses. The expenses for all program services should be included in the Total Expenses.

Action Required: Provide revised program Total Revenue and Total Expense amounts in the field below along with a narrative explanation.

Program Revenue		
Direct Support	Proposed	% of Proposed Total
Fundraising & Other Support	6,000	2
Board Fundraising		
Government Contracts/ Support		
Boone County- Children’s Service Fund	210,000	58
parent education services		

<i>described in this proposal</i>		
State (Purchase of Services)	148,252.00	40
<i>used for parent education services</i>		
Total Program Revenue	364,252	
Program Expenses		
Personnel	250,250	68
<i>This includes salaries for those providing direct service, and does not include fringe benefits</i>		
Non-Personnel	114,002	32
<i>This includes all direct service material cost, indirect cost and indirect/administrative salary. Indirect costs are not more than 15% of direct service salary costs</i>		
Total Program Expenses	364,252	
<p>Previously the total program expenses did not reflect expenses for revenues from "fundraising and other support" or "state (purchase of services)" those expenses are now included in personnel and non-personnel.</p>		

Program Services Form (1-5) (6-10)	
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Each of the services will require some updating. Please review all the questions and comments before responding. Reminder: All services must be included no matter the funding stream. If a service receives funding from the state as well as the county, it needs to be included.

IMPORTANT NOTE: Due to the different types of services provided during a home visit, the County and City of Columbia have added "Home Visiting" to the *Taxonomy of Services* with the following definition:

Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one

other related service in the *Taxonomy of Services*, which must also be delivered in the home/residence of the program consumer(s).

The services currently listed in the Program Services section (1-5) and (6-10) will need to be revised and updated based on the clarifying questions below and the face-to-face meeting.

10. Service #1/Service Description – This service is currently listed as Family Education. Based on the description provided, it seems like the Lend and Learn is less formal and provides information through out the time Lend and Learn is open. Please review the definition for *Information and Referral* and see if this definition is a better fit.

Action Required: Provide the taxonomy service name for this service and a justification for choosing this service in the field below.

9.5 Family Education. While we do provide information on community resources, the Lend & Learn is best aligned with 9.5. There are structured activities and information that allow parents to work on communication skills with other adults and their own children. Conversations around the activities with the staff members and other parents, coupled with the materials available for check out also develop coping skills. The resources, education, materials, skills and supports parents gain at the Lend & Learn is best aligned with family education.

11. Service #1/ Outputs – The Lend and Learn Library has been around for a while but there wasn't any information provided about previous funders.

Action Required: Provide information on previous funders and the level of funding that supported the program in the field below. Is FC4C still receiving funds? If so, this should have been included in the outputs section. If not, what happened to this funding? Provide information in the field below.

There has been no previous funding that was specifically allocated for the Lend & Learn. Previous funding was awarded through packaged home visitation funding from Department of Social Services. The package of services included: home visitation parent education, group events, Lend & Learn, books, crisis items, and provider training funding. First Chance for Children was reimbursed per visit for one contract, and per monthly expenses for the other. The rate of reimbursement per visit ranged from direct cost reimbursement to 198.05 per family.

12. Make sure that all screenings are pulled out as a separate service, this would include DECA, ASQ-SE, Edinburg Postnatal Depression Scale, etc. This would require a separate unit rate, unit measure (one screening), and performance measures.

Action Required: Provide information all the screenings that will be offered in this program.

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Taxonomy	Screeners	Unit Rate	Unit Measure	Performance Measures
4.23 Developmental Screening	Ages & Stages Questionnaire	\$37.89 Medicaid reimbursement rate in 2005	one screening	<div>Families will identify developmental concerns early</div> <div>50% will take the ASQ at 6m intervals</div> <div>ASQ will be administered at baseline and every 6m</div>
4.12 Social/Emotional Screening	Ages & Stages Questionnaire-Social Emotional	\$37.89 Medicaid reimbursement rate in 2005 https://www.cd.c.gov/ncbddd/autism/documents/AAP-Coding-Fact-Sheet-for-Primary-Care.pdf	one screening	<div>Families will identify social emotional concerns early</div> <div>50% will take the SE at 6m intervals</div> <div>SE will be administered at baseline and every 6m</div>
4.1 Health education "provides information to maintain or improve physical and mental health and overall	Edinburgh Postnatal Depression Scale	14.60 Medicaid reimbursement rate in 2004 http://www.commonwealthfund.org/publications/tools/2005/	one screening	<div>Mothers will receive information about postpartum depression</div>

wellbeing"		mar/state-medi caid-policy-for-r eimbursement- of-maternal-dep ression-screenin g		<div>100% of new mothers will be encouraged to share the results of the EPDS with their OBGYN</div> <div>Mothers will complete the EPDS within one month of their child's birth and share with their OBGYN</div>
4.1 Health education	Everyday Stressors Index	takes 5-10 min https://www.unc.edu/depts/sph/longscan/pages/measures/Ag es5to11/Everyday%20Stressors%20Index.pdf	one screening	<div>Families will report less stress/ anxiety and improved mental health after services</div> <div>50% will take the ESI at 6m intervals</div> <div>ESI will be administered at baseline and every 6m</div>

13. Service #2/ Name, Definition, and Description - This service is currently listed as Community Collaboration but the description of the services appears to have many other services listed such as: Parent Partnership, Family Education, Congregate Meals and Community Collaboration.

Review the current description and decide if these services need to be broken out as separate services.

Action Required: Decide if any of these items need to be broken out into separate services. Provide a narrative with the names of these services and a justification for the services chosen in the field below.

This service does not need to be broken out into separate services. Parent Partnership effectively describes the nature of our group events.

14. Service #2/ Outputs – Review and update any new service added in #13.

Action Required: Provide a justification for the unit rates in the field below.

This unit rate includes all the cost necessary to provide the service effectively.

15. Both Service 3's and Service 4's description appears to have information tied to the new Home Visiting taxonomy service description we recently added. It appears that the CRIBS program and BABY U programs have some sort of visits to the home where there is information is provided on, but not limited to, Expectant/New Parent Assistance, Parent Skills Training, Family Education, Cribs and possibly a few other items.

Action Required: Provide information on all the possible services to be provided during a home visit.

Baby U	CRIBS
services provided	
Home visitation Parenting Skills Training Child Development Education Crisis Intervention Health Education Social/Emotional Screening Developmental Screening Car Seats Clothing Cribs	Home visitation Expectant/ New Parent Assistance Crisis Intervention Health Education Car Seats Clothing Cribs Diapers/Wipes Hygiene Items

Diapers/Wipes Hygiene Items	
--------------------------------	--

16. We would anticipate the Unit Rate for home visiting and any other service currently contracted, would be similar to what is being reimbursed in the current contract. Unit rates will be updated once services are finalized.

Action Required: Provide in comments in the field below.

Currently we are reimbursed 128 per visit. We are requesting less for CRIBS (\$75) and more for Baby U (150) based upon the services provided for each.

17. Service #4/Other Funders – It states that other funders help pay for this service but no other funders are listed.

Action Required: Provide a narrative that explains who else is funding this service and at what amounts.

Boone County Children Services Currently funds home visitation at a unit rate of \$128 for 1020 units for a total contracted amount of \$130,560. Department of Social Services provided contracted funding for 30 families in Boone County for a total contract of 148,251.78.

18. Service #5/Description – The description for this service lists to a lot of different items needed for a crisis such as: Car Seats, Cribs, Formula, and Diaper Wipes, etc. These services may need to be separated out into separate services.

Action Required: Provide a narrative describing how families access these items. Include answers to the following questions: Are these items given out separately or always in a bag? How do organizations get these items? How long is the training for these organizations?

Families access these items in several ways: by attending our Lend & Learn, through parent education services, by attending a group event, or by receiving services through a partner agency. Items are sometimes given away separately based upon family need. Organizations get items by coming to our office and picking up supplies and filling out the necessary paperwork. The training is 1 hour.

19. Service #5/Other Funders – It states that other funders help pay for this service but no other funders are listed.

Action Required: Provide a narrative that explains who else is funding this service and at what amounts.

First Chance for Children currently receives funding through Boone County Children's Services Funding at a unit rate of 28.50 for 750 units at a total amount of 21,375.

20. Service #6/Description – The description didn't provide any specific types of training that would be offered. It also states that First Chance for Children will facilitate the trainings when necessary.

Action Required: Provide more information on the specific trainings that might be held in the field below.

First Chance for Children will provide 10 units of CRIBS Safety and Implementation Training by Tammy Byington but will request no money from Children's Service Fund to implement this training.

21. Service #6/ Unit Rate – The Unit Rate is very high compared to the current contract.

Action Required: Provide a unit rate that is comparable to the current rate and justify this rate in the field below.

We are not requesting funds to provide this service

22. Service #6/Other Funders – It states that other funders help pay for this service but no other funders are listed.

Action Required: Provide a narrative that explains who else is funding this service and at what amounts.

First Chance for Children currently receives funding through Boone County Children's Services Funding at a unit rate of 205.88 for 68 units at a total amount of 14,000

COPY

Contract Between First Chance for Children and Public Schools (Parents as Teachers) for July 1, 2017 – Dec. 31, 2017.

I. Funding agency:

First Chance for Children, Inc.

II. Source of funding:

Boone County Children's Services Fund (BCCSF)

III. Subcontracting organization:

_____ Public Schools/Parents As Teachers

IV. Name of program:

Boone County PAT+ Program

V. Goal of funding:

To improve the lives of children, youth and families in Boone County by strategically investing in the creations and maintenance of integrated systems that deliver effective and quality service for children and families in need.

The goal of the home visitation program is to make services available to families that:

- Provide parents with education and support that leads to the prevention of child abuse and neglect;
- Support and encourage care that promotes positive brain development in children; and
- Improve school readiness for children.

VI. Purpose of funding:

This funding is provided to _____ Public Schools/Parents As Teachers to implement the At Risk Parents As Teachers Program for eligible families aimed at providing parent education services to families with children age 0 to 5.

VII. Description of how funding will be used:

Funding for the At Risk Parents As Teachers Program will be used to reimburse the school district for intensive PAT+ services to eligible families with children from birth to age five who qualify for services.

Under the BCCSF grant, _____ at-risk families will receive supplemental services in addition to the PAT Foundational curriculum. Supplemental services shall be offered at

varying levels and frequency according to each family's strengths and needs, but home visitation with each family must happen, a minimum of one time per month for a minimum period of one hour per month. More frequent home visitation shall occur after consideration of:

- (a) the family's preference
- (b) the health and development of the child
- (c) the parent's knowledge of child development, parenting skills, and parent-child interaction
- (d) the stability of the parent's living arrangements
- (e) the level of social and other community support
- (f) other individual risk factors identified during the family enrollment and assessment process and during subsequent home visits.

In addition to home visits, families will receive incentives for their participation in all parent education activities including group and networking opportunities. They will receive at least 2 opportunities for networking interactions each month, through engagement activities such as planned onsite events, play groups, group connections, Lend and Learn Library access and/or fieldtrips. The parent educator serving the PAT+ families will be directly involved in networking activities.

VIII. Stipulations:

Services provided to families must be consistent with the
Public Schools Parents As Teachers Program.

Staff that come in contact with families through this funding must pass a Family Childcare Safety Registry (FCSR), and a FBI background check with fingerprints through the Missouri Automated Criminal History Site (MACHS) (See attached "Three Step Back Ground Check for PAT+ Parent Educators").

PAT+ educators should have a minimum of one years experience as a parent educator and be trained in the Parents as Teachers Foundational Curriculum. If a school district cannot find a parent educator they should contact FC4C for special supervision guidelines.

The grant requires staff providing home visitation services to complete 12 clock hours of child development, early education, health and safety and/or other approved continuing education each calendar year (this can include PAT Foundational Training).

PAT+ programs must have an approved supervisor and be in compliance with all DESE PAT requirements.

PAT educators serving PAT+ families cannot have a caseload exceeding PAT National guidelines. If a PAT+ educator is also serving families under FC4C's Department of Social Service Grant that educator cannot have a caseload of more than 25 families.

Families served by the At Risk Parents As Teachers Program must have at least one risk factor as identified by PAT National.

IX. Expected outcomes:

Family success will be measured by increased parent knowledge of appropriate early childhood practices, increase in family reading, and participation in networking programs.

Under the BCCSF grant, the program must address the following outcomes and meet the following measures for each family served:

a. Services must be provided that address the appropriate social/emotional development level of the children served under the age of five (5) as screened by the Ages & Stages Questionnaires. The contractor must utilize the Ages & Stages: Social Emotional, a standardized screening tool, or DESE and PAT approved social emotional screeners, at the time of enrollment into the program or when the child attains six (6) months of age, whichever is applicable, and at intervals of every six (6) months after that until the child attains the age of three (3) years.

Measure: The contractor shall screen the social and emotional development levels of 100% of the children under the age of five (5) using the Ages & Stages Questionnaires: Social Emotional and/or DESE and PAT approved social emotional screener.

- Sub-Measure: The contractor shall make appropriate referrals for additional services to address the identified needs for 100% of the children under the age of five (5) that are screened as being below the appropriate social and emotional level of development.

b. The program must identify developmental delays in the children served and referrals to and follow-up with appropriate service and support agencies at their time of enrollment into the program and at intervals of every six (6) months after that until the child attains the age of five (5) years.

Measure: The contractor must screen the developmental levels of 100% of the children under the age of five (5) using the Ages & Stages Questionnaires and the ASQ-SE.

- Sub-Measure: The contractor must make appropriate referrals for additional services to address identified needs for all of the children under the age of five (5) that are screened as being below the appropriate developmental level.
- Sub-Measure: The contractor must ensure a minimum of 95% of the children referred for further developmental level evaluation and services will be enrolled in appropriate services and begin receiving these services prior to leaving the program.

c. Services provided must support and demonstrate improvement in the overall health, safety, and well-being of the children under the age of five (5) served by the program.

Measure: A minimum of 95% of the children receiving services from the program will not be a victim of substantiated child abuse and neglect and compliance with immunization goals will be tracked.

d. The program must provide reduction of parent stressors as measured by a stress screening tool.

Measure: 100% of the parents receiving services from the program must measure stress levels by the stress screening tool, The Everyday Stressor Index, (ESI) or a postpartum depression index, The Edinburgh Postnatal Depression Scale, at their time of enrollment into the program and at intervals of every twelve (12) months after that until the family leaves the program.

- Sub-Measure: The contractor must provide appropriate referrals for additional services to address the identified areas of concern for 100% of the parents that are shown to have high levels of stress or for whom areas of stress are identified.

e. The program must demonstrate reduction of subsequent births to teens.

Measure: 90% of the teenaged parents enrolled in the program will not become pregnant during their participation in the program.

f. The program must increase every child's access to books, language, and reading.

Measure: The contractor must ensure that 100% of the families enrolled in the program have a minimum of four (4) age-appropriate books for each child under the age of five (5) they have in their home.

X. Agreement period:

This subcontract shall be in effect from July 1, 2017 – Dec. 31, 2017, unless altered by a mutually acceptable written amendment signed by authorized representatives of First Chance for Children and _____ Public Schools/Parents As Teachers

XI. Funding: Up to \$(1000 dollars per family served in a fiscal year) to be used for costs associated with hiring and supporting a parent educator to provide services.
_____ School District has been assigned _____ family slots.

Breakdown of this budget must be:

- 90% for salary, benefits and mileage for the parent educator
- 10% of the budget may be used to cover incidental expenses incurred by the district to support the PAT+ program.

Additional funds will be available for incentives, group events, field trips, Lend and Learn Libraries, and staff training with approval from FC4C. Funding cannot be

guaranteed beyond contract effective dates and is subject to FC4C's funding by the BCCSF.

XII. First Chance for Children's responsibilities:

Accept funding from the BCCSF to support this subcontract.

Distribute payments to _____ Public Schools/Parents As Teachers upon receipt of invoices for expenses incurred to implement the Parents As Teachers Program.

Report outcomes to the BCCSF as required.

Identify a primary contact person within First Chance for Children for the purpose of this subcontract. This contract person will be available to help the school district with questions about this contract, working with at-risk families, identification of resources, and creating and supporting group activities.

XIII. _____ Public Schools/Parents As Teachers responsibilities:

Accept First Chance for Children ECDEC funding to implement the At Risk Parents As Teachers Program as outlined in this subcontract.

Provide parent education services to eligible participants as described in Section VIII and IX of this subcontract.

Ensure that families reported in outcomes meet funding eligibility criteria described in Section VIII of this subcontract.

Report participating families' names and birthdates monthly.

Report quarterly progress and outcomes.

Submit invoices for expenses incurred through the At Risk Parents As Teachers (PAT+) Program.

Identify a primary contact person on staff with the _____ Public Schools/Parents As Teachers for communication with First Chance for Children.

Share family mailing lists and information from database with First Chance for Children as requested.

Keep data on each visit that includes but is not limited to: Names of all participants, birthdates of all participants, time and duration of each visit and summary of each visit. All data must be kept in a format that can be accessed for 7 years. If a site is using Visit Tracker or the new Penelope system, a hard copy of each visit must be made available upon request.

Serve a minimum of 75% of the allotted family slots within the first three months of the contract and 90% of the family slots through the remained of the yearly contract.

Notify First Chance for Children if program will not incur funding on particular projects so funding can be reallocated.

Maintain professional liability insurance on any parent educator implementing this grant.

**XIV. In addition to the above, _____ Public
Schools/Parents As Teachers shall comply with the following:**

Bonding: During the terms of this agreement, the subcontractor shall maintain adequate bonds on all persons who will receive, disburse or in any way handle the money provided by First Chance for Children pursuant to this agreement. Said bonds shall guarantee that First Chance for Children will be fully reimbursed and insured against any financial loss in the event the subcontractor defaults, fails to perform or fails in any way to comply with the letter or spirit of this agreement.

Confidentiality: All employees, officers and representatives of the subcontractor shall preserve the confidentiality of information and documentation as is required pursuant to state law. Should it come to the attention of the subcontractor that there has been any violation of discrimination of confidentiality, they have a responsibility to notify the State of Missouri at once.

Verification of expenditures: First Chance for Children shall have the right to recover from the subcontractor all funds for which adequate verification and full documentation of expenditures is not maintained. Adequate verification and full documentation as used in this paragraph shall mean that the subcontractor's records are such that an orderly examination by a reasonable person is possible and can be conducted without the use of information extrinsic to records and such that an examination can readily determine whether the subcontractor's services were, in fact, provided, and whether they were in accordance with the terms of this agreement of applicable federal and state regulations. The subcontractor shall have the burden of establishing said verification. Failure to maintain adequate verification and full documentation of services provided shall be a material breach of this agreement and shall be cause for the termination this agreement.

State/Federal law compliance: Subcontractor agrees to comply with the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; 1964 Civil Rights Act, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; the Omnibus Reconciliation Act of 1981, as amended; the Americans with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and in the delivery of services on the basis of race, color, national origin, age, sex, disability or religious belief.

Nepotism: Pursuant to Article VII, Section 6 of the Constitution of the State of Missouri, as well as all other applicable Federal and State laws and regulations, the subcontractor acknowledges and agrees that the money provided by the Partnership pursuant to this agreement shall not be used to promote or further nepotism. The subcontractor, it's employees, officers, agents or it's governing board and its members shall not knowingly have or acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services covered under this agreement.

Lobbying/Political contributions: The subcontractor acknowledges and certifies that the subcontractor is currently in compliance with, and shall continue to comply with Title 31, Section 1352 of the United States Code, as amended, as well as all other applicable Federal and State laws and regulations addressing lobbying and political contributions.

Liability: First Chance for Children shall not be held liable for issues that arise during execution of this contract.



Authorized Representative of the
First Chance for Children
Partnership

Name: Christina Gilbert

Title: Executive Director

Date:

Address: P.O. Box 1101
Columbia, MO 65205
Phone: 573.777.1815

Contract valid through Dec. 31, 2017

Authorized Representative of the
Public Schools/Parents As Teachers

Name:

Title:

Date:

Address:
Phone:

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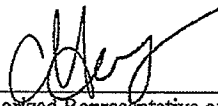
Authorized Representative of the
First Chance for Children
Partnership

Name: Tammy Byington

Title: Co-Executive Director

Date: 10/4/2017

Address: P.O. Box 1101
Columbia, MO 65205
Phone: 573.777.1815



Authorized Representative of the
Centralia
Public Schools/Parents As Teachers

Name: Cristina Hest

Title: PAT Coordinator

Date: 10.6.17

Address: 510 S. Rollins Centralia, MO 65240
Phone: 513.682.2014

Amendment to the contract for the Hallsville School District in effect from July 2017 - Dec. 31, 2017:

First Chance For Children is at a unique spot in their contract renewal process with their primary funder during this window of time, and Hallsville has recently faced a loss of a primary staff person. Because of this set of circumstances FC4C is setting up a Rider for the remainder of the Children's Service Fund contract with the Hallsville District waiving the suggested 25 family caseload maximum. The PAT model suggests that a parent educator allows for 2.5 hours in planning, travel, visit and documentation per visit to maintain a quality parent education standard. In Hallsville it will be allowed that a parent educator have a higher case load so long as she is not doing more visits per month than will jeopardize that visit standard.

This arrangement will allow Hallsville to continue seeing the 50 families currently on this caseload and continued service for families on the caseload of the former parent educator. It will amount to no more than 55 contacts per month in the amount of 140 hours of work.



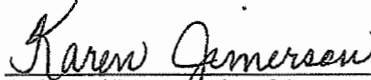
Authorized Representative of the
First Chance for Children
Partnership

Name: Christina Gilbert

Title: Executive Director

Date:

Address: P.O. Box 1101
Columbia, MO 65205
Phone: 573.777.1815



Authorized Representative of the
[Hallsville - RIV]
Public Schools/Parents As Teachers

Name: Karen Timmersen

Title: Principal

Date: July 10, 2017

Address: 6401 E Hwy 124 Hallsville

Phone: (573) 696-5512 ext. 601

Nepotism: Pursuant to Article VII, Section 6 of the Constitution of the State of Missouri, as well as all other applicable Federal and State laws and regulations, the subcontractor acknowledges and agrees that the money provided by the Partnership pursuant to this agreement shall not be used to promote or further nepotism. The subcontractor, its employees, officers, agents or its governing board and its members shall not knowingly have or acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services covered under this agreement.

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Liability: First Chance for Children shall not be held liable for issues that arise during execution of this contract.



Authorized Representative of the
First Chance for Children
Partnership

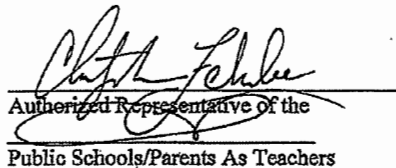
Name: Christina Gilbert

Title: Executive Director

Date:

Address: P.O. Box 1101
Columbia, MO 65205
Phone: 573.777.1815

Contract valid through Dec. 31, 2017



Authorized Representative of the
Public Schools/Parents As Teachers

Name: Christopher Felice

Title: Superintendent

Date: 7/18/2017


Address: 303 North Main
Ashland Mo 65010
Phone: (573) 657-2147

and in the delivery of services on the basis of race, color, national origin, age, sex, disability or religious belief.

Nepotism: Pursuant to Article VII, Section 6 of the Constitution of the State of Missouri, as well as all other applicable Federal and State laws and regulations, the subcontractor acknowledges and agrees that the money provided by the Partnership pursuant to this agreement shall not be used to promote or further nepotism. The subcontractor, its employees, officers, agents or its governing board and its members shall not knowingly have or acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services covered under this agreement.

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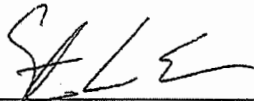

Authorized Representative of the
First Chance for Children
Partnership

Name: Christina Gilbert

Title: Executive Director

Date: 6/13/2017

Address: P.O. Box 1101
Columbia, MO 65205
Phone: 573.777.1815


Authorized Representative of the
[Harrisburg Roll]
Public Schools/Parents As Teachers

Name: Steve Combs

Title: Superintendent

Date: 8/1/17

Address: 1000 S. Harris
Harrisburg MO 65256
Phone:

573 825-5602

subcontractor, it's employees, officers, agents or it's governing board and its members shall not knowingly have or acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services covered under this agreement.

Lobbying/Political contributions: The subcontractor acknowledges and certifies that the subcontractor is currently in compliance with, and shall continue to comply with Title 31, Section 1352 of the United States Code, as amended, as well as all other applicable Federal and State laws and regulations addressing lobbying and political contributions.

Liability: First Chance for Children shall not be held liable for issues that arise during execution of this contract.

Christina Gilbert

Authorized Representative of the
First Chance for Children
Partnership

Name: Christina Gilbert

Title: Executive Director

Date: 1/5/17

Address: P.O. Box 1101
Columbia, MO 65205
Phone: 573.777.1815

Linda Befort

Authorized Representative of the
Sturgeon
Public Schools/Parents As Teachers

Name: LINDA BEFORT

Title: PARENT Educator

Date: 1/24/17

Address: 210 W Patton St.
Sturgeon, mo 65284
Phone: 573-687-3515

Shaun C. Schette
Sturgeon B.I. Supt.
1/24/17

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 30, 2017

First Chance for Children
Attn: Tammy Byington, Interim Co-Executive Director & Kasey Schaumburg, Interim Co-Executive Director
P.O. Box 1101
Columbia, MO 65205
director@fc4c.org

RE: Written Clarification #2 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Byington and Ms. Schaumburg:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.


The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 8, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Kasey Schaumburg – schaumburgk@fc4c.org

Tammy Byington – byingtont@fc4c.org

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #2**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	First Chance for Children
Name of Program	FC4C Expansion

Program Overview Form	
------------------------------	--

1. Information was provided at the clarification meeting on October 26 regarding the upcoming plans FC4C has for the organization. It was shared that strategic planning will begin November 1 and the search for an Executive Director will be begin January 1.

Action Required: Provide the information that was shared at the meeting regarding the strategic plan and search for the Executive Director.

--

2. The Program Budget needs to be provided for all program funds for 2018.

Action Required: Complete the Program Budget with all anticipated funding for 2018.

TOTAL PROGRAM REVENUE		PROPOSED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$
Narrative:		
B. Other United Ways		\$
Narrative:		
C. Capital Campaigns		\$
Narrative:		
D. Grants (non-governmental)		\$
Narrative:		
E. Fund Raising & Other Direct Support		\$
Narrative:		
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding		\$

Narrative:		
B. Boone County - Community Health Funding	\$	
Narrative:		
C. Boone County - Other Funding	\$	
Narrative:		
D. Funding from Other Counties	\$	
Narrative:		
E. City of Columbia - Social Service Funding	\$	
Narrative:		
F. City of Columbia - CDGB/Home Funding	\$	
Narrative:		
G. City of Columbia - CHDO Funding	\$	
Narrative:		
H. City of Columbia - Other Funding	\$	
Narrative:		
I. Funding from Other Cities	\$	
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$	
Narrative:		
K. State (Purchase of Services, Grants, etc.)	\$	
Narrative:		
L. Other (Schools, Courts, etc.)	\$	
Narrative:		
3. Program Service Fees	\$	
Narrative:		
4. Investment Income (realized & unrealized)	\$	
Narrative:		
5. Other Revenue Items	\$	
Narrative:		
TOTAL PROGRAM REVENUE	\$	
PROGRAM EXPENSES	PROPOSED YEAR	
1. Personnel	\$	
Narrative:		
2. Non-Personnel	\$	
Narrative:		
TOTAL PROGRAM EXPENSES	\$	

3. Information was provided at the clarification meeting on October 26 regarding DSS not funding PAT models.

Action Required: Provide information on the different funding sources that FC4C will continue to receive. Provide information on the models that will be utilized for this program.

--

Program Services Form (1-5)	
------------------------------------	--

Service 1

4. Service 1 remain listed as "Family Education". The outputs will need to be changed with a unit measure of "one family".

Action Required: Complete the 'Service Change Chart' for Service 1. Provide updated outputs and funding request amount. Please provide your best and final offer.

--

5. The outcome, indicator, and method of measurement (1-3) needs to be removed from Service 1 since the screenings will be moved to a separate service.

Action Required: Provide the relevant performance measures in the 'Service Change Chart' for Service 1.

--

Service 2

6. The service needs to be renamed "Parent Partnerships". The intention of "Community Collaboration" is organizations are the ones attending and working towards improvement in the community. The unit measure should be "one family".

Action Required: Provide updated outputs and funding request amount in the 'Service Change Chart' for Service 2. Please provide your best and final offer.

--

Service 3

7. Due to the different types of services provided during a home visit, the County and City of Columbia have added "Home Visiting" to the *Taxonomy of Services* with the following definition:

Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the *Taxonomy of Services*, which must also be delivered in the home/residence of the program consumer(s).

Service 3 will be listed as "Home Visiting (CRIBS Visits)" to differentiate between CRIBS and BabyU home visits. The provision of cribs and other crisis intervention supplies distributed at home visits can remain in the unit rate. The unit measure should be "15 minutes" or "one hour". The total number of units to be provided and number of individuals to be served should be provided for the whole program, regardless of the funding source.

Action Required: Complete the 'Service Change Chart' for Service 3 as Home Visiting (CRIBS Visits). Please provide your best and final offer.

--

Service 4

8. Service 4 will be listed as "Home Visiting (BabyU Visits). The provision of cribs and other crisis intervention supplies distributed at home visits can remain in the unit rate. The unit measure should be "15 minutes" or "one hour". The total number of units to be provided and number of individuals to be served should be provided for the whole program, regardless of the funding source.

Action Required: Complete the 'Service Change Chart' for Service 4 as Home Visiting (BabyU Visits). Please provide your best and final offer.

--

Service 5

9. Service 5 will remain as Crisis Intervention and only include the crisis unit supplies distributed outside of home visits.

Action Required: Complete the Outputs and Funding Request sections on the 'Service Change Chart' with your best and final offer.

Service 6

10. The unit rate for Best Practices Training is high.

Action Required: Complete the Outputs and Funding Request sections on the 'Service Change Chart' with your best and final offer.

Service 7

11. The different types of screenings provided need to be added as Service 7. The service should be called 'Behavioral Health Screening'. The unit rate needs to be "one screening" and include the cost of the screening tool, administering, and analyzing the results. Provide the outputs for number of screenings that will be provided during Lend & Learns, home visiting, etc.

Action Required: Complete the 'Service Change Chart' for Service 7. Provide information below on how the estimated number of screenings that will be provided are divided between the different settings (home visits, group events, etc.). Please provide your best and final offer.

12. Performance Measures will need to be provided for each of the screening tools that are conducted. Please note, a screening outcome was originally listed in Service 1 and can be moved to Service 7.

Action Required: Complete the 'Service Change Chart' for Service 7.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

13. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: First Chance for Children			
Program Name: FC4C Expansion			
Service #1 – Taxonomy of Service Name: Family Education			
Service #1 – Taxonomy Definition of Service: Develops communication and coping skills with the goal of strengthening family relationships.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One family			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: First Chance for Children			
Program Name: FC4C Expansion			
Service #2 – Taxonomy of Service Name: Parent Partnership			
Service #2 – Taxonomy Definition of Service: Actively coordinates parents and organizational staff to work together to support and improve the learning, development, and health of the child(ren).			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One family			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: First Chance for Children			
Program Name: FC4C Expansion			
Service #3 – Taxonomy of Service Name: Home Visiting (Cribs Visit) (including:)			
Service #3 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the <i>Taxonomy of Services</i> , which must also be delivered in the home/residence of the program consumers.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: First Chance for Children			
Program Name: FC4C Expansion			
Service #4 – Taxonomy of Service Name: Home Visiting (BabyU Visit) (including:)			
Service #4 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the <i>Taxonomy of Services</i> , which must also be delivered in the home/residence of the program consumers.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: First Chance for Children			
Program Name: FC4C Expansion			
Service #5 – Taxonomy of Service Name: Crisis Intervention			
Service #5 – Taxonomy Definition of Service: Access to services to resolve an immediate crisis and/or link to ongoing assistance.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One crisis kit			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: First Chance for Children			
Program Name: FC4C Expansion			
Service #6 – Taxonomy of Service Name: Best Practices Training			
Service #6 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: First Chance for Children			
Program Name: FC4C Expansion			
Service #7 – Taxonomy of Service Name: Behavioral Health Screening			
Service #7 – Taxonomy Definition of Service: Identifies if an individual is at risk of experiencing symptoms of a mental health condition.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One screening			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

First chance for
children

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 25, 2017

First Chance for Children

Attn: Tammy Byington, Interim Co-Executive Director & Kasey Schaumburg, Interim Co-Executive Director

P.O. Box 1101

Columbia, MO 65205

director@fc4c.org

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Byington and Ms. Schaumburg:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Kasey Schaumburg – schaumburgk@fc4c.org

Tammy Byington – byingtont@fc4c.org

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	First Chance for Children
Name of Program	FC4C Expansion

Organization Profile	
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1. Strategic Plan – There is no Strategic Plan in the Organization Profile.
Action Required: Upload the Strategic Plan in the Organization Profile.
2. Governing Board – The following individuals need their expertise/experience updated: Jess Berkey, Cara Ownings, Tom Rose, and Eliza Trumbower.
Action Required: Update the information in the Governing Board section in the Organization Profile.
3. Governing Board – There is no information provided for board member Aubrey Ash.
Action Required: Update the information for Aubrey Ash in the Governing Board section in the Organization Profile.

Program Overview Form	
------------------------------	--

4. Statement of Issue Being Addressed – The narrative states, “Core issues identified by BID being addressed include CAN prevention, basic needs attainment, maternal depression, inclusion, child development, and kindergarten readiness” but does not state BID statistics.
Action Required: Provide statistics from BID that relate to the core issues being addressed.

--

5. Consumer Demographics – What other funding source is paying for the 175 unduplicated individuals from other counties?
Action Required: Provide a response to these questions in the field below.

--

6. Individuals Trained – What types of training will be offered to these unduplicated individuals.
Action Required: Provide more information about the types of trainings topics that will be offered in the field below.

--

7. Collaboration – The first attachment in this section indicates that First Chance for Children receives a grant for the County. To clarify, government entities allow for purchase of services through a competitive process. Moving forward you should remove the word “grant” and utilize the word funding.

Action Required: Provide copies of the current MOUs with the school districts when responding to this clarification. Provide comments in the field below.

--

8. Program Personnel and Narrative – There is currently 4.95 FTEs listed for the Family Resource Specialist.

Action Required: Provide more information on the 4.95 FTEs in the field below.

--

9. Program Budget and Narrative – The Total Revenues are \$729,280 which is \$154,252 over the Total Expenses, \$575,028. The Total Revenue should not exceed the Total Expenses. The expenses for all program services should be included in the Total Expenses.

Action Required: Provide revised program Total Revenue and Total Expense amounts in the field below along with a narrative explanation.

--

Program Services Form (1-5) (6-10)	
-------------------------------------------	--

Each of the services will require some updating. Please review all the questions and comments before responding. Reminder: All services must be included no matter the funding stream. If a service receives funding from the state as well as the county, it needs to be included.

IMPORTANT NOTE: Due to the different types of services provided during a home visit, the County and City of Columbia have added “Home Visiting” to the *Taxonomy of Services* with the following definition:

Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the *Taxonomy of Services*, which must also be delivered in the home/residence of the program consumer(s).

The services currently listed in the Program Services section (1-5) and (6-10) will need to be revised and updated based on the clarifying questions below and the face-to-face meeting.

10. Service #1/Service Description – This service is currently listed as Family Education. Based on the description provided, it seems like the Lend and Learn is less formal and provides information through out the time Lend and Learn is open. Please review the definition for *Information and Referral* and see if this definition is a better fit.

Action Required: Provide the taxonomy service name for this service and a justification for choosing this service in the field below.

--

11. Service #1/ Outputs – The Lend and Learn Library has been around for a while but there wasn’t any information provided about previous funders.

Action Required: Provide information on previous funders and the level of funding that supported the program in the field below. Is FC4C still receiving funds? If so, this should have been included in the outputs section. If not, what happened to this funding? Provide information in the field below.

--

12. Make sure that all screenings are pulled out as a separate service, this would include DECA, ASQ-SE, Edinburg Postnatal Depression Scale, etc. This would require a separate unit rate, unit measure (one screening), and performance measures.

--

Action Required: Provide information all the screenings that will be offered in this program.

13. Service #2/ Name, Definition, and Description - This service is currently listed as Community Collaboration but the description of the services appears to have many other services listed such as: Parent Partnership, Family Education, Congregate Meals and Community Collaboration. Review the current description and decide if these services need to be broken out as separate services.

Action Required: Decide if any of these items need to be broken out into separate services. Provide a narrative with the names of these services and a justification for the services chosen in the field below.

--

14. Service #2/ Outputs – Review and update any new service added in #13.

Action Required: Provide a justification for the unit rates in the field below.

--

15. Both Service 3's and Service 4's description appears to have information tied to the new Home Visiting taxonomy service description we recently added. It appears that the CRIBS program and BABY U programs have some sort of visits to the home where there is information is provided on, but not limited to, Expectant/New Parent Assistance, Parent Skills Training, Family Education, Cribs and possibly a few other items.

Action Required: Provide information on all the possible services to be provided during a home visit.

16. We would anticipate the Unit Rate for home visiting and any other service currently contracted, would be similar to what is being reimbursed in the current contract. Unit rates will be updated once services are finalized.

Action Required: Provide in comments in the field below.

17. Service #4/Other Funders – It states that other funders help pay for this service but no other funders are listed.

Action Required: Provide a narrative that explains who else is funding this service and at what amounts.

18. Service #5/Description – The description for this service lists to a lot of different items needed for a crisis such as: Car Seats, Cribs, Formula, and Diaper Wipes, etc. These services may need to be separated out into separate services.

Action Required: Provide a narrative describing how families access these items. Include answers to the following questions: Are these items given out separately or always in a bag? How do organizations get these items? How long is the training for these organizations?

19. Service #5/Other Funders – It states that other funders help pay for this service but no other funders are listed.

Action Required: Provide a narrative that explains who else is funding this service and at what amounts.

20. Service #6/Description – The description didn't provide any specific types of training that would be offered. It also states that First Chance for Children will facilitate the trainings when necessary.

Action Required: Provide more information on the specific trainings that might be held in the field below.

21. Service #6/ Unit Rate – The Unit Rate is very high compared to the current contract.

Action Required: Provide a unit rate that is comparable to the current rate and justify this rate in the field below.

22. Service #6/Other Funders – It states that other funders help pay for this service but no other funders are listed.

Action Required: Provide a narrative that explains who else is funding this service and at what amounts.

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

First Chance for Children (FC4C)

DBA:

First Chance for Children

Federal EIN Number:

11-3662636

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1010 Fay St.

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Phone Number:

573-777-1815 x207

Website:

<http://www.firstchanceforchildren.org/>

Head of Organization

Christina Gilbert

Head of Organization Phone:

573-777-1815 x207

Address

PO Box 1101

City

Columbia

State

Missouri

County

Boone

Zip

65205

Organization Fax Number:

573-777-1816

Email:

director@firstchanceforchildren.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

director@firstchanceforchildren.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization
Mission Statement (Purpose):
Provide your organization's mission statement. (600 character limit)
First Chance for Children (FC4C) is a leader at the local and state level advocating for high quality early childhood practices, programming and policy while providing resources to foster healthy families and high quality early childhood development programs and services.

Organization History:
Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)
In 2003, the 501c3 Boone Early Childhood Partners (BECF) was created with the purpose of coordinating services and building resources to improve school readiness in Boone County. In 2006, BECF formally changed its name to First Chance for Children (FC4C). Since '06, FC4C has coordinated numerous private, local, state and federal grants to further the cause of early childhood education in Central Missouri. Programming includes distribution of education/material supports, an evidenced based home visitation program, and community outreach through events & Lend and Learn Toy Libraries.

Brief Statement of Organization's Major Goals:
Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)
First Chance for Children's goal is, all children will arrive at school ready to learn and succeed in school and in life. Each of FC4C's programs has goals to help reduce instances of child abuse and neglect while simultaneously working to achieve school readiness.

Articles of Incorporation:
Provide a copy of the organization's Articles of Incorporation.
Articles of Incorporation (MUST BE IN PDF FORMAT)
/document/download/filename/1442518968_30405_FCFCArticlesofIncorporation.pdf/

Bylaws:
Provide a copy of the organization's Bylaws.
Bylaws (MUST BE IN PDF FORMAT)
/document/download/filename/1500143333_34051_BylawsRevised9-13-2016%281%29.pdf/

Organizational Chart (must be for the entire organization):
Organizational Chart (MUST BE IN PDF FORMAT)
/document/download/filename/1500143333_30406_orgchart2017.pdf/

Strategic Plan:
Strategic Plan (MUST BE IN PDF FORMAT)

Service Area:
Briefly describe the geographic area in which your organization provides services. (600 character limit)
FC4C currently serves Boone, Cooper, Cole, Callaway, Osage, Moniteau, Audrain and Howard counties with an emphasis on partnerships in school districts within Boone County. We have provided start up materials for Lend & Learn Libraries across 22 mid-

Missouri school districts and work to provide professional development, support and funding to parent education programs with long standing community/family relationships serving families in the target demographic.

Population Served:

Briefly describe the population(s) served by your organization. (600 character limit)

FC4C's current programs serve families with children prenatal to age 3, and up to age 5 in Boone County. Emphasis is placed on serving families at or below 185% of the poverty level however families with 2 or more risk factors without an income qualification will be considered on a case by case basis. Lend and Learn Toy Libraries and community group events serve all families no matter what their income level.

Conflict of Interest Policy:

Does your organization have a written Conflict of Interest policy?

yes

Whistleblower Policy:

Does your organization have a written Whistleblower policy?

yes

Business Continuity Plan:

Does your organization have a written Business Continuity plan?

no

Records Retention Policy:

Does your organization have a written Records Retention policy?

yes

If yes, does the Records retention policy include a Records Retention Schedule?

no

Governing Board

Length of Board Term (e.g. "2 years"):

Board members serve up to 2 terms of 3 years.

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Dr. Andrew Quint	Board Member	06/01/2017	06/30/2020	1001 W. Worley St. Columbia, Missouri 65203	<input checked="" type="checkbox"/>	Added on 07/15/2017
Leanne Peace	President	01/01/2017	12/31/2019	AP Green Building Suite 111 Columbia MO 65211	<input checked="" type="checkbox"/>	Added on 05/27/2015
Kate Stull	Vice President	01/01/2017	12/31/2019	2102 White Gate Dr. Columbia MO 65202	<input checked="" type="checkbox"/>	Added on 05/27/2015
Suzanne Cary	Secretary	01/01/2017	12/31/2019	4603 Shale Oaks Ave. Columbia MO 65203	<input checked="" type="checkbox"/>	Added on 05/27/2015
Jeremey Milarsky	Board Member	11/29/2016	12/31/2019	403 Alexander Ave. Columbia, MO 65203	<input checked="" type="checkbox"/>	Added on 11/30/2016
Kevin Carlson	Board Member	12/01/2016	12/31/2019	27 N Grace Lane #104 Columbia, MO 65201	<input checked="" type="checkbox"/>	Added on 02/21/2017
Abby Owen	Board Member	12/01/2016	12/31/2019	2509 Stratford Chase Parkway Columbia, MO 65201	<input checked="" type="checkbox"/>	Added on 02/21/2017
Austin Gaughan	Board Member	02/17/2017	12/31/2018	2579 E Buffalo Dr Columbia, MO 65202	<input checked="" type="checkbox"/>	Added on 02/21/2017

Governing Board Member**Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Jess Berkey	Treasurer	11/15/2014	12/31/2017	1013 Larail Dr. Columbia MO 65203		Added on 05/27/2015
Cara Owings	Board Member	01/15/2015	12/15/2017	613 Randy Lane Columbia MO 65201		Added on 05/27/2015
Jennifer Barth	Board Member	09/15/2016	09/15/2019	101 N Keene St Columbia, MO 65201		Added on 09/23/2016
Mary Humlicek	Board Member	01/01/2014	12/31/2017	1017 Hulen Dr. Columbia MO 65203		Added on 05/27/2015
Tom Rose	Board Member	05/15/2014	12/31/2017	210 Keene St. Columbia MO 65201		Added on 05/27/2015
Kara Sanders	Board Member	02/19/2016	02/15/2019	4939 State Route H Higbee, MO 65257		Added on 06/24/2016
Eliza Dadant Trumbower	Board Member	10/15/2014	12/15/2017	1305 English Dr. Columbia MO 65203		Added on 05/27/2015

Total Active Links:15, Total Deactivated Links:6, Current Active Links:15, Current Deactivated Links:6

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

FY-17

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1442518968_29953_TaxExemptLetter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1487697089_29954_2016AuditReport.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1487697089_29955_2016Form990.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The board hires and supervises the executive director. They approve the yearly budget, any contracts FC4C enters into, monthly financial statements, any purchase over \$2,000 and a yearly outside audit. Board members may not receive payment from or enter into contracts with FC4C.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation			Link Info			
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Executive Director	A combo of at least 10 years of experience in nonprofit mgmt, development, fiscal mgmt and other relevant experience to directing a nonprofit agency. BA in Early Childhood or related field, Masters d	1.00	\$58,000.00	\$1,901.00	✓	Added on 05/28/2015
Parent Educator Coordinator	Master's Degree in Early Childhood Development or a related area OR demonstrated work experience of five or more years of project management in an early childhood setting.	1.00	\$54,866.24	\$3,142.55	✓	Added on 05/28/2015
Family Resource Specialist	Bachelors degree in preferred field or certification as a parent educator. Experience working with young children and their families. Professional flexibility to accommodate the needs of families.	1.00	\$44,261.61	\$6,767.96	✓	Added on 05/28/2015
Family Resource Specialist	Bachelors degree in preferred field or certification as a parent educator. Experience working with young children and their families. Professional flexibility to accommodate the needs of families.	1.00	\$44,709.21	\$7,631.96	✓	Added on 05/28/2015
Fiscal Manager	Degree in accounting and experience in grant accounting; Masters preferred	1.00	\$43,680.00	\$6,610.02	✓	Added on 05/28/2015
Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0						

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1500145818_32839_32839_FY17BudgetWithPayroll%281%29FY17.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1487697499_32678_CertificateofInsuranceRevised%281%29%282%29%281%29.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1487697499_32841_2017Partnershipagreement.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet	Link Info					
	Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active Date
	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	First Chance for Children (FC4C)	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓ Added on 07/06/2017
	2017 Health RFP (Review ends 03/24/2017 5:00 PM CDT)	First Chance for Children (FCFC)	Community Health/Medical Fund - POS	Boone County	January 1, 2017 - December 31, 2017	✓ Added on 01/09/2017
	Children's Services Fund - POS RFP #25-15JUN15 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	First Chance for Children	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	✓ Added on 05/13/2015

System Fields

Record ID

15332

Modification Date

07/18/2017 1:54 PM CDT

Modified By

First Chance For Children ORG

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

First Chance for Children (FC4C)

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

FC4C Expansion

Amount of Request

\$575,028.00

County-Children's Services - Service Type (check all that apply)

Unmarried parent services

Home-based and community-based family intervention programs

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Crisis intervention services, inclusive of telephone hotlines

Mental health screenings

Program Information

Program Website (will default to Organization website)

<http://www.firstchanceforchildren.org/>

Address

1010 Fay St.

City

Columbia

State

Missouri

County

Boone

Zip

65201

Program Administrator Name

Christina Gilbert

Phone Number

573-777-1815 x207

Address

PO Box 1101

City

Columbia

State

Missouri

County

Boone

Zip

65205

Program Administrator Title

Executive Director

Email

director@fc4c.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500403985_30421_AttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500403985_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500403985_30419_AttachmentC.pdf/

Signed Addendums

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Active Date

First Chance for Children (FC4C)

PO Box 1101

Christina Gilbert



Added on
07/06/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

11-3662636

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Christina Gilbert

Printed Name - Organization Executive Director/President/CEO

July 18, 17
Date



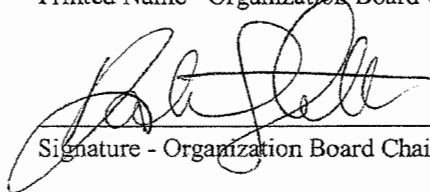
Signature - Organization Executive Director/President/CEO

July 18, 17
Date

Kate Stull

Printed Name - Organization Board Chair

July 18, 2017
Date



Signature - Organization Board Chair

July 18, 2017
Date

ATTACHMENT B

(Please complete and return with Proposal Response)


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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Christina Gilbert, executive director
Name and Title of Authorized Representative


Signature

July 17, 17
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

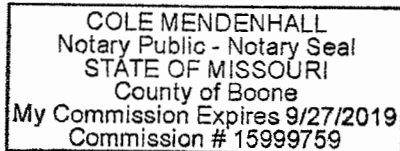
My name is Christina Gilbert. I am an authorized agent of First Chance for Children (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Christina Gilbert July 18, 2017
Affiant Date

Christina Gilbert July 18, 17
Printed Name

Subscribed and sworn to before me this 18th day of July, 2017.



Cole Mendenhall
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

Company Information

Company Name

First Chance For Children

Company ID Number

526866

Doing Business As (DBA) Name

—

DUNS Number

151287740

Physical Location

Address 1

1010 Fay Street

Address 2

—

City

Columbia

State

MO

Zip Code

65201

County

BOONE

Mailing Address

Address 1

PO Box 1101

Address 2

—

City

Columbia

State

MO

Zip Code

65203

Additional Information

Employer Identification Number

113662636

Total Number of Employees

5 to 9

Parent Organization

—

Administrator

—

Organization Designation

Employer Category

None of these categories apply

[View / Edit](#)

NAICS Code

611 - EDUCATIONAL SERVICES

[View / Edit](#)

Total Hiring Sites



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

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

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: First Chance for Children
Address: PO Box 1101 Columbia, MO 65205

Phone Number: 777 1815 Fax Number: 777 1816

E-mail: director@FC4C.org

Authorized Representative Signature: Christina Gilbert Date: July 17, 17

Authorized Representative Printed Name: Christina Gilbert



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

- a. You included the following requested attachments:
- Attachment A 2017 Organization Assurance Sheet
 - Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
 - Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name:

First Chance for Children

Address:

1010 Fay St. Columbia, MO 65201

Phone Number:

513-777-1815 x203

Fax Number:

513-777-1816

E-mail:

director@fc4c.org

Authorized Representative Signature:

Kasey Schauburg

Date:

7/7/17

Authorized Representative Printed Name:

Kasey Schauburg



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: First Chance for Children

Address: PB Box 1101 Columbia, MO 65205

Phone Number: 573 777 1815 Fax Number: 573 777 1816

E-mail: director@FC4C.org

Authorized Representative Signature: Christina Gilbert Date: July 17, 17

Authorized Representative Printed Name: Christina Gilbert

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	First Chance for Children (FC4C)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	FC4C Expansion
Amount of Request	\$575,028.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

This program addresses many community wide issues. Working with families with young children, this program combats issues relating directly to generational poverty and the mitigation of these long term effects. Core issues identified by BID being addressed include child abuse and neglect prevention, basic needs attainment, maternal depression, inclusion, child development and kindergarten readiness.

Income eligibility is a core risk factor but others (defined by PAT and DSS) include homelessness, substance abuse, violence in the home, single or teen parents, incarceration, maternal depression, or having a physical or mental health concern in the family. Many of these stressors compile resulting in long term negative health outcomes as outlined in the CDC-Kaiser ACE Study (Brockie, et al, 2015). Families experiencing these challenges often require additional supports to produce a trajectory leading to school readiness and academic achievement for their children. FC4C aims to reduce social isolation of parents by providing them support through Lend & Learn Libraries, group events, and home visitation. Reduction of isolation is known to reduce depression and increase engagement in social groups and community resources that provide parents with access to vital information on wellness and parenting. Arming parents with knowledge in child development and the equipment to access community resources leads to a reduction in child abuse and neglect and an increase in family resilience

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The populations affected are families with multiple risk factors as identified National PAT & MO DSS. The demographic makeup of this population should be consistent with Boone County's most at risk populations including higher percentages of African Americans, which have higher rates of poverty across all family types. This program would also likely include higher numbers of mothers with depression as more than 1 in 10 (10.2%) mothers have suffered from depression in the last 12 mths (Ertel, Rich-Edwards, & Koenen, 2011), this is a leading cause of child abuse and neglect. According to Missouri Kids Count (2016) poverty in Boone Co. is increasing dramatically. Child protection and safety, child deaths ages 1-14, child abuse/neglect & family assessments, and out-of-home placements, have gotten worse compared to previous years. The BID confirms this information. In

2015 there were 2008 children under 5 in poverty living in Boone County. Also of note, poverty is the deepest for those with very young children according to data presented by the City of Columbia. Less than 1/2 of this population currently receives home visitation service as proposed in this program.

A recent HMUW Community Need Assessment (2011) indicated that "It's crucial to address the root causes of poverty." At FC4C we work to just this, by reducing the number of early risk factors. Children are better prepared for academic and social success- key indicators of future life achievement.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

FC4C's goal is kindergarten readiness for all children. Readiness includes the skills to be socially, emotionally and academically ready for a classroom and can be increased by giving parents information on development, access to resources, and supporting healthy relationships.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

FC4C provides a multifaceted approach addressing the needs of entire systems associated with at risk children. The Lend & Learn Libraries will be present in each school district in the county. These are available to all children under 5 and designed to give parents access to resources, developmentally appropriate materials, and to increase their social capital. This inclusive space provides families the opportunity to engage with a diverse group of peers, fostering equality, and tolerance, and builds a community for new parents. Qualifying families referred from either the L&L or other sources can participate in CRIBS, providing them with material supports, resources and education to thrive during a child's first year. This service dovetails with the Baby Bags service which partners with area providers to ensure that families have the tools they need for success in moments of crisis. BabyU is a home visitation service that serves children up to the age of 5 and utilizes a blended home visitation model of PAT and Nurturing Parenting. Parents learn about crucial child development and how to create positive learning opportunities at every stage. Group Events programming provides parenting classes, community events and child focused group events. Community organizations can participate in our Provider Trainings for direct service providers to improve quality information and best practices, which will increase retention and improve engagement, and resiliency.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The consumers served by this evidence-based home visitation program will be Boone County families with children ages birth to kindergarten (kdg). To qualify for the program families must have at least 2 identified risk factors from the National and Missouri Parents As Teachers (PAT) list of risk factors. There will be an emphasis on serving families with an income below 185% of the federal poverty level due to the impact of poverty on maternal depression and toxic stress in families. Other possible risk factors families could have include: teen parent, single parent, court appointed/foster, child abuse/neglect, parent mental illness, domestic violence, substance abuse, child or parent with disabilities/chronic health conditions, homelessness, low birth weight, low education, incarcerated parent, death in immediate family, military family, recent Immigrant/Refugee, ESL/limited English.

FC4C currently has a DSS grant to serve ages birth to 3, so this program will allow for continuation of services and assist with the transition into kindergarten. The demographics of the program will be reflective of Boone County, with an emphasis on minority populations that are often under served.

b. Why will these particular consumers be served? (1500 character limit)

Families at 185% below the federal poverty level and families with identified risk factors, must be served to help prevent and alleviate stress during critical periods of brain development in young children. This crucial period often coincides with maternal depression which can impair mother/child attachment, bonding and future engagement. The Robert Wood Johnson Policy Brief (2014) states, "One rapidly developing area of research identifies overwhelming stress early in life as a primary risk factor for mental illness." It also states, "studies find that toxic stress, which may result from exposure to violence, family instability or severe economic deprivation, alters brain structure and function and negatively impacts children's cognitive and social skills." Maternal depression can also impact the healthy development of children, as seen in the research by Knitzer, Theberge, & Johnson (2008). These researchers found that low-income mothers experience high rates of depression that can affect the well-being and school readiness of their children.

Currently in Boone County, there are approximately 11,250 children from birth to age 5, with 2,008 of them living in poverty. Current home visitation programs only serve a small fraction of this fragile population. These families must be served to help prevent and alleviate the issues associated with stress and maternal depression so that all children have the opportunity to succeed.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Azzi-Lessing (2013) found, "Families at higher levels of risk often participate in home-visitation programs at minimum levels and/or prematurely withdraw from program services than do families at lower levels of risk. This may be partly due to the degree to which highly vulnerable families are overwhelmed by stressful conditions under which they live; they also may be responding to a history of negative experiences with service providers, especially regarding child protective and other mandated services." FC4C has worked with school districts' PAT programs and they report similar experiences.

d. Total number of unduplicated individuals to be served by the proposed program:

3500

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d, and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

164.29

Consumer Demographics Instructions

Complete the **Residence, Race, Ethnicity, Gender, Income, and Age** sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

3325

City of Columbia

2327

Other Counties

175

Residence Total

3500

Record Lock

0

Race

White (alone)

1050

Black or African American (alone)

1750

Native American Indian or Alaskan Native

0

Asian (alone)

175

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

175

Some Other Race

350

Race Total

3500

Ethnicity

Hispanic or Latino (of any race)

350

Not Hispanic or Latino

3150

Ethnicity Total

3500

Gender

Female

2100

Male

1400

Other

0

Gender Total

3500

Income

At or below 200% of Federal Poverty Level

2625

Income Total

3500

Over 200% of Federal Poverty Level

875

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

1500

Preschool (3 years – 5 years)

425

School Age (6 years – 11 years)

87

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

88

Parent/Guardian (age 20 and over)

1400

Age Total

3500

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

100

b. Provide information on the types of training that will be offered. (1500 character limit)

Trainings are intended to meet the needs of community practitioners at the time of implementation and ultimately help improve the kindergarten readiness of Boone County children. The types of trainings will depend on the need as indicated by a community survey. Trainings will be delivered in Columbia in local space as training size requires, online, or individuals will be sent to the training depending on the most appropriate option. Trainings will be held during times that are most conducive to provider and partner participation. Surveys and post tests will be used to gauge participant engagement and growth. Snacks or a meal will be provided when applicable. While a training schedule is not yet determined this has been done so intentionally to anticipate training opportunities that arise throughout the year which would be beneficial to our client and provider populations and improve best practices of service providers. This flexibility is to accommodate the many training opportunities which may differ in medium, length and style but will be chosen based on the importance of information disseminated and the ease of access for consumers. While the trainings will directly impact providers knowledge and best practices, this knowledge will ultimately help improve the lives of children and families in Boone County.

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

The majority of the programming will be done in families' homes throughout Boone Co. at times most convenient for the families. If parents are homeless, or living in unstable housing conditions, visits will be conducted at alternate sites including the L&L Libraries. The group events component of the program will occur at a school Lend & Learn Library sites and in community locations (libraries, parks, etc.). In-service for providers will be conducted online, at the FC4C site or community sites.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

The program will serve families with children ages birth-kdg. Families must have at least two at-risk factors as identified by Missouri and National PAT

programs. Emphasis will be placed on low income families as defined by the free/reduced lunch standard at 185% of poverty. If a family does not meet the income standard, there will be careful review of the identified risk factors on a case-by-case basis.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Cost is a significant barrier for our families and the aim of this program is to increase kindergarten readiness despite disparities. While our home visitation and CRIBS/Baby Bags programs are for qualifying families only, charging a fee even on a sliding scale for our Lend & Learn Libraries would create a barrier or stigma amongst families which would further reinforce inequities within the community.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Sliding scales have the potential in small, social settings to further reinforce the differences between families who have and families who have not and it is our aim to create an environment of equality between families to increase engagement, collaboration, conversation and connection.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

This program will utilize standards based on models including Parents as Teachers and Nurturing Parenting. Professional Liability insurance will be maintained on all staff and board members associated with the organization. An annual audit will be performed by an outside firm. 501c3 status will be maintained.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Best practices are established through a blended model of the PAT Foundational Curriculum and the Nurturing Parenting Program. Home visits are focused on a Strengthening Families approach. 45 to 90 minute visits occur at least monthly. Families receive incentives to help alleviate stress factors. Group events are monthly and provide opportunities for families to access child related information and create a sense of community amongst parents. Age appropriate screening is done on children as are screenings for stress and depression in adults. Referrals are made when needed.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

It is vital that evidence-based programs, models, and screeners be utilized during these crucial development years as this window of opportunity in brain development has a marked impact on the trajectory of a child's life. Ensuring that Family Resource Specialists are trained to utilize the tools and recognize signs of maternal depression or delays in children is vital for early intervention.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

DHHS launched Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent review of the home visiting research literature. HomVEE provides an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to kindergarten entry. The PAT program was found to have moderate to high ratings in child development and school readiness, reductions in child maltreatment, positive parenting practices, and family economic self-sufficiency (Home Visiting Evidence of Effectiveness, n.d). Zigler, Pfannenstiel, & Seitz (2008) found parents that participated in PAT programs read to their children more, were more likely to enroll their children in preschools, and had improved parenting practices in ways that promoted both school readiness and subsequent academic achievement. FC4C has been providing home visitation services for at-risk families for 10 years. FC4C has also partnered with school districts in central Missouri to support their PAT programs and supply them with resources to work with at-risk populations for 10 years. Since 2008 we have delivered over 2000 cribs using the CRIBS program and have zero instances of sleep related injury or death. We host over 2000 families annually in our Lend & Learn Libraries

and anecdotal evidence indicates that libraries create long standing support systems for families. Nurturing Parenting Programming has similar evidence.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

The Lend & Learn Library system in Boone County is unique as each district in Boone County has a designated space for their community to utilize. This program allows for community members to have an easily accessible, safe and inclusive space to bring their children and access resources, snacks and social engagement. There are no barriers for participation in this program, allowing all families to attend and feel comfortable in the space. It fosters a sense of community in parents through shared experiences.

The Baby U program is based on the PAT evidenced-based model, but it goes much further. Blended with the Nurturing Parenting program, this home visitation system has a high emphasis on family needs triaging basic needs immediately to begin the creation of healthy bodies, minds, and relationships. Because Family Resource Specialists are local to their communities they have a unique ability to form a bond that wouldn't be possible with someone from outside the community. They have knowledge to locate local resources and direct families appropriately based on needs. The CRIBS program is a partnership with community agencies. The aim is to ensure that families have the resources they need to safely provide for an infant without having another provider in the home. Families get materials and follow up visits through providers who have been trained in the CRIBS model. The follow-up education provides child safety and helps facilitate parent/child bonding.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Representatives from partner organizations will come together twice a year to discuss the services provided, systems of operation and family engagement or feedback. Surveys are distributed at each group event, be it a parent training, a provider training, or a family activity. Surveys will also be available in the Lend & Learn twice per year to measure family engagement and enjoyment of the space.

Funding through the United Way was just acquired to begin the strategic planning process which will include working towards improved data collection, staff/ED evaluation and diversification of funding.

And lastly we have begun work as an agency to become fully trauma informed. This will be noted in our strategic planning process and assessments for continual improvement in this area will be given as well as professional development opportunities will be emphasized.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Surveys are distributed at each group event, be it a parent training, a provider training, or a family activity. Surveys will also be available in the Lend & Learn and at group events to measure family engagement and enjoyment of the space.

Quarterly a postcard will be sent to families asking for feedback on home visitation programming.

Assessments pertaining to trauma informed practices will also be given to consumers on a regular basis as the organization moves towards becoming fully trauma informed.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

FC4C currently has contracts with the Department of Social Services (DSS) to provide home visitation throughout mid-Missouri. This partnership has facilitated relationships with over 20 school districts and has helped to provide for over 100 families a year.

FC4C serves 150 families in Boone County through our FC4C HV programs and partnerships with Ashland, Hallsville, Centralia, Sturgeon, and Harrisburg schools. The DSS grant is from birth to age 3, so funding the proposed program would allow for seamless HV services for at-risk children through kindergarten entry.

FC4C works with the Boone County Health Department's WIC program to help identify potential families. We also have a good working relationship with the social work staff at both of the Boone County hospitals. These relationships result in referrals to our CRIBS and Baby Bags programs, our home visitation opportunities, and the services provided by the Lend & Learn Libraries county wide. We are often able to support families the day they bring a baby home from the hospital because of these partnerships. LCFS, Refugee and Immigration Services, Columbia PAT all deliver CRIBS. FC4C shares L&L space with FACE in Centralia, beginnings of a family resource center. SOAR will provide an additional curriculum and support to help home visitors work with families.

Strong partnerships providing referrals and additional resources allow us to provide true wrap around services for families in Boone County.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500401567_40691_SchoolDistrictContracts.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1500481919_40764_PartnerMOU%27s.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

/document/download/filename/1500401567_40765_PartnerLettersofSupport.pdf/

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Executive Director	MQ1 BA, MA/M.Ed.	FTE1 0.61	SR1 FROM \$50,000.00	SR1 TO \$65,000.00
P2 Finance Manager	MQ2 BA, MA	FTE2 0.53	SR2 FROM \$35,000.00	SR2 TO \$50,000.00
P3 Family Resource Specialist	MQ3 BA	FTE3 4.95	SR3 FROM \$30,000.00	SR3 TO \$60,000.00
P4	MQ4	FTE4 0.00	SR4 FROM \$0.00	SR4 TO \$0.00
P5	MQ5	FTE5 0.00	SR5 FROM \$0.00	SR5 TO \$0.00
P6	MQ6	FTE6 0.00	SR6 FROM \$0.00	SR6 TO \$0.00
P7	MQ7	FTE7 0.00	SR7 FROM \$0.00	SR7 TO \$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Our Executive Director and Finance Manager are each trained in each model FC4C utilizes. They attend all trainings on best practices necessary to maintain credentials. Both are responsible for CRIBS deliveries and administration and attend parent and family events providing additional supports to participants. Each manage time in the Lend & Learn Library as well facilitating conversations on child development, family support and local resources. Our Family Resource Specialists each carry a caseload of up to 20 families delivering services at minimum 1 per month. They work in the Lend & Learn Library's, participate in the CRIBS program as needed and help to coordinate family and parent events as well as outreach activities and provider trainings.

For successful implementation of the program each staff will need a background in early childhood education or related field and training in PAT and Nurturing Parenting. They will be fingerprinted and run through the family care safety registry upon employment as a safety precaution for our families. Due to the many qualifications and duties required, these are reasonable rates of pay.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Board Fundraising	\$6,000.00	1

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Used for parent education services described in this proposal	\$575,028.00	79
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Used for parent education services	\$148,252.00	20
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0

TOTAL PROGRAM REVENUE

TOTAL REVENUE
729280

PROGRAM EXPENSES

1. Personnel

1.	1. %
\$310,000.00	54

Personnel Narrative (300 character limit)

This includes salaries for those providing direct service, and does not include fringe benefits.

2. Non-Personnel

2.	2. %
\$265,028.00	46

Non-Personnel Narrative (300 character limit)

This includes all direct service material cost, indirect cost and indirect/administrative salary. Indirect costs are not more than 15% of direct service salary costs.

TOTAL PROGRAM EXPENSES

**TOTAL
EXPENSES**
575028

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$575,028.00

Total Amount Request from CSF

1150056

Year 2 Total Request

\$575,028.00

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

FC4C is currently in a contract with the Missouri DSS to serve several counties including Boone. This proposal will complement funds for our current services and allow us to expand. Other proposals have been submitted for complementary funding as well. FC4C also works with state and local foundations to secure funding opportunities and has already begun soliciting sponsorships for their first major fundraiser in Spring 2018.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Bacon, C., Pafford, E. (2011) Boone County Issues Analysis, Children, Youth and Families

Boone Impact Group. (n.d.) Boone Indicators Dashboard

Brockie, T. N., Dana-Sacco, G., Wallen, G. R., Wilcox, H. C., & Campbell, J. C. (2015). The Relationship of Adverse Childhood Experiences to PTSD, Depression, Poly-Drug Use and Suicide Attempt in Reservation-Based Native American Adolescents and Young Adults. *American journal of community psychology*, 55(3-4), 411-421.

Ertel, K. A., Rich-Edwards, J. W., & Koenen, K. C. (2011) Maternal Depression in the United States: Nationally Representative Rates and Risks

Heart of Missouri United Way Community Need Assessment. (2011)

Home Visiting Evidence of Effectiveness (n.d.) Retrieved from <http://homvee.acf.hhs.gov/Models.aspx>

Kitzen, J., Theberge S., & Johnson, K. (2008) Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework

Robert Wood Johnson Foundation (2014) Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nations Young People

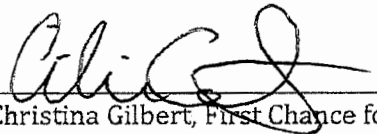
Memorandum of Understanding (MOU) between ParentLink and First Chance for Children

The First Chance for Children program will:

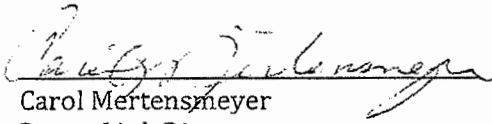
- Host two Parent Café's annually to be co-facilitated by an FC4C parent educator and a ParentLink staff both trained in the Parent Café model. First Chance for Children will provide a stipend of \$100.00 to Parent Link for this service, for each Cafe.
- Provide extended evening hours in the Lend & Learn Library for Cub Hub to have extended service. Will provide a stipend of \$5 per child per hour, with a minimum of \$15 per hour to be paid to ParentLink for a max of \$1,500 over the year.
- Ensure that any professional development opportunities offered by First Chance will be offered to ParentLink staff.
- Refer families to use the online ASQ & ASQ-SE screener, paying ParentLink \$0.50 for each of 50 units.

ParentLink will:

- Send at least one staff person to professional development opportunities provided by First Chance for Children including but not limited to CRIBS trainings.
- Refer families to both Lend & Learn hours and evening hours at Cub Hub hosted at First Chance.
- Provide a staff person for Parent Café's hosted at FC4C and for Cub Hub hours at First Chance for Children.
- Provide access to 50 units of online ASQ and ASQ-SE for parental use at the Lend & Learn


Christina Gilbert, First Chance for
Children Director

7-19-2017
Date


Carol Mertensmeyer
ParentLink Director

7-19-17
Date

Memorandum of Understanding (MOU) between SOAR and First Chance for Children's PAT Plus program

The First Chance for Children program will:

- Send select staff to FAN (Facilitating Attuned Interactions) two day training at no cost.
- Trained providers will complete pre/post training surveys.
- Staff will utilize the FAN model with all CRIBS families in conjunction with corresponding Children's Trust Fund materials.
- On a quarterly basis complete a survey reporting the number of FAN-trained individuals who are using the FAN model in their work and their approximate caseload. Specific family information will not be shared or required.
- Refer infants and their parents to SOAR Fussy Baby program if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness. Referrals will be made to SOAR when additional supports and resources are deemed necessary by First Chance for Children.
- Refer parents to the Fussy Baby Hotline if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness.
- Make SOAR's Fussy Baby Network printed materials (e.g. brochures and flyers) available at the First Chance for Children's office.

SOAR will:

- Provide two day FAN training to selected staff/home visitors from the First Chance for Children program.
- Provide ongoing FAN consultation as needed.
- Provide supportive Fussy Baby services, including joint home visiting when necessary and a hotline to clients of First Chance for Children.
- Provide Fussy Baby Network printed materials (e.g. brochures and flyers) to First Chance for Children.
- Refer Fussy Baby Families to First Chance for Children's CRIBS program as a home visitation option when appropriate.

Dear Boone County Children's Services Board,

I am writing today to express my support in a collaborative relationship between Lutheran Family Children's Services and First Chance for Children. We have had a strong partnership for several years that goes beyond referring families to one another and I wanted to highlight a few of the ways in which we plan to continuing supporting one another.

LFCS has historically delivered cribs and baby bags full of material supports and resources provided by First Chance to families with children ages birth to 12 months who are exhibiting significant risk factors. We follow up on these deliveries for several months providing relevant resources and age appropriate child development information while monitoring the family's stability and trouble shooting concerns.

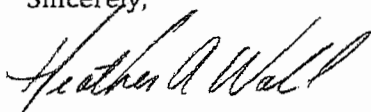
We are proud to continue supporting this work by delivering cribs and baby bags for First Chance for Children as well as receiving periodic training on best practice on First Chance for Children's CRIBS program model as we are able.

By delivering these supports to families in mid-Missouri, LFCS is working with First Chance for Children to help reduce instances of child abuse and neglect and improve resiliency in families. Because of the relationship with First Chance for Children, our families have access to our crisis closet, family events, and our Lend & Learn Library. Reversely, First Chance for Children works to refer families into LFCS programs as appropriate, strive to participate in training opportunities they provide, and they actively participate in conversations with us on how to improve services for families in this community.

We anticipate this growing partnership to support the needs of children in mid-MO and look forward to putting a formal MOU in place should funding be awarded.

Thank you for your time in learning about this collaboration, please don't hesitate to call with any questions!

Sincerely,



Heather Wall
Regional Director
Lutheran Family & Children's Services

Mid-Missouri Office
307 Locust Street
Columbia, Missouri 65201
Phone 573-815-9955
Fax 573-449-4640

Southeast Missouri Office
3178 Blattner Drive
Cape Girardeau, Missouri 63703
Phone 573-334-5866
Fax 573-334-7593

Southwest Missouri Office
2130 N. Glenstone Avenue
Springfield, Missouri 65803
Phone 417-862-1972
Fax 417-862-3276

St. Louis Office
9666 Olive Boulevard, Suite 400
St. Louis, Missouri 63132
Phone 314-787-5100



Please visit our website at lfcsmo.org





July 14, 2017

Dear Christina,

I am writing today to offer my support behind a collaboration including First Chance for Children, Columbia Center for Urban Agriculture and Columbia Square Townhome Apartments.

There are over 75 children under the age of 5 living in Columbia Square currently and First Chance for Children and Columbia Square have already developed a unique partnership hosting monthly events on property to serve families with these young children. This Snack and a Craft program is very well attended and families are highly engaged in these events which feature 3-5 facilitated activities, group conversation, parenting resources and a meal.

CCUA is excited to contribute to this collaboration by adding healthy food and gardening activities for these young children and their families. Hands-on nutrition interventions are more effective in shaping eating habits. Additionally, by involving children and their parents in activities that feature fresh fruits and vegetables, we can set these children off on the right foot for a lifetime of food choices.

Columbia Square has offered to host these events for families with children ages birth to 5 months on a quarterly basis and FC4C and our staff will work together to provide age appropriate activities for parents and children simultaneously.

We believe that this partnership will benefit the families living in Columbia Square, create a stronger sense of community and offer realistic and sustainable options for healthy food choices for parents with young children and we are excited to be working together in this project.

Sincerely,

Billy Polansky
Executive Director

MAIL

PO Box 1742

Columbia, Mo

65205

PHONE

573-514-4174

WEB

columbiaurbanag.org

E-MAIL

billyp@

columbiaurbanag.org



Dear Christina,

I am writing today to offer my support behind a collaboration including First Chance for Children, Columbia Center for Urban Agriculture and Columbia Square Townhomes.

There are over 100 children under the age of 5 living in Columbia Square currently and First Chance for Children and Columbia Square have already developed a unique partnership hosting monthly events on property to serve families with these young children. This Snack and a Craft program is very well attended and families are highly engaged in these events which feature 3-5 facilitated activities, group conversation, parenting resources and a meal.

Working together we'd like to expand upon this foundation and come together to support families by providing additional group activities focused on nutrition, healthy food preparation and sustainable gardening efforts.

Columbia Square has offered to host these events for families with children ages birth to 5 months on a quarterly basis and FC4C and CCUA staff will work together to provide age appropriate activities for parents and children simultaneously.

We believe that this partnership will benefit the families living in Columbia Square, create a stronger sense of community and offer realistic and sustainable options for healthy food choices for parents with young children and we are excited to be working together in this project.

Respectfully,

Natalee Thornton, MA

Natalee Thornton, MA
Service Coordinator

Columbia Square/Claudell Homes
1715 West Worley Suite C
Columbia MO 65203
(573) 529-9033
(573) 445-2249

CHAIRMAN

RICK KAHLE

BOARD OF DIRECTORS

ULYSSES "DEKE" CLAYBORN

MATT CONDON

ERICA DOBREFF

DAVID DUCKWITZ

JIM FIGHT

BRANDON HENRY

FRANK OLIGBO

RAMIE ORF

EXECUTIVE DIRECTOR

KIMBER MYERS GIVNER

Contract Between First Chance for Children and Public Schools (Parents as Teachers) for July 1, 2017 – Dec. 31, 2017.

I. Funding agency:

First Chance for Children, Inc.

II. Source of funding:

Boone County Children's Services Fund (BCCSF)

III. Subcontracting organization:

_____ Public Schools/Parents As Teachers

IV. Name of program:

Boone County PAT+ Program

V. Goal of funding:

To improve the lives of children, youth and families in Boone County by strategically investing in the creations and maintenance of integrated systems that deliver effective and quality service for children and families in need.

The goal of the home visitation program is to make services available to families that:

- Provide parents with education and support that leads to the prevention of child abuse and neglect;
- Support and encourage care that promotes positive brain development in children; and
- Improve school readiness for children.

VI. Purpose of funding:

This funding is provided to _____ Public Schools/Parents As Teachers to implement the At Risk Parents As Teachers Program for eligible families aimed at providing parent education services to families with children age 0 to 5.

VII. Description of how funding will be used:

Funding for the At Risk Parents As Teachers Program will be used to reimburse the school district for intensive PAT+ services to eligible families with children from birth to age five who qualify for services.

Under the BCCSF grant, _____ at-risk families will receive supplemental services in addition to the PAT Foundational curriculum. Supplemental services shall be offered at

varying levels and frequency according to each family's strengths and needs, but home visitation with each family must happen, a minimum of one time per month for a minimum period of one hour per month. More frequent home visitation shall occur after consideration of:

- (a) the family's preference
- (b) the health and development of the child
- (c) the parent's knowledge of child development, parenting skills, and parent-child interaction
- (d) the stability of the parent's living arrangements
- (e) the level of social and other community support
- (f) other individual risk factors identified during the family enrollment and assessment process and during subsequent home visits.

In addition to home visits, families will receive incentives for their participation in all parent education activities including group and networking opportunities. They will receive at least 2 opportunities for networking interactions each month, through engagement activities such as planned onsite events, play groups, group connections, Lend and Learn Library access and/or fieldtrips. The parent educator serving the PAT+ families will be directly involved in networking activities.

VIII. Stipulations:

Services provided to families must be consistent with the
_____ Public Schools Parents As Teachers Program.

Staff that come in contact with families through this funding must pass a Family Childcare Safety Registry (FCSR), and a FBI background check with fingerprints through the Missouri Automated Criminal History Site (MACHS) (See attached "Three Step Back Ground Check for PAT+ Parent Educators").

PAT+ educators should have a minimum of one years experience as a parent educator and be trained in the Parents as Teachers Foundational Curriculum. If a school district cannot find a parent educator they should contact FC4C for special supervision guidelines.

The grant requires staff providing home visitation services to complete 12 clock hours of child development, early education, health and safety and/or other approved continuing education each calendar year (this can include PAT Foundational Training).

PAT+ programs must have an approved supervisor and be in compliance with all DESE PAT requirements.

PAT educators serving PAT+ families cannot have a caseload exceeding PAT National guidelines. If a PAT+ educator is also serving families under FC4C's Department of Social Service Grant that educator cannot have a caseload of more than 25 families.

Families served by the At Risk Parents As Teachers Program must have at least one risk factor as identified by PAT National.

IX. Expected outcomes:

Family success will be measured by increased parent knowledge of appropriate early childhood practices, increase in family reading, and participation in networking programs.

Under the BCCSF grant, the program must address the following outcomes and meet the following measures for each family served:

- a. Services must be provided that address the appropriate social/emotional development level of the children served under the age of five (5) as screened by the Ages & Stages Questionnaires. The contractor must utilize the Ages & Stages: Social Emotional, a standardized screening tool, or DESE and PAT approved social emotional screeners, at the time of enrollment into the program or when the child attains six (6) months of age, whichever is applicable, and at intervals of every six (6) months after that until the child attains the age of three (3) years.

Measure: The contractor shall screen the social and emotional development levels of 100% of the children under the age of five (5) using the Ages & Stages Questionnaires: Social Emotional and/or DESE and PAT approved social emotional screener.

- Sub-Measure: The contractor shall make appropriate referrals for additional services to address the identified needs for 100% of the children under the age of five (5) that are screened as being below the appropriate social and emotional level of development.

- b. The program must identify developmental delays in the children served and referrals to and follow-up with appropriate service and support agencies at their time of enrollment into the program and at intervals of every six (6) months after that until the child attains the age of five (5) years.

Measure: The contractor must screen the developmental levels of 100% of the children under the age of five (5) using the Ages & Stages Questionnaires and the ASQ-SE.

- Sub-Measure: The contractor must make appropriate referrals for additional services to address identified needs for all of the children under the age of five (5) that are screened as being below the appropriate developmental level.
- Sub-Measure: The contractor must ensure a minimum of 95% of the children referred for further developmental level evaluation and services will be enrolled in appropriate services and begin receiving these services prior to leaving the program.

- c. Services provided must support and demonstrate improvement in the overall health, safety, and well-being of the children under the age of five (5) served by the program.

Measure: A minimum of 95% of the children receiving services from the program will not be a victim of substantiated child abuse and neglect and compliance with immunization goals will be tracked.

- d. The program must provide reduction of parent stressors as measured by a stress screening tool.

Measure: 100% of the parents receiving services from the program must measure stress levels by the stress screening tool, The Everyday Stressor Index, (ESI) or a postpartum depression index, The Edinburgh Postnatal Depression Scale, at their time of enrollment into the program and at intervals of every twelve (12) months after that until the family leaves the program.

- Sub-Measure: The contractor must provide appropriate referrals for additional services to address the identified areas of concern for 100% of the parents that are shown to have high levels of stress or for whom areas of stress are identified.
- e. The program must demonstrate reduction of subsequent births to teens.

Measure: 90% of the teenaged parents enrolled in the program will not become pregnant during their participation in the program.

- f. The program must increase every child's access to books, language, and reading.

Measure: The contractor must ensure that 100% of the families enrolled in the program have a minimum of four (4) age-appropriate books for each child under the age of five (5) they have in their home.

X. Agreement period:

This subcontract shall be in effect from July 1, 2017 – Dec. 31, 2017, unless altered by a mutually acceptable written amendment signed by authorized representatives of First Chance for Children and _____ Public Schools/Parents As Teachers

- XI. Funding:** Up to \$(1000 dollars per family served in a fiscal year) to be used for costs associated with hiring and supporting a parent educator to provide services.
_____ School District has been assigned 10 family slots.

Breakdown of this budget must be:

- 90% for salary, benefits and mileage for the parent educator
- 10% of the budget may be used to cover incidental expenses incurred by the district to support the PAT+ program.

Additional funds will be available for incentives, group events, field trips, Lend and Learn Libraries, and staff training with approval from FC4C. Funding cannot be

guaranteed beyond contract effective dates and is subject to FC4C's funding by the BCCSF.

XII. First Chance for Children's responsibilities:

Accept funding from the BCCSF to support this subcontract.

Distribute payments to _____ Public Schools/Parents As Teachers upon receipt of invoices for expenses incurred to implement the Parents As Teachers Program.

Report outcomes to the BCCSF as required.

Identify a primary contact person within First Chance for Children for the purpose of this subcontract. This contract person will be available to help the school district with questions about this contract, working with at-risk families, identification of resources, and creating and supporting group activities.

XIII. _____ Public Schools/Parents As Teachers responsibilities:

Accept First Chance for Children ECDEC funding to implement the At Risk Parents As Teachers Program as outlined in this subcontract.

Provide parent education services to eligible participants as described in Section VIII and IX of this subcontract.

Ensure that families reported in outcomes meet funding eligibility criteria described in Section VIII of this subcontract.

Report participating families' names and birthdates monthly.

Report quarterly progress and outcomes.

Submit invoices for expenses incurred through the At Risk Parents As Teachers (PAT+) Program.

Identify a primary contact person on staff with the _____ Public Schools/Parents As Teachers for communication with First Chance for Children.

Share family mailing lists and information from database with First Chance for Children as requested.

Keep data on each visit that includes but is not limited to: Names of all participants, birthdates of all participants, time and duration of each visit and summary of each visit. All data must be kept in a format that can be accessed for 7 years. If a site is using Visit Tracker or the new Penelope system, a hard copy of each visit must be made available upon request.

Serve a minimum of 75% of the allotted family slots within the first three months of the contract and 90% of the family slots through the remained of the yearly contract.

Notify First Chance for Children if program will not incur funding on particular projects so funding can be reallocated.

Maintain professional liability insurance on any parent educator implementing this grant.

**XIV. In addition to the above, _____ Public
Schools/Parents As Teachers shall comply with the following:**

Bonding: During the terms of this agreement, the subcontractor shall maintain adequate bonds on all persons who will receive, disburse or in any way handle the money provided by First Chance for Children pursuant to this agreement. Said bonds shall guarantee that First Chance for Children will be fully reimbursed and insured against any financial loss in the event the subcontractor defaults, fails to perform or fails in any way to comply with the letter or spirit of this agreement.

Confidentiality: All employees, officers and representatives of the subcontractor shall preserve the confidentiality of information and documentation as is required pursuant to state law. Should it come to the attention of the subcontractor that there has been any violation of discrimination of confidentiality, they have a responsibility to notify the State of Missouri at once.

Verification of expenditures: First Chance for Children shall have the right to recover from the subcontractor all funds for which adequate verification and full documentation of expenditures is not maintained. Adequate verification and full documentation as used in this paragraph shall mean that the subcontractor's records are such that an orderly examination by a reasonable person is possible and can be conducted without the use of information extrinsic to records and such that an examination can readily determine whether the subcontractor's services were, in fact, provided, and whether they were in accordance with the terms of this agreement of applicable federal and state regulations. The subcontractor shall have the burden of establishing said verification. Failure to maintain adequate verification and full documentation of services provided shall be a material breach of this agreement and shall be cause for the termination this agreement.

State/Federal law compliance: Subcontractor agrees to comply with the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; 1964 Civil Rights Act, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; the Omnibus Reconciliation Act of 1981, as amended; the Americans with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and in the delivery of services on the basis of race, color, national origin, age, sex, disability or religious belief.

Nepotism: Pursuant to Article VII, Section 6 of the Constitution of the State of Missouri, as well as all other applicable Federal and State laws and regulations, the subcontractor acknowledges and agrees that the money provided by the Partnership pursuant to this agreement shall not be used to promote or further nepotism. The subcontractor, it's employees, officers, agents or it's governing board and its members shall not knowingly have or acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services covered under this agreement.

Lobbying/Political contributions: The subcontractor acknowledges and certifies that the subcontractor is currently in compliance with, and shall continue to comply with Title 31, Section 1352 of the United States Code, as amended, as well as all other applicable Federal and State laws and regulations addressing lobbying and political contributions.

Liability: First Chance for Children shall not be held liable for issues that arise during execution of this contract.



Authorized Representative of the
First Chance for Children
Partnership

Name: Christina Gilbert

Title: Executive Director

Date:

Address: P.O. Box 1101
Columbia, MO 65205
Phone: 573.777.1815

Authorized Representative of the
Public Schools/Parents As Teachers

Name:

Title:

Date:

Address:
Phone:

Contract valid through Dec. 31, 2017

subcontractor, it's employees, officers, agents or it's governing board and its members shall not knowingly have or acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services covered under this agreement.

Lobbying/Political contributions: The subcontractor acknowledges and certifies that the subcontractor is currently in compliance with, and shall continue to comply with Title 31, Section 1352 of the United States Code, as amended, as well as all other applicable Federal and State laws and regulations addressing lobbying and political contributions.

Liability: First Chance for Children shall not be held liable for issues that arise during execution of this contract.



Authorized Representative of the
First Chance for Children
Partnership

Name: Christina Gilbert

Title: Executive Director

Date: 1/5/17

Address: P.O. Box 1101
Columbia, MO 65205
Phone: 573.777.1815



Authorized Representative of the
~~Harrisburg~~
Public Schools/Parents As Teachers

Name: LYNN PROCTOR

Title: SUPERINTENDENT

Date: 1/19/17

Address: 1500 S HARRIS ST
HARRISBURG MO 65206
Phone: 573-275-5604

subcontractor, it's employees, officers, agents or it's governing board and its members shall not knowingly have or acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services covered under this agreement.

Lobbying/Political contributions: The subcontractor acknowledges and certifies that the subcontractor is currently in compliance with, and shall continue to comply with Title 31, Section 1352 of the United States Code, as amended, as well as all other applicable Federal and State laws and regulations addressing lobbying and political contributions.

Liability: First Chance for Children shall not be held liable for issues that arise during execution of this contract.

Christina Gilbert

Authorized Representative of the
First Chance for Children
Partnership

Name: Christina Gilbert

Title: Executive Director

Date: 1/5/17

Address: P.O. Box 1101
Columbia, MO 65205
Phone: 573.777.1815

Linda Befort *Shawn C. Schmitts*
Authorized Representative of the
Sturgeon
Public Schools/Parents As Teachers
Sturgeon R.I. Sept.
1/24/17

Name: LINDA BEFORT

Title: PARENT Educator

Date: 1/24/17

Address: 210 W Patton St.
Sturgeon, MO 65284
Phone: 573-687-3515

subcontractor, it's employees, officers, agents or it's governing board and its members shall not knowingly have or acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services covered under this agreement.

Lobbying/Political contributions: The subcontractor acknowledges and certifies that the subcontractor is currently in compliance with, and shall continue to comply with Title 31, Section 1352 of the United States Code, as amended, as well as all other applicable Federal and State laws and regulations addressing lobbying and political contributions.

Liability: First Chance for Children shall not be held liable for issues that arise during execution of this contract.



Authorized Representative of the
First Chance for Children
Partnership

Name: Jack Jensen

Title: Executive Director

Date: 6/13/2014

Address: P.O. Box 1101
Columbia, MO 65205
Phone: 573.777.1815



Authorized Representative of the
Hallsville
Public Schools/Parents As Teachers

Name: David John Downs

Title: Superintendent

Date: 6/30/2016

Address: 421 E Hwy 124, Hallsville 65255

Phone: 573-696-5512

subcontractor, it's employees, officers, agents or it's governing board and its members shall not knowingly have or acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services covered under this agreement.

Lobbying/Political contributions: The subcontractor acknowledges and certifies that the subcontractor is currently in compliance with, and shall continue to comply with Title 31, Section 1352 of the United States Code, as amended, as well as all other applicable Federal and State laws and regulations addressing lobbying and political contributions.

Liability: First Chance for Children shall not be held liable for issues that arise during execution of this contract.



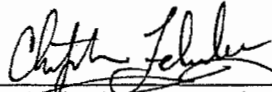
Authorized Representative of the
First Chance for Children
Partnership

Name: Jack Jensen

Title: Executive Director

Date: 6/13/2014

Address: P.O. Box 1101
Columbia, MO 65205
Phone: 573.777.1815



Authorized Representative of the
~~Southern Boone R-I~~
Public Schools/Parents As Teachers

Name: Christopher Felmeke

Title: Superintendent

Date: 6/28/2016

Address: 303 North Main
Ashland MO, 65010
Phone: (573) 657-2147

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	First Chance for Children (FC4C)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	FC4C Expansion
Amount of Request	\$575,028.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

n/a

c. Provide justification for the request for one-time funding. (600 character limit)

n/a

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Family Education

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Develops communication and coping skills with the goal of strengthening family relationships

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Lend & Learn Toy Libraries (L&L) provide a safe and inclusive location, where young children and their parents can explore toys that develop all domains of development including social-emotional, cognitive, motor and language development. Toys can be enjoyed at the library or borrowed at no cost. The toy libraries also provide opportunities for parents to connect with other parents and creates an environment for strong cultural diversity. For many families, the L&L is the only free, safe, clean space that offers regular nutritional snacks and opportunities to play. Each month the L&L will focus on a different developmental topic and activity. Last year alone the L&L served over 2,000 families who do not have regular access to healthy, nutritional foods or developmentally appropriate play spaces. In addition to the activities and snacks, participants have access to screen their children for any developmental concerns and ask questions to a trained family resource specialist, who is available at all L&L hours. The family resource specialist will also help model effective parenting behavior, connect families to community resources, and facilitate a positive environment of family engagement. The L&L will have spaces in: Columbia, Centralia, Ashland, Harrisburg, Hallsville and Sturgeon to ensure the entire county has access to a safe play space. Each space will be open different hours depending on the community's capabilities, but will be open at least once a month. Libraries are open for all families with children ages birth to five, regardless of income. This is targeted to have the greatest effect for families in low-income, and stressful situations, however all families can benefit from this service. Providing developmentally appropriate activities especially for stay at home parents can be stressful and isolating for all families. These L&L locations will help reduce stress, isolation, and help improve family-well being and kindergarten readiness. Families are welcome at any library in the county, but are encouraged to attend hours at the location closest to their residence. In addition to regular L&L hours, FC4C will collaborate with Parent Link to provide evening hours through their Cub Hub program during school semesters so that student parents can study with a safe place for their children to play. FC4C will also collaborate with school districts. In each of the towns outside of Columbia the L&L's will be staffed by the local Parents as Teachers program Parent Educator. Columbia L&L partners with the University of Missouri's Service Learning Program to provide support staff in the library, the School of Social Work and Human Development and Family Studies to give students internships.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 family visit typically lasting 2 hours, unit cost is per family which averages 3.8 undup. individ.

b. Unit Rate (#1)

\$41.67

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

This unit rate includes: cost of toys, activity materials, snacks, staff time to maintain the resources for families, cleaning toys, maintaining the space, staff time to cover family intake and parent education as well as supervise University of Missouri Service Learning Students. All of these costs are the minimum necessary to provide a excellent Lend & Learn Library experience. Unit cost is per family which averages 3.8 unduplicated individuals

d. Total Number of Units of Service to be Provided (#1)

2400

e. Total Number of Unduplicated Individuals (#1)

760

f. Average Number of Units of Service per Unduplicated Individual (#1)

3.16

g. Average Cost of Service per Individual (#1)

131.59

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Individuals will not be charged because this space is intended to be inclusive for all families, regardless of income. Charging a fee, even on a sliding scale could create a barrier to access, or stigma of using our services.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

Our services are not recognized as billable services by any third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

This is not applicable since we will not be charging anyone for services.

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

No (if no, move on to the Funding Request section.)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$100,008.00

b. Proposed Number of Units of Service (#1)

2400

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or

enabling the organization access to funding from other funding sources. (#1) (600 character limit)

This level of funding will expand our capacity to serve all families in Boone County, regardless of where they live in the county. This will ensure a trained family resource specialist will be at each L&L location. It will also allow us to update our facilities in each location, providing new toys, activities and games to families who, without our facilities, might not have access to such materials. It will also allow us to provide nutritional snacks at each location, another resource often inaccessible by low-income families.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Reduced social isolation	50% (n=100) of L&L participants will indicate improved connectedness	Quarterly parent input & satisfaction survey
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Increased access to resources	50% (n=100) of L&L participants will utilize the check-out closet	List of resources checked out or taken from the check-out closet.
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Improved kindergarten readiness	100% (n=200) of families will have access to ASQ/SE screeners and a parent educator	Number of Ages and Stages Questionnaire and Ages and Stages-Social Emotional Questionnaire given
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

Participation in L&L is tied to better parenting and developing protective factors. Making community connections is one of the protective factors and these gatherings support that by bringing families together. They also can help with stress reduction as parents gain information about how their child's actions and development are like other children. The space allows children to play with developmentally appropriate activities. All of these cumulate to help improve the skills needed for kindergarten readiness.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

It can be difficult to get families in poverty to engage in these types of social activities because they might be fearful of judgment. To combat this we have a space centrally located, reduce the stigma of using our services by having no service fee and having services open to all families, and help connect families to transportation, another large barrier.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

1-1 It can be difficult to gather feedback, especially from families in high stress situations, we anticipate 50% of families engaging in the quarterly surveys.

1-2 Families who attend the L&L might not need items in the check-out closet, and others might feel embarrassed. We will employ efforts to reduce this, but we anticipate 50% to check out, or take items.

1-3 There will be the possibility of doing a paper, or online ASQ and ASQ-SE at all times, leading to 100% availability.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

1-1 Confidential quarterly surveys are one of the best ways to gather accurate feedback from families

1-2 A list of all items used or taken helps track what we need the most of, and what is used most often by families so we can increase access to like items

1-3 The ASQ & ASQ-SE are evident based questionnaires to measure development. On track development is a key indicator of kindergarten readiness.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Community Collaboration

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Coordinates the partnership of stakeholders to collectively improve health, social, educational, and economic opportunities for the community.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to

fully understand how this program service will be delivered. (3000 character limit)

Group Events & Community Outreach- Families participating in our group events and our parenting trainings will receive current child development information and strategies to use while working with their children. Additionally families will acquire stress reduction strategies, health and safety information, community resource connection information and incentives. Most events will take place in a home community environment within Boone County so families will not have to travel to Columbia to participate. Events will last approximately 2 hours and a snack or meal will be available. Events will be structured to include a parent education component, a family activity component, and a stress reduction socialization component. All events will be family friendly so parents and children can participate together and early childhood professionals will be on site at each event to model positive child/caregiver interactions, and answer questions regarding child development or parenting strategies. Efforts will be made to inform partner agencies of upcoming events and training opportunities.

We will have several tiers of events to impact large groups of children within the County. Community and outreach events will be open to all families with age eligible children. This is an opportunity for families from across the community to attend and spending meaningful time with their children. This style of event is vital for creating an inclusive, respectful community with low barriers to service. Our Messy Day is an example of this event bringing together a cross section of the community for activities, education and food. First Chance for Children group events are catered to more specific demographics and are designed to build social connections for families and create communities of support. FC4C will partner with organizations like Columbia Square and CCUA to present valuable activities for small groups of children and families. And lastly, our parent training component will be available to families on an FC4C caseload are designed to provide critical information on child safety and welfare, the importance of having a nurturing parent/child relationship, stress management and other common issues faced by families living in poverty. These Parent Cafe's will be facilitated by a trained FC4C Family Resource Specialist with the intent of education on how to have a more positive parenting experience.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

One family's participation in a group event or parenting training, typically lasting 1-2 hrs.

b. Unit Rate (#2)

\$15.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

This unit rate includes: cost of activity materials, incentives, snacks, staff time to plan and implement events, resources for families, cleanup of events, and cost of event space. All of these costs are the minimum necessary to provide an engaging event to increase family wellbeing and kindergarten readiness. Unit cost is per family which averages 3.8 unduplicated individuals.

d. Total Number of Units of Service to be Provided (#2)

2000

e. Total Number of Unduplicated Individuals (#2)

760

f. Average Number of Units of Service per Unduplicated Individual (#2)

2.63

g. Average Cost of Service per Individual (#2)

39.47

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Individuals will not be charged because events are intended to be inclusive for all families, regardless of income. Charging a fee, even on a sliding scale could create a barrier to access, or stigma of using our services.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

Our services are not recognized as billable services by any third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

n/a

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$28.50	750	\$21,375.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$30,000.00

b. Proposed Number of Units of Service (#2)

2000

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

This level of funding will expand our capacity to serve all families in Boone County, regardless of where they live in the county. This will ensure funding for a trained family resource specialist to be at each group event. It will also allow us to provide activities, snacks, books, diapers, wipes and other incentives at our events. These resources are often inaccessible by low-income families, this level of funding will help increase family wellbeing and reduce the number of family crises.

Service #2 - Performance Measures

Outcome (2-1)

Families from rural, undeserved Boone Co.

Indicator (2-1)

Families will participate in events leading to better parenting skills and increased connections in their community. (Since the entire community will be invited it is

Method of Measurement (2-1)

Sign in sheets and attendance records with name, ages, county,

Communities will participate in events.

difficult to determine a % or an initial "n" but we are estimating at least 200 unduplicated families)

and phone numbers will be kept for each event.

Additional Outcome (2-2) Additional Indicator (2-2)

Families will receive information on topics they find relevant to their needs

50% (n=100) of families will provide feedback on the events and give suggestions for future topics

Additional Method (2-2)

A feedback form will be handed out at each event. Information will be collected and used to improve future events

Additional Outcome (2-3) Additional Indicator (2-3)

Events will improve health, social, educational, and economic opportunities of families

100% of events will be centered around topics to improve family outcomes (an initial n= is difficult to determine, we will provide monthly events in all communities in Boone County

Additional Method (2-3)

A detailed record of the activities, information, and agencies collaborated with at the events will be kept

Additional Outcome (2-4) Additional Indicator (2-4)

Additional Outcome (2-5) Additional Indicator (2-5)

Additional Method (2-4)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

Participation in family events is tied to better parenting and and developing protective factors. Making community connections is one of the protective factors and these events support that by bringing families together. They also can help with stress reduction as parents gain information about how their child's actions and development are like other children.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

It can be difficult to get families in poverty to engage in these types of social activities because they might be fearful of judgment. Location is a key to making sure they are comfortable. Transportation and childcare for older children can be barriers.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

2-1 FC4C wants to provide events for as many families as possible to increase Boone County family's well being.

2-2 It can be difficult to gather feedback at events and based on past participation in feedback forms, we anticipate 50% of families engaging.

2-3 By having 100% of events focused on improve health, social, educational, and economic opportunities of families we can best achieve our overall goals of kindergarten readiness and family wellbeing

d. Provide a rationale for each method of measurement (2). (600 character limit)

2-1 Attendance records on activities help evaluate how well the event was attended and if it should be repeated.

2-2 Evaluations of the events provide feedback on how the event can be improved.

2-3 Detailed records of event collaborators and activities help ensure events are provided on a wide array of topics by multiple community agencies

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Expectant/New Parent Assistance

Service #3 - Taxonomy Definition of Service (300 character limit)

Provides information and support for new parents or parents expecting a child. Information can include infant care, diapering, feeding, developmental stages, and other parenting techniques.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

CRIBS (Community Resources, Infant Beds and Support) provides safe cribs for at-risk families who lack safe sleeping accommodations for their baby. The crib is delivered to the family home and is followed by an additional 5 home visits addressing whole family well-being including discussions on: safe sleep, car seat safety, child abuse and neglect reduction, nutrition, physical activity, smoking/substance usage, and increasing access to community resources. The visits will be delivered to the home by Family Resource Specialist and through partner organizations/school districts. Referrals can be made by parents or through partner organizations. Any family at or below 185% of the poverty line, or who exhibits at least one of Missouri's risk factors for child abuse/neglect who does not have a safe crib is eligible for this program.

When a need is determined in a family either in the early stages of infancy or the late stages of pregnancy, FC4C will be notified or referred to the family. Partner agencies can notify FC4C to acquire a crib and additional materials, and on-board the family to their organization's processes using their normal procedures. If the family is not already committed to a program, FC4C will enroll that person in our CRIBS program with the hopes of engaging them in our full Baby U home visitation program. Upon delivery of the crib (presumably the 1st or 2nd meeting with a family), the Family Resource Specialist will review best practices for safe sleep as well as review common health and wellness issues, the importance of having a PCP, and the impact of tobacco in the home. The Family Resource Specialist will also have their client do an Everyday Stressors index to establish a baseline. This index will be repeated at the 6th visit for the CRIBS program. Both will be returned to FC4C. A partnership exists with SOAR to provide the FAN programing to families with fussy babies.

Partnerships through each school district in Boone County exist to deliver and refer CRIBS, as well as partnerships with several non-profit organizations,

including but not limited to: Refugee Immigrant Services, Columbia PAT, and LFCS. If other groups present themselves with a home visiting platform and clients with a need, they will be considered for this partnership.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

One CRIBS visit, typically lasting 45 minutes.

b. Unit Rate (#3)

\$75.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

This rate is lower, but comparable to the Department of Social Services rate for home visitation. The DSS rate is \$161, however we are asking for \$75 because we expect visits to be shorter with these visits and planning time to be less, since the curriculum is predetermined and information given to each family is standard, reducing staff time. This rate also includes delivery of one safe crib, crib sheets, safety and baby care items, a book, and Children's Trust Fund safety education. Unit cost is per family which averages 3.8 unduplicated individuals.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

600

e. Total Number of Unduplicated Individuals (#3)

380

f. Average Number of Units of Service per Unduplicated Individual (#3)

1.58

g. Average Cost of Service per Individual (#3)

118.42

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

It would be inappropriate to charge families in need a fee. To best serve clients all services will be provided free of charge to reduce their stress and increase well-being.

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

Our services are not recognized as billable services by any third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

n/a

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

No (if no, move on to the Funding Request section)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
a. Boone County - Children's Services Funding (#3)	3a1. \$0.00	3a2. 0	3a3. \$0.00
b. Boone County - Community Health Funding (#3)	3b1. \$0.00	3b2. 0	3b3. \$0.00
c. City of Columbia - Social Services Funding (#3)	3c1. \$0.00	3c2. 0	3c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	3d1. \$0.00	3d2. 0	3d3. \$0.00
e. Heart of Missouri United Way Funding (#3)	3e1. \$0.00	3e2. 0	3e3. \$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$45,000.00

b. Proposed Number of Units of Service (#3)

600

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

This level of funding will expand our capacity to serve more families in Boone County, regardless of where they live in the county. This will ensure a trained family resource specialist is visiting families. It will also allow us to provide families any crisis items they might need including formula, diapers, wipes, and safety items.

Service #3 - Performance Measures

Outcome (3-1)

Reduce rates of SIDS

Indicator (3-1)

100% (n=100) of families who receive a crib will not have a child die due to sleep related death during baby's first 6m.

Method of Measurement (3-1)

No parent will report that they have experienced the death of a child because of a sleep related issue. Home visitors will also see the child monthly during their in home experiences.

Additional Outcome (3-2)

Families will report less stress / anxiety and improved mental health after services

Additional Indicator (3-2)

50% (n=50) take the Every Day Stressors Inventory on a 1st and 6th visit.

Additional Method (3-2)

The Every Day Stressor inventory administered at baseline and in 6 months.

Additional Outcome (3-3)

Mothers will be given the Edinburg Postnatal Depression Scale.

Additional Indicator (3-3)

100% (n=100) mothers will be encouraged to share the results of the Edinburg Postnatal Depression Scale with their OBGYN at their next visit.

Additional Method (3-3)

Mothers will complete the Edinburg Postnatal Depression Scale with in one month of child's birth if applicable and share with their OBGYN.

Additional Outcome (3-4) Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5) Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

Eliminating SIDS risk factors, reducing stress and maternal depression issues are key factors impacting at-risk children well-being and school readiness as well as helping new parents feel prepared to parent. Program materials are directly tied to improving parenting skills and giving families the child information they need to succeed. These measures will help the CRIBS educators work with at-risk families.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Infants deaths could potentially happen due to issues other than sleep, some families experience extreme situational stressors including homelessness causing them to drop out of the program before measures can be collected.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

3-1 Research shows that having a safe place to sleep dramatically reduces risk of sleep related SIDS deaths, therefore by providing this along with education surrounding the risk of SIDS and other health and safety measures, a child's risk should dramatically decrease.

3-2 While we will give an ESI at 6m intervals, approximately 50% families drop out before this can happen.

3-3 The Edinburg Postnatal Depression Scale will be given at the first visit, so 100% of families receiving a crib will receive the scale.

d. Provide a rationale for each method of measurement (#3). (600 character limit)

3-1 Parental report when it comes to health and safety is an accurate measure, as is home visitor report.

3-2 The ESI is an evidence based method to measure stress.

3-3 the Edinburg Postnatal Depression Scale is an evidence based scale to measure postpartum depression.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

Parenting Skills Training

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Develops effective parenting skills

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The Baby U Home Visitation program serves at-risk families at the time they need it most by helping to develop effective parenting skills. Families are visited 2-3 times a month depending on need. Families qualify for this program if they possess one or more risk factors for child abuse/neglect. It is based on the PAT and Nurturing Parenting models of home visitation designed to strengthen families by developing protective factors. Together, the models address social/emotional competencies for children and parents making it a model that spans two generations. A trained Family Resource Specialist (FRS) conducts intentionally designed home visits based on the family and children's developmental needs. Screenings are conducted in all areas of child development including social/emotional. Maternal depression and stress are monitored. Wellness and prevention is the focus of Baby U and the family is supported if referrals for additional services are needed. School district PATs, as well as FC4C FRSs, would conduct this service.

Another key part of the program is the expertise/support FC4C supplies to the school districts. Small school districts struggle to operate home visitation programs because of lack of funding from the state. Their PATs often work alone. FC4C provides support to the school districts PATs in recruitment of families, group activities, and in-service. In-service would focus on social/emotional training such as: Devereaux Early Childhood Assessment, Ages & Stages: Social/Emotional and Trauma Response.

Through this program Ashland, Hallsville, Harrisburg, and Centralia, & Sturgeon would get additional funds to serve more families. Currently, FC4C supports 125 families in Columbia alone.

Baby U program is based on the PAT and Nurturing Parenting home visitation evidenced-base models, but it goes much further in meeting families where they are at and providing services customized for the family.

HVs are often in small districts and often lack collaboration opportunities. FC4C's staff is trained in the PAT and Nurturing Parenting model and has over

90 years of experience working with at-risk populations. They are equipped to provide support to small districts. The staff have expertise to help the local PAT especially in recruitment, retention of families, and group events. FC4C has strong relationships with Boone County Health Department's WIC program, as well as social work staff at both local hospitals to help identify potential families. These partners access our Baby Bag and CRIBS programs, and then refer families to our Baby U program. This support of the Baby U program from partner agencies has the potential to serve the families the day they bring their baby home, providing wrap around services for entire families until their children enter Kindergarten.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

One hour of home visitation

b. Unit Rate (#4)

\$150.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

FC4C proposes to use a blended Parents As Teachers and Nurturing Parenting model to deliver our home visitation services to families. The FC4C model has two additional components. One being incentives/ crisis supplies and mental health services and the second being monthly family group events. FC4C's State DSS rate for similar services is \$161.00 per family per month. Unit cost is per family which averages 3.8 unduplicated individuals.

d. Total Number of Units of Service to be Provided (#4)

2400

e. Total Number of Unduplicated Individuals (#4)

760

f. Average Number of Units of Service per Unduplicated Individual (#4)

3.16

g. Average Cost of Service per Individual (#4)

473.68

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

It would be inappropriate to charge families in need a fee. To best serve clients all services will be provided free of charge to reduce their stress and increase well-being.

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

Our services are not recognized as billable services by any third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

n/a

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Yes (complete the Other Funder's Chart below)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$128.00	4a2. 1020	4a3. \$130,560.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)
\$360,000.00

b. Proposed Number of Units of Service (#4)
2400

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

This level of funding will expand our capacity to serve more families in Boone County, regardless of where they live in the county. This will ensure a trained family resource specialist is visiting families providing important information on child development and addressing family needs. It will also allow us to provide families any crisis items they might need including formula, diapers, wipes, and safety items.

Services #4 - Performance Measures

Outcome (4-1)

Parents will be better informed about the development of their child & learn realistic expectations for developmental behaviors of their children.

Additional Outcome (4-2)

Indicator (4-1)

75% (n=150) parents be informed at 6 month intervals about the child's development using the Ages and Stages: Social Emotional Questionnaires (ASQ-SE)

Additional Indicator (4-2)

Method of Measurement (4-1)

The Ages and Stages: Social/Emotional Questionnaire (ASQ-SE) will be use to measure child development at 6 month intervals.

Additional Method (4-2)

Mothers will be given the Edinburg Postnatal Depression Scale.

Additional Outcome (4-3)

Mothers will report less stress / anxiety after services

Additional Outcome (4-4)

Families will be more resilient and feel less stress as they develop protective factors.

Additional Outcome (4-5)

100% new mothers will be encouraged to share the results of the Edinburg Postnatal Depression Scale with their OBGYN at their next visit.

Additional Indicator (4-3)

75% (n=150) will show improvement on anxiety/stress as measured by the Every Day Stressors Inventory on a 6 month basis.

Additional Indicator (4-4)

75% (n=150) of families will make progress on self selected goals from family strengthening work in home visits.

Additional Indicator (4-5)

Mothers will complete the Edinburg Postnatal Depression Scale with in one month of child's birth if applicable and share with their OBGYN.

Additional Method (4-3)

The Every Day Stressor inventory administered at baseline and every 6 months.

Additional Method (4-4)

Families will identify goals based on information gathered on the Everyday Stressors Index (ESI).

Families will develop and monitor progress on goals using the Family-Centered Assessment/Goal Plan.

Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

Improving mental health, reducing stress and maternal depression issues, understanding development, and increasing family resiliency are key factors impacting at-risk children well-being and school readiness. Program materials are directly tied to improving parenting skills. These measures will help the Baby U educators work with at-risk families.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Some families experience extreme situational stressors including homelessness causing them to drop out of the program before measures can be collected, or to skew their results.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

Indicators 4-1, 4-3, and 4-4: the retention rate for our Baby U families is approximately 75%, and we anticipate providing this outcome for all families we retain.

4-2 The Edinburg Postnatal Depression Scale will be given at the first visit, so 100% of mothers who have just given birth will receive the Edinburg. It is difficult to estimate how many families (n=) will have newborns or join our program with children outside the age that this scale is appropriate.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

4-1 The ASQ & ASQ-SE is an evidence based questionnaire to measure development.

4-2 The Edinburg Postnatal Depression Scale is an evidence based scale to measure postpartum depression.

4-3 & 4-4 The ESI is an evidence based method to measure stress and to develop goals.

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

Crisis Intervention

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Access to services to resolve an immediate crisis and/or link to ongoing assistance.

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Baby Bags- Families who receive services under our crisis services will receive Baby Bags, diapers, wipes, car seats, or other items needed to provide care and comfort to their children. Families who access this service will also receive an informal needs assessment to ensure that other needed resources, not provided by FC4C, can be easily secured through our partnering agencies. Most families who receive the Crisis services have newborn/infant children. Families in crisis with very young children are extremely susceptible to stress and depression. For this reason most, if not all, requests for Crisis services will be handled within 24 hours of the request being made. FC4C staff or partnering agencies will deliver requested items to families. All partnering agencies delivering baby bags will be fully trained on safe sleep practices and parenting information related to Children's Trust Fund "Never Shake a Baby" education. Partner agencies to date include: Refugee and Immigration Services, PAT's in all school districts, LFCS, Safe Kids, University and Boone Hospitals. Families receiving the crisis services will also be provided with information about our Lend & Learn Libraries and group events/parent trainings and encouraged to participate. It is our goal to connect families in crisis with other families who may be able to become a support and education system. Services will be delivered to families within their homes thus relieving the need for families to find transportation. All families residing within Boone County with age eligible children who exhibit risk factors may participate in our crisis services.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

One crisis unit usually including a baby bag, diapers & wipes, car seat, formula, or other item.

b. Unit Rate (#5)

\$35.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

This unit rate is the average cost of many of the possible incentives a family might need in their time of crisis and staff time to deliver the items. Unit cost is per family which averages 3.8 unduplicated individuals.

d. Total Number of Units of Service to be Provided (#5)

572

e. Total Number of Unduplicated Individuals (#5)

1900

f. Average Number of Units of Service per Unduplicated Individual (#5)

0.3

g. Average Cost of Service per Individual (#5)

10.54

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

It would be inappropriate to charge families in need a fee. To best serve clients all services will be provided free of charge to reduce their stress and increase well-being.

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

Our services are not recognized as billable services by any third-party payor.

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

n/a

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Yes (complete the Other Funder's Chart below)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$28.50	5a2. 750	5a3. \$21,375.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$20,020.00

b. Proposed Number of Units of Service (#5)

572

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

This level of funding will expand our capacity to provide crisis services to more families in Boone County, regardless of where they live in the county. It will also allow us to expand existing partnerships and offer new partnerships to organizations including Safe Kids and the Police Department. Without this funding, there is no major source for families in Boone County to receive car seats as Safe Kids, the current provider, has no future funding source.

Service #5 - Performance Measures

Outcome (5-1)

Increased family self-efficacy.

Additional Outcome (5-2)

Increased safety of children

Additional Outcome (5-3)

Decreased family stress and risk of

Indicator (5-1)

90% (n=450) families in crisis will reach out to FC4C or a partner organization to receive services in the form of a Baby Bag, diapers, wipes, safety items, home health items, emergency items, food vouchers, car seat or other need.

Additional Indicator (5-2)

100% (n=500) of families identified as needing a safety item we possess will receive said item, including but not limited to car seats and Baby Bags.

Additional Indicator (5-3)

100% (n=500) of families identified as needing crisis items will receive services in a timely fashion

Method of Measurement (5-1)

A complete inventory of services will be kept for all families including family name, item given and date of service. When obtainable qualitative notes will be kept to see if the assistance given helped meet the family's needs and relieved stress.

Additional Method (5-2)

A complete inventory of services will be kept for all families including family name, item given and date of service. When obtainable qualitative notes will be kept to see if the assistance given helped meet the family's needs and relieved stress.

Additional Method (5-3)

A complete inventory of services will be kept for all families including family name, item given and date of service. When obtainable qualitative notes will be kept to see if the assistance given helped meet the family's needs and relieved stress.

child abuse/
neglect

**Additional
Outcome (5-
4)**

Additional Indicator (5-4)

Additional Method (5-4)

**Additional
Outcome (5-
5)**

Additional Indicator (5-5)

Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

5-1 Families who know where to receive services when they are in need can be less reactive and more effective in their parenting skills.

5-1, 5-2, 5-3 Supplying concrete items in time of need/crisis can help reduce stress and prevent child abuse/neglect. Once immediate needs are taken care of families can focus on larger goals, like strengthening family relationships and kindergarten readiness.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

It can be difficult to track families in high crisis situations, making qualitative records difficult to obtain for all families who receive services.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

5-1 We anticipate 90% of families will reach out, but some will be identified and given services who have not self referred.

5-1, 5-2, 5-3 These are not outcomes that lend themselves to standardized measurement, however we anticipate with this funding being able to provide services to all identified families needing crisis items.

d. Provide a rationale for each method of measurement (#5) (600 character limit)

5-1, 5-2, 5-3 Qualitative records and logs of what items are needed are one of the best ways to track families needs in times of crisis.

5-2 Tracking families who received safety items and keeping notes on safety the of the children is the best way of noting increased safety.

5-3 Tracking how quickly items were received can help improve family wellbeing as receiving items in a timely fashion can dramatically decrease stress and risks of child abuse/neglect.

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

555028

Additional Program Services #6 - #10 (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	First Chance for Children (FC4C)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	FC4C Expansion
Amount of Request	\$575,028.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the **My Shared Files** section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in **My Shared Files**. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #6 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#6)

a. Service #6 - Taxonomy of Service Name (150 character limit)

Best Practices Training

b. Service #6 - Taxonomy Definition of Service (300 character limit)

Provides training to build on or explore best practice techniques

c. Provide a detailed description of the proposed service (#6). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Trainings provided are intended to meet the needs of the community practitioners at the time of implementation and ultimately help improve the kindergarten readiness of Boone County children by creating more competent providers.

Previous to any trainings being provided, FC4C will send out a community needs survey to determine what skills providers feel they need the most help with. The survey will be available to all current partners and additional efforts will be made provide the survey to all providers interfacing with children ages

0-5. Survey results will inform trainings provided.

Trainings will be delivered in a fashion most accessible to providers, either in their community, online, or support will be provided to bring them to an outside location. Trainings will be held during times that are most conducive to provider and partner participation. Post-tests will be used to gauge participant engagement and growth. Snacks or a meal will be provided when applicable. While a training schedule is not yet determined this has been done so intentionally to anticipate training opportunities that arise throughout the year which would be beneficial to our client and provider populations and best improve best practices of service providers. This flexibility is to accommodate the many training opportunities may differ in medium, length and style but will be chosen based on the importance information disseminated and the ease of access for consumers.

The unit cost has been determined to be an average cost of all trainings delivered over the last 2 years. First Chance for Children will facilitate the trainings when necessary and work with partner organizations to find space and participants. Every effort will be made to include partner agencies in these trainings ensuring that LFCS, Parent Link, CCUA, Columbia Square, Safe Kids, SOAR, PAT, RIS, and other agencies in Boone County have access to trainings on best practice for our families. While the trainings will directly impact provider's knowledge and best practices, this knowledge will ultimately help improve the lives of children and families in Boone County.

Record Lock

0

Service #6 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#6)

One individual trained

b. Unit Rate (#6)

\$200.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#6)

c. Is the proposed Unit Rate (#6) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#6) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#6) (600 character limit)

This rate is average cost to provide best practice training based upon our costs of providing said types of training in previous years. The cost includes: staff time to set up and run training, attendance cost, speaker fees, refreshments, and training materials.

d. Total Number of Units of Service to be Provided (#6)

100

e. Total Number of Unduplicated Individuals (#6)

50

f. Average Number of Units of Service per Unduplicated Individual (#6)

2

g. Average Cost of Service per Individual (#6)

400

Service #6 - Service Fee

a. Will the proposed service (#6) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#6) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#6)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#6). (600 character limit)

FC4C understands the barriers early childhood educators face including low wages, making cost a barrier to attending best practices training. By not charging participants to attend we can help improve provider attendance and competencies, leading to greater kindergarten readiness and family wellbeing.

b. Is this proposed service (#6) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#6) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#6) (600 character limit)

If No - Explain why the proposed service (#6) is not billable to a third-party payor. (600 character limit)

Our services are not recognized as billable services by any major payor. The amount received by other funders below is the total number of units we received for several different trainings, the total amount allocated, and the average unit cost from those trainings.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#6) (600 character limit)

n/a

Service #6 - Amount Received From Other Funders**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#6)**

Yes (complete the Other Funder's Chart below)

Service #6 - Other Funders Chart

<u>Funders (#6)</u>	<u>Unit Rate (#6)</u>	<u># of Units Funded (#6)</u>	<u>Total Amount Contracted (#6)</u>
a. Boone County - Children's Services Funding (#6)	6a1. \$205.88	6a2. 68	6a3. \$14,000.00
b. Boone County - Community Health Funding (#6)	6b1. \$0.00	6b2. 0	6b3. \$0.00
c. City of Columbia - Social Services Funding (#6)	6c1. \$0.00	6c2. 0	6c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#6)	6d1. \$0.00	6d2. 0	6d3. \$0.00
e. Heart of Missouri United Way Funding (#6)	6e1. \$0.00	6e2. 0	6d4. \$0.00

Service #6 - Funding Request**a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#6)**

\$20,000.00

b. Proposed Number of Units of Service (#6)

100

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#6) (600 character limit)

This level of funding will improve the competency of at least 50 early childhood education providers in several different roles including home visitation, therapy, group events, case management, and supervisors. By improving their competency in working with families they can better help families improve overall wellbeing and kindergarten readiness.

Service #6 - Performance Measures**Outcome (6-1)**

Service providers will complete the best practices training

Additional Outcome (6-2)

Service providers will be more competent in the topic provided

Indicator (6-1)

100% (n=100) community service providers will attend the entire training.

Additional Indicator (6-2)

75% (n=75) community service providers will report improved competency

Method of Measurement (6-1)

Sign in sheet and post test at the end of the training will serve as proof of completion.

Additional Method (6-2)

Post test at the end of the training will include questions indicating level of competency obtained

Additional Outcome (6-3)

Additional Indicator (6-3)

Additional Method (6-3)

Additional Outcome (6-4)

Additional Indicator (6-4)

Additional Method (6-4)

Additional Outcome (6-5)

Additional Indicator (6-5)

Additional Method (6-5)

Service #6 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#6) (600 character limit)

Attendance and increased competency in working with families providers can better help families improve overall wellbeing and kindergarten readiness.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#6) (600 character limit)

Staff turnover is an ongoing issue when it comes to early childhood programming. Providers who receive skills from trainings might transfer organizations or leave the field.

c. Provide a rationale for the measurement level(s) for each indicator. (#6) (600 character limit)

6-1 Once providers have signed in to a training, it is assumed they will stay for the entire duration.

6-2 We anticipate to provide trainings on information that will improve the competency for all who attend, however sometimes attendees might not find the information helpful.

d. Provide a rationale for each method of measurement. (#6) (600 character limit)

6-1 A sign in sheet is an accurate way count number of attendees.

6-2 Provider feedback is an accurate way to understand how the training improved skills and knowledge.

Service #7 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#7)

a. Service #7 - Taxonomy of Service Name (150 character limit)

b. Service #7 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#7). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #7 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#7)

b. Unit Rate (#7)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#7)

c. Is the proposed Unit Rate (#7) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#7) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#7) (600 character limit)

d. Total Number of Units of Service to be Provided (#7)

0

e. Total Number of Unduplicated Individuals (#7)

0

f. Average Number of Units of Service per Unduplicated Individual (#7)

0

g. Average Cost of Service per Individual (#7)

0

Service #7- Service Fee

a. Will the proposed service (#7) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the proposed service (#7) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#7) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#7). (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#7) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#7). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#7) (600 character limit)

If No - Explain why the proposed service is not billable to a third party payor. (#7) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#7) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #7 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#7)

Service #7 - Other Funders Chart

<u>Funders (#7)</u>	<u>Unit Rate (#7)</u>	<u># of Units Funded (#7)</u>	<u>Total Amount Contracted (#7)</u>
	7a1.	7a2.	7a3.
a Boone County - Children's Services Funding (#7)	\$0.00	0	\$0.00
	7b1.	7b2.	7b3.
b. Boone County - Community Health Funding (#7)	\$0.00	0	\$0.00
	7c1.	7c2.	7c3.
c. City of Columbia - Social Services Funding (#7)	\$0.00	0	\$0.00
	7d1.	7d2.	7d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#7)	\$0.00	0	\$0.00
	7e1.	7e2.	7e3.
e. Heart of Missouri United Way Funding (#7)	\$0.00	0	\$0.00

Service #7 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#7)
\$0.00

b. Proposed Number of Units of Service (#7)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#7) (600 character limit)

Service #7 - Performance Measures

Outcome (7-1)	Indicator (7-1)	Method of Measurement (7-1)
Additional Outcome (7-2)	Additional Indicator (7-2)	Additional Method (7-2)
Additional Outcome (7-3)	Additional Indicator (7-3)	Additional Method (7-3)
Additional Outcome (7-4)	Additional Indicator (7-4)	Additional Method (7-4)
Additional Outcome (7-5)	Additional Indicator (7-5)	Additional Method (7-5)

Service #7 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (7) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s). (7) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator. (7) (600 character limit)
- Provide a rationale for each method of measurement (7). (600 character limit)

Service #8 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#8)

Service #8 - Taxonomy of Service Name (150 character limit)

Service #8 - Taxonomy Definition of Service (300 character limit)

- Provide a detailed description of the proposed service (#8). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #8 - Outputs

- Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#8)

- Unit Rate (#8)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#8)

- Is the proposed Unit Rate (#8) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#8) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#8) (600 character limit)

- Total Number of Units of Service to be Provided (#8)

0

- Total Number of Unduplicated Individuals (#8)

0

- Average Number of Units of Service per Unduplicated Individual (#8)

0

- Average Cost of Service per Individual (#8)

0

Service #8 - Service Fee

- Will the proposed service (#8) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#8). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#8)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#8) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#8) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#8). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#8) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#8) (e.g. catastrophic

Service #8 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#8)

Service #8 - Other Funders Chart

<u>Funders (#8)</u>	<u>Unit Rate (#8)</u>	<u># of Units Funded (#8)</u>	<u>Total Amount Contracted (#8)</u>
	8a1.	8a2.	8a3.
a Boone County - Children's Services Funding (#8)	\$0.00	0	\$0.00
	8b1.	8b2.	8b3.
b. Boone County - Community Health Funding (#8)	\$0.00	0	\$0.00
	8c1.	8c2.	8c3.
c. City of Columbia - Social Services Funding (#8)	\$0.00	0	\$0.00
	8d1.	8d2.	8d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#8)	\$0.00	0	\$0.00
	8e1.	8e2.	8e3.

Service #8 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#8)

\$0.00

b. Proposed Number of Units of Service (#8)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#8) (600 character limit)

Service #8 - Performance Measures

Outcome (8-1)	Indicator (8-1)	Method of Measurement (8-1)
Additional Outcome (8-2)	Additional Indicator (8-2)	Additional Method (8-2)
Additional Outcome (#3-3)	Additional Indicator (8-3)	Additional Method (8-3)
Additional Outcome (8-4)	Additional Indicator (8-4)	Additional Method (8-4)

Service #8 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#8). (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#8). (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#8). (600 character limit)
- d. Provide a rationale for each method of measurement (#8). (600 character limit)

Service #9 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#9)

- a. Service #9 - Taxonomy of Service Name (150 character limit)
- b. Service #9 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#9). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #9 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#9)

- b. Unit Rate (#9)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#9)

- c. Is the proposed Unit Rate (#9) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#9) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#9) (600 character limit)

- d. Total Number of Units of Service to be Provided (#9)

0

- e. Total Number of Unduplicated Individuals (#9)

0

- f. Average Number of Units of Service per Unduplicated Individual (#9)

0

- g. Average Cost of Service per Individual (#9)

Service #9 - Service Fee

- a. Will the proposed service (#9) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#9). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#9)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#9). (600 character limit)

- b. Is this proposed service (#9) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#9) (600 character limit)

If No - Explain why the proposed service (#9) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#9) (e.g. catastrophic

Service #9 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#9)

Service #9 - Other Funders Chart

<u>Funders (#9)</u>	<u>Unit Rate (#9)</u>	<u># of Units Funded (#9)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#9)	9a1. \$0.00	9a2. 0	9a3. \$0.00
b. Boone County - Community Health Funding (#9)	9b1. \$0.00	9b2. 0	9b3. \$0.00
c. City of Columbia - Social Services Funding (#9)	9c1. \$0.00	9c2. 0	9c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#9)	9d1. \$0.00	9d2. 0	9d3. \$0.00
	9e1.	9e2.	9d4.

Service #9 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#9)
\$0.00

b. Proposed Number of Units of Service (#9)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#9) (600 character limit)

Services #9 - Performance Measures

Outcome (9-1)	Indicator (9-1)	Method of Measurement (9-1)
Additional Outcome (9-2)	Additional Indicator (9-2)	Additional Method (9-2)
Additional Outcome (9-3)	Additional Indicator (9-3)	Additional Method (9-3)
Additional Outcome (9-4)	Additional Indicator (9-4)	Additional Method (9-4)
Additional Outcome (9-5)	Additional Indicator (9-5)	Additional Method (9-5)

Service #9 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#9) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#9) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#9) (600 character limit)

d. Provide a rationale for each method of measurement (#9) (600 character limit)

Service #10 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#10)

a. Service #10 - Taxonomy of Service Name (150 character limit)

b. Service #10 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#10). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #10 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#10)

b. Unit Rate (#10)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#10)

c. Is the proposed Unit Rate (#10) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#10) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#10). (600 character limit)

d. Total Number of Units of Service to be Provided (#10)

0

e. Total Number of Unduplicated Individuals (#10)

0

f. Average Number of Units of Service per Unduplicated Individual (#10)

0

Service #10 - Service Fee

a. Will the proposed service (#10) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#10). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#10)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#10). (600 character limit)

b. Is this proposed service (#10) billable to a third party-payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#10) (600 character limit)

If No - Explain why the proposed service (#10) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#10) if they are uninsured or under insured? (e.g. catastrophic

Service #10 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#10)

Service #10 - Other Funders Chart

<u>Funders (#10)</u>	<u>Unit Rate (#10)</u>	<u># of Units Funded (#10)</u>	<u>Total Amount Contracted (#10)</u>
a. Boone County - Children's Services Funding (#10)	10a1. \$0.00	10a2. 0	10a3. \$0.00
b. Boone County - Community Health Funding (#10)	10b1. \$0.00	10b2. 0	10b3. \$0.00
c. City of Columbia - Social Services Funding (#10)	10c1. \$0.00	10c2. 0	10c3. \$0.00
d. City of Columbia - CDDO/Heart of Missouri United Way Funding (#10)	10d1.	10d2.	10d3.

Service #10 - Funding Request

- a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#10)
\$0.00
- b. Proposed Number of Units of Service (#10)
0
- c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#10) (600 character limit)

Service #10 - Performance Measures

Outcome (10-1)	Indicator (10-1)	Method of Measurement (10-1)
Additional Outcome (10-2)	Additional Indicator (10-2)	Additional Method (10-2)
Additional Outcome (10-3)	Additional Indicator (10-3)	Additional Method (10-3)
Additional Outcome (10-4)	Additional Indicator (10-4)	Additional Method (10-4)
Additional Outcome (10-5)	Additional Indicator (10-5)	Additional Method (10-5)

Service #10 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#10) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#10) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#10) (600 character limit)
- d. Provide a rationale for each method of measurement (#10) (600 character limit)

Total Amount Requested for Services #6 - Service #10

Total Amount Requested for Services #6 - Service #10
20000



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

**Purchase of Service Contracts
Boone County Children's Services Fund
2017 Application**

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymmo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

4.3.2. Negotiations will only be conducted with potentially acceptable proposals.

4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of _____)
) ss
 State of _____)

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Date

Printed Name _____

Subscribed and sworn to before me this day of , 20 .

Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/05/2017

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

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

PRODUCER Kasmann Insurance Agency P O Box 1111 Columbia MO 65205	CONTACT NAME: PHONE (A/C, No, Ext): (573) 442-1105 FAX (A/C, No): E-MAIL: bill@kasmanninsurance.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Insurance Co INSURER B : Missouri Employers Mutual Insurance Co INSURER C : INSURER D : INSURER E : INSURER F :
-------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	PHPK1261245	12/12/2016	12/12/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Professional Liability					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMPI/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY		PHPK1261245	12/12/2016	12/12/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		PHUB521261	12/12/2016	12/12/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input checked="" type="checkbox"/> N/A	MEM40039660	11/14/2016	11/14/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

County of Boone
Attn: M Bobbitt Boone County Purchasing
913 E Ash St Room 109
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Bill Kasmann

<VP>

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/13/2017

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

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

PRODUCER Kasmann Insurance Agency P O Box 1111 Columbia MO 65205	CONTACT NAME: PHONE (A/C, No, Ext): (573) 442-1105 FAX (A/C, No): E-MAIL: bill@kasmanninsurance.com ADDRESS:														
INSURED First Chance for Children PO Box 1101 Columbia MO 65205	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Philadelphia Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B : Missouri Employers Mutual Insurance Co</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Insurance Co		INSURER B : Missouri Employers Mutual Insurance Co		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X	PHPK1749483	12/12/2017	12/12/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Professional Liability						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			PHPK1749483	12/12/2017	12/12/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS		BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS		PROPERTY DAMAGE (Per accident) \$				
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS-MADE	PHUB610338	12/12/2017	12/12/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N	N/A	MEM40039660	11/14/2017	11/14/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CANCELLATION

County of Boone
 c/o Purchasing Department
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AUTHORIZED REPRESENTATIVE

Bill Kasmann

<VP>



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract

Early Assessment and Intervention Services for Outcomes Now (EAIS-ON)

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Great Circle** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **GC**.

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

WHEREAS, GC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY GC

GC is expected to the greatest extent possible to maximize funding from all other sources. GC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. GC shall only request reimbursement for services not reimbursable by any other source. GC shall not invoice the Children's Services Fund for units of service invoiced to another funding source. GC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** GC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and GC's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over GC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from GC and GC agrees to furnish the **Early Assessment and Intervention services for Outcomes Now (EAIS-ON)** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in GC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$214,129.85** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of January 1, 2018 and extend through December 31, 2018 subject to the provisions for termination specified below. GC agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of GC be renewed for an **additional one (1), one-year period**. GC agrees and understands that the BCCSB may require supplemental information to be submitted by GC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Individual Therapy – Child	One hour	\$49.15	1,125	\$55,293.75
Individual Therapy – Adult	One hour	\$40.96	1,284	\$52,592.64
Family Therapy	One hour	\$68.26	761	\$51,945.86
Behavioral Health Assessment	One assessment	\$115.40	344	\$39,697.60
Substance Use Disorder Assessment	One assessment	\$150.00	18	\$2,700.00
Individual Therapy – Child (Substance Use Disorder Treatment)	One hour	\$85.00	140	\$11,900.00

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of GC, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by GC to monitor service delivery and program expenditures. GC agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by GC and, if so stipulated, are noted on this contract document. Payments may be withheld from GC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. GC agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

9. **Monitoring.** GC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect GC's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client

confidentiality. In addition, GC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** GC may enter into subcontracts for components of the contracted service as GC deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, GC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should GC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, GC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the GC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

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

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

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

27. **Record Retention Clause.** GC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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


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

Any written notice or communication to GC shall be mailed or delivered to:

Great Circle
Carrie Bolm
409 Vandiver Bldg 6, Suite 102
Columbia, MO 65202


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

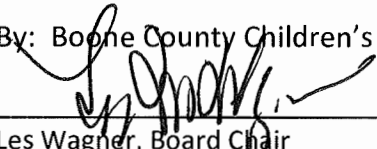
Great Circle

By: 
Signature

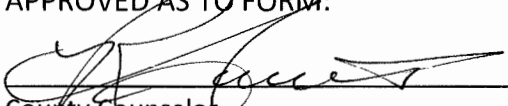
By: JULIA ADAMI/VP/CPO HCBS
Printed Name/ Title

Boone County, Missouri

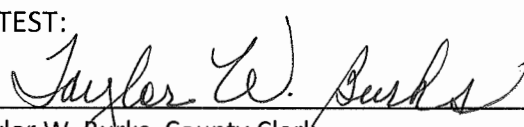
By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

Les Wagner, Board Chair

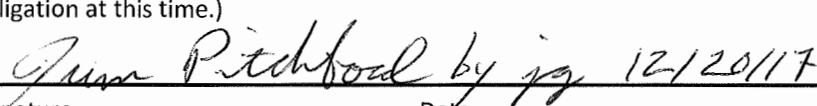
APPROVED AS TO FORM:


County Counselor

ATTEST:


Taylor W. Burks, County Clerk
DKB

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

 by jg 12/20/17 (2161/71106/\$214,129.85)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 21, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – Purchase of Service Contracts

CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: _Great Circle_____

Address: _409 Vandiver Dr, Building 6, Suite 102_____
_Columbia, MO 65202_____

Telephone: _573-442-8331_____ Fax: _573-442-8330_____

Federal Tax ID (or Social Security #): _43-0681471_____

Print Name: _Beatrice Stewart___ Title: _Director of Home & Community Based Services___

Signature: _____
Date: _11/20/2017_____

E-mail: beatrice.stewart@greatcircle.org_____

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #2**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Great Circle
Name of Program	Early Assessment and Intervention Services for Outcomes Now (EIAS-ON)

Program Services	
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Service 5 – Behavioral Health Assessment

1. Service 5/Unit Rate – The Unit Measure for the Behavioral Health Assessment is currently listed as one hour. Unit Measures for assessments must be “one assessment”.
Action Required: Complete the table below that reflects the output information for the required unit measure.

For 4 assessments total (average of 6 assessments per adult & 2 per child):

Outputs (Children’s Services Fund only)			
Unit Measure: One Assessment	Unit Rate:	Total Number of Units to be Provided:	Total Number of Unduplicated Individuals:
One assessment	\$115.40	344	86
Funding Request (Children’s Services Fund only)			
Amount Requested to Boone County: \$39,696		Proposed Number of Units of Service:	344

Service 6 – Substance Use Disorder Assessment

2. Service 6/Unit Rate – The Unit Measure for the Behavioral Health Assessment is currently listed as one hour. Unit Measures for assessments must be one assessment.
Action Required: Complete the table below that reflects the output information for the required unit measure.

In our original clarification, we combined the total of assessment *hours* provided (2) plus the number of substance abuse sessions (7) to arrive at our unit rate, which after closer examination does not provide accurate information for our funders.

Our contract for substance abuse includes a set rate of \$150 per assessment (1) and \$85 hourly charge for counseling (7). Cost per individual is set at \$745, and we estimate 20 clients to be serviced which

equals total cost of \$14,900. We anticipate revenue of \$289 for substance abuse assessments, total requested from CSF equals \$14,611. For separation of services see below:

One Assessment:

Outputs (Children's Services Fund only)			
Unit Measure:	Unit Rate:	Total Number of Units to be Provided:	Total Number of Unduplicated Individuals:
One assessment	\$ 150	20	20
Funding Request (Children's Services Fund only)			
Amount Requested to Boone County: \$2,711		Proposed Number of Units of Service: 18	

7 Hours of Counseling:

Outputs (Children's Services Fund only)			
Unit Measure: Hour	Unit Rate:	Total Number of Units to be Provided:	Total Number of Unduplicated Individuals:
Hour	\$ 85	140	20
Funding Request (Children's Services Fund only)			
Amount Requested to Boone County: \$11,900		Proposed Number of Units of Service: 140	

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 16, 2017

Great Circle
Attn: Beatrice Stewart, Director of Home and Community Based Services
409 Vandiver West, Building 6, Suite 203
Columbia, MO 65202
beatrice.stewart@greatcircle.org

RE: Written Clarification #2 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Stewart:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 21, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melinda Bobbitt', with a stylized flourish at the end.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Julia Adami – Julia.adami@greatcircle.org

Attachments: Written Clarification Form #2

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Great Circle
Name of Program	Early Assessment and Intervention Services for Outcomes Now (EIAS-ON)

Program Services	
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Service 5 – Behavioral Health Assessment

1. Service 5/Unit Rate – The Unit Measure for the Behavioral Health Assessment is currently listed as one hour. Unit Measures for assessments must be “one assessment”.

Action Required: Complete the table below that reflects the output information for the required unit measure.

Outputs (Children’s Services Fund only)			
Unit Measure:	Unit Rate:	Total Number of Units to be Provided:	Total Number of Unduplicated Individuals:
One assessment	\$		
Funding Request (Children’s Services Fund only)			
Amount Requested to Boone County:		Proposed Number of Units of Service:	

Service 6 – Substance Use Disorder Assessment

2. Service 6/Unit Rate – The Unit Measure for the Behavioral Health Assessment is currently listed as one hour. Unit Measures for assessments must be one assessment.

Action Required: Complete the table below that reflects the output information for the required unit measure.

Outputs (Children’s Services Fund only)			
Unit Measure:	Unit Rate:	Total Number of Units to be Provided:	Total Number of Unduplicated Individuals:
One assessment	\$		
Funding Request (Children’s Services Fund only)			
Amount Requested to Boone County:		Proposed Number of Units of Service:	

Early Assessment and Intervention
Services for Outcomes Now
(EAlson)

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 1, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Great Circle

Address: 409 Vandiver Dr, Building 6, Suite 102
Columbia, MO 65202

Telephone: 573-442-8331 Fax: 573-442-8330

Federal Tax ID (or Social Security #): 43-0681471

Print Name: Beatrice Stewart Title: Director of Home & Community Based Services

Signature:  Date: 11/1/2017

E-mail: beatrice.stewart@greatcircle.org

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Great Circle
Name of Program	Early Assessment and Intervention Services for Outcomes Now (EAISON)

Organization Profile	
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1. The address, phone number, and email address for Board Member, Victor Haddock is not provided.

Action Required: Provide the address, phone number, and email address for Victor Haddock on the Governing Board section.

Victor Haddock
151 Executive Estates Dr.
St. Louis, MO 63141
(314) 387-4671
VJHaddock@magellanhealth.com

Program Overview Form	
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2. The number of unduplicated individuals to be served in the Program Consumers section lists 80 individuals but the Consumer Demographics list 136 for the demographic totals.

Action Required: Provide clarification on the total number of unduplicated individuals to be served.

After reviewing the proposal further, as well as our estimated budget, we have adjusted the projected number of unduplicated individuals served to 110. The demographic information in the "Consumer Demographics" section for 2015 and 2016 listed the number of individuals served over a 2-year period, which averaged out to 136. Though these averages would seem to indicate increasing the capacity of individuals the EAISON program could serve in a year period, the increased program timeframe from 90-120 days to 120 -180 days would allow less turnover of clients leading the projected number of individuals the program would serve to be 110 for a 1-year period/220 for a 2-year period. This number takes into account how many direct and non-direct hours of service clinicians and staff would be able to provide within a standard 40-hour work week.

3. There are four individuals listed as residents in other counties in the Consumer Demographics section. *Action Required:* Provide clarification the on the funding source paying for the four people from other counties.

The EAISON program provides services to Boone County residents; however, several families who were served within the last two years have had one parent/caregiver located in a separate county. This might occur when one parent is located in a different county but has shared custody and parenting responsibilities. This can also happen if the child remains in Boone County Jurisdiction but when removed was placed in alternative care that is geographically located in a different county due to availability of foster homes. To serve the entire family, EAISON provides therapy and Family Group Decision Making Services to the family unit, beyond Boone County, if that is where a caregiver or child resides; however, it remains a requirement that the child must reside within Boone County or be in Boone County's jurisdiction/care.

4. Action Required: *Provide more information about the Family Group Decision Making training and who will attend in the field below.*

About the Center for Dispute Resolution (CDR). The CDR is an independent organization sponsored by the College of Arts and Letters and the Department of Communication at Missouri State University. The CDR's mission is to provide individuals, families, organizations, and communities with the tools to effectively manage conflicts. This mission has inspired a wide array of training opportunities, high-impact community programs, and meaningful outreach services. The CDR offers conflict management, mediation, training, and educational services; supports educational and community programs; and forms collaborative partnerships with key groups to promote alternative forms of dispute resolution and innovative programs and processes in conflict management and resolution in the state and region.

Staff Training in Family Group Decision Making. The CDR has extensive experience offering training and coordinating community programs. This experience includes the provision of Family Group Decision Making (FGDM) training for child welfare cases and juvenile justice cases, and the administration of community programs in Family Group Decision Making. Given its mission of education and outreach, the CDR is enthusiastic to partner with Great Circle to provide the training proposed below.

Under this proposal the CDR will develop training in Family Group Decision Making for EAISON Program Staff who have not completed it previously, Great Circle support team members and case managers, as well as any other appropriate staff. Participants may also include professionals from other child welfare agencies such as Children's Division, the Juvenile Office, the Juvenile Court system (i.e. Guardian Ad Litums, Parent Attorneys) as well as other service providers providing supports to children and families in Boone County (FACE of Boone County, public school officials, etc.).

This training will cover (but would not necessarily be limited to) the following topics:

- The philosophical underpinning of the FGDM model
- The goals and benefits of the FGDM process
- Appropriate behaviors, role, and responsibilities for an FGDM coordinator
- Facilitation skills, including conflict management, communication, and facilitation strategies
- Strategies for building strong family support networks
- How to prepare family members for the FGDM process
- How to effectively coordinate an FGDM meeting
- Role playing and debrief (may include demonstrations, fishbowl, and/or individual role playing)

Additionally, at the request of Great Circle the CDR can build in strategic planning sessions as a part of the training so the group can discuss the implementation and use of family group conferencing within its established or proposed programs.

Training Date, Times, and Locations. Specific trainings dates will be determined by Great Circle, in collaboration with the CDR. The training will take place over two full days (8:30 a.m. - 4:30 p.m.). Experienced training staff from the CDR will travel to a location identified by Great Circle to conduct the training.

Trainers. Training will be provided by CDR Director Dr. Charlene Berquist and CDR Associate Director Heather Blades. Both Dr. Berquist and Ms. Blades have significant experience developing FGDM programs and training professionals and volunteers in the family group decision making process.

Great Circle will pay a maximum of \$3,000 for the Family Group Decision Making training for the EAISON program. *Action Required: Provide more information about the Family Group Decision Making training and who will attend in the field below.* CONTINUED

Materials. The CDR will provide all training materials for participants, including training notebooks, handouts, and supplemental readings. The CDR will maintain the copyright on any materials developed for the training, although these materials could be utilized by Great Circle with permission of the CDR.

Refreshments. Decisions related to training refreshments will be made by Great Circle, in collaboration with the CDR.

Equipment and Room Setup. The CDR will provide an on-site laptop and projector, as well as flip charts and markers, for the training presentation. Great Circle will be responsible for securing a training location. Ideally any training venue will allow for the presentation of lecture material while also providing participants with the flexibility for group discussion and activity. For example, a room with movable tables and chairs, rather than fixed classroom seating, would provide ample opportunity for group work and skill development.

5. The Collaboration narrative discusses a therapist contracted to provide substance use therapy, assessments, and urinary analysis. The organization or business is not identified and a MOU is not provided. *Action Required: Provide more information on the organization/business that is providing substance use services for Great Circle. Provide clarification on funds that will be utilized to subcontract substance use services.*

EAISON will utilize a subcontractor to provide substance abuse services.

Current provider:

Cynthia Hawk, LPC, MAC, MCBQS

Right Road Counseling LLC

1803 Sun Valley Drive Suite A

Jefferson City MO 65109

573-616-3007

cynthialpcmac@rightroadcounseling.com

MOU ATTACHED

Clarification on funds below in charts & Service 6 narratives.

6. The Program Budget needs to be provided for one year of services. The proposed amount from the Boone County Children's Services Fund is for two years of services. *Action Required:* Provide the funding request for one year in the field below.

Year one: \$224, 644

Year two: \$224, 023

7. The amount that will be billed to Medicaid or private insurance was not provided on the Program Budget.

Action Required: Provide the amount that will be billed to Medicaid or private insurance.

Medicaid:

Medicaid Revenue	Clients	Medicaid Rate	Number Per week	Number Weeks	Total Medicaid Revenue
Individual Therapy - Child	13	24.94	1	28	8,729
Individual Therapy - Adult					
Family Therapy	9	49.87	1	28	12,567
Case Management	Not Billable				
Behavioral Health Assessment	13	25.66	2		642
Substance Use Disorder Assessment	5	25.66	1		128
Total Medicaid Revenue					22,066

Private Insurance:

Insurance Revenue	Clients	Insurance Rate	Number Per week	Number Weeks	Total Insurance Revenue
Individual Therapy - Child	5	34.00	1	28	4,760
Individual Therapy - Adult	6	34.00	1	28	5,712
Family Therapy	3	55.00	1	28	4,312
Case Management	Not Billable				
Behavioral Health Assessment	11	73.00	3		2,409
Substance Use Disorder Assessment	2	73.00	1		161
Total Insurance Revenue					17,354

8. Narratives were not provided for Personnel and Non-Personnel Expenses. *Action Required:*
Provide narratives describing Personnel and Non-Personnel Expenses for the proposed program.

Personnel: Grand total of personnel costs equals \$387,233. First year – The total cost for personnel costs equals \$193,881. This number includes staff salaries (\$150,116) and payroll taxes and employee benefits (\$43,765). Second year – The total cost for personnel costs equals \$193,342. This number includes staff salaries (\$154,620) and payroll taxes and employee benefits (\$39,722).

Further breakdown of salaries (year 1 and 2):

	12/31/17 TOTAL SALARY	2018 INCREASE		12/31/18 SALARY
		%	AMOUNT	
HV: Dept 660				
0.05 Program Administrator	3,250	3%	98	3,348
0.05 Administrative Assistant	1,248	3%	37	1,285
0.65 Program Coordinator	24,618	3%	739	25,357
1 New Position Therapist	43,000	3%	1,290	44,290
1 New Position Therapist	43,000	3%	1,290	44,290
1 New Position Case Manager	35,000	3%	1,050	36,050
3.75 DEPARTMENT @ 100%	150,116	0	4,504	154,620

Further breakdown of payroll taxes and employee benefits (year 1 and 2):

Social Security	\$11,484	\$11,828
Group Insurance	\$20,946	\$20,955
Retirement Contributions	\$3,514	\$3,619
Staff Training	\$5,570	\$0
Unemployment Taxes	\$1,501	\$1,546
Work Comp	\$751	\$773
Total	\$43,765	\$38,722

Non-Personnel: Grand total of non-personnel costs equals \$140,283. First year – The total cost for non-personnel costs equals \$70,182. This number includes program expenses (\$41,100) and administrative costs (\$29,082). Second year – The total cost for non-personnel costs equals \$70,101. This number includes program expenses (\$41,100) and administrative costs (\$29,001).

Further breakdown of program expenses:

Program Expenses	\$ 3,000	\$ 3,000
Professional Fees	\$ 14,900	\$ 14,900
Office Supplies	1,200	\$ 1,200
IT Programming Expense	2,000	\$ 2,000
Program Rent and Utilities (1/3 of total amount)	6,400	\$ 6,400
Telephone-STL	\$ 3,240	\$ 3,240

9. The requested amount has significantly increased from previous contract amounts. The contracted amount has been lowered in the past due to underutilization of funds.
Action Required: Provide clarification on the funding request amount for Boone County Children's Services now that Medicaid and private insurance can be billed for services. Complete the attached Program Outputs and Funding Request Tables – Best and Final Offer chart.

Our new request for funding has reduced significantly from the original request for funding submitted in July 2017. The requested amount has gone from \$553,633.00 to \$448,667.00, over the 2-year period. This is due, in large part, to now billing for Medicaid and private insurance. The prior 2 years of funding were \$235,325.00, making the new proposed amount of \$448,667.00 comparable to past years and even a little less (due to insurance billing). The new yearly amount would be \$224,333.50. This is not reflected in Apricot but justification for the new costs can be provided upon request.

Our per unit cost for each service is as follows:

Individual therapy child - ~\$49.15

Individual therapy adult therapy - ~\$40.96

Family therapy - \$68.26

Assessment - \$38.86

Substance use treatment - \$82.78

While these costs are comparable to insurance billing rates, they are still a bit higher than typical Medicaid and private insurance rates. This is due to rolling in the costs of our combined services which are unbillable (therapist and FGDM coordinator travel time, case management services, family intake hours, attending meetings for EAISON clients, and Family Group Decision Making hours).

We realize a change in funding request is not ideal and may cause confusion; however, we want to be transparent with Boone County Children's Service Fund that we will not require the same level of funding as originally proposed.

Program Services Form (1-5)	
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10. There are 160 unduplicated individuals listed in the Service #1 – Outputs “Family Education” section. This number is different than the figures listed in the Program Overview form under Program Consumers and Consumer Demographics.

Action Required: Provide accurate numbers of unduplicated individuals to be served for each service while completing the ‘Service Change Charts’. The numbers need to reflect the figure provided in Clarification Question #2.

See Service Table Below

11. The service description for Service 1 lists several services that should be proposed as separate services. The services listed include:

Service #	Service Name	Notes
1	Individual Therapy – Child	Includes Substance Use Treatment
2	Individual Therapy – Adult	Includes Substance Use Treatment
3	Family Therapy	Includes “couples therapy” and potentially Substance Use Treatment
4	Case Management	Include advocacy efforts for families.
5	Behavioral Health Assessment	Includes Great Circle Trauma Screener, Trauma Assessment (TSI-2, TSCC or TSCYC), & PSI-4 or SIPA
6	Substance Use Disorder Assessment	Includes Addiction Severity Index Assessment and potentially Great Circle’s Initial Adults & Adolescent Clinical Assessment

Action Required: Respond to the following clarification questions following the services outlined in the table above. All services will need to have the attached ‘Service Change Charts’ completed. Provide any other information in the field below.

Unduplicated individuals to be served per year – 110

45% Children – 50 total

65% Adults – 60 total

Average number of individuals in family = 3. $110/3 = \sim 36$ families to be served per year

In regards to external factors and program outcome questions for each service:

External factors that could affect the proposed outcomes include adequate transportation of client, unsafe home environment to provide services, individuals struggling with undiagnosed/misdiagnosed mental health issues, lack of participation and/or lower volume of referrals

EAISON staff and families participating in the program will work in a strengths-based and collaborative manner to achieve the program outcomes. Staff will be responsible for ongoing assessment, motivational interviewing, develop strong family support and matching the parents and their child(ren) with any other needed services to support the family. This will assist the family in successfully meeting the goals they set. Parents will be responsible for consistent participation and engagement in the program.

Great Circle will use family outcomes, standardized assessments and client self-report in order to gauge progress over the course of the intervention and quarterly and annually through evaluation briefs and reports. Great Circle’s Performance and Quality improvement (PQI) department will produce bi-annual reports to track the progress of clients and the project overall. This on-going process monitoring will allow for any changes in programming that may need to occur in order for clients to have successful outcomes.

Service 1 – Individual Therapy – Child

12. The service description did not provide sufficient information for individual therapy provided for children/youth.

See Service Table Below

Action Required: Provide a detailed description of the Service 1 – Individual Therapy - Child. This

See Service Table Below

should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered.

13. The outputs need to be updated to reflect Service 1 – Individual Therapy - Child. *Action Required:* Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 1. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

The unit rate that will be grant funded was determined by taking the number of unduplicated individuals (50) and multiplying the total services provided (28) to each to get total services provided (1400). The unit rate was calculated by taking total costs divided by total costs for this particular service (\$49.15).

14. The Funding Request needs to be updated to reflect Service 1 Service 1 – Individual Therapy - Child. *Action Required:* Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for Service 1. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

We estimated 25% of our clients will be able to be served through Medicaid and 10% through private insurance. Please see # 7 for breakdown of these services. Therefore, we are requesting the leftover 65% of services be grant funded. See Chart Below.

15. Performance Measures need to be provided for Service 1 Service 1 – Individual Therapy - Child. *Action Required:* Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 1. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

Service 2 – Individual Therapy - Adult

16. The service description did not provide sufficient information for individual therapy provided for adults.

Action Required: Provide a detailed description of the Service 2. This should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered.

See Service Table Below

17. The outputs need to be updated to reflect Service 2.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 2. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

The unit rate that will be grant funded was determined by taking the number of unduplicated individuals (60) and multiplying the total services provided (28) to each to get total services provided (1680). The unit rate was calculated by taking total costs divided by total costs for this particular service (\$40.96).

18. The Funding Request needs to be updated to reflect Service 2.

Action Required: Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for Service 2. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

19. Performance Measures need to be provided for Service 2.

Action Required: Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 2. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

See Service Table Below

Service 3 – Family Therapy

20. The service description did not provide sufficient information for Family Therapy. Couples Therapy was mentioned in the proposed Service 1 description and can be included in this service.

Action Required: Provide a detailed description of the Service 3. This should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered.

See Service Table Below

21. The outputs need to be updated to reflect Service 3.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 3. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

The unit rate that will be grant funded was determined by taking the number of families (36) and multiplying the total services provided (28) to each to get total services provided (1008). The unit rate was calculated by taking total costs divided by total costs for this particular service (\$68.26)

22. The Funding Request needs to be updated to reflect Service 3. *Action Required:* Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for Service 3. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

We estimated 25% of our clients will be able to be served through Medicaid and 10% through private insurance. Please see # 7 for breakdown of these services. Therefore, we are requesting the leftover 65% of services be grant funded. See Chart Below.

23. Performance Measures need to be provided for Service 3.

Action Required: Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 3. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

See Service Table Below

Service 4 – Case Management

24. The service description did not provide sufficient information for Case Management.

Action Required: Provide a detailed description of the Service 4. This should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered.

See Service Table Below

25. The service description for the proposed Service 1 did not provide a clear explanation of advocacy support for families.

Action Required: Provide more specific information on advocacy support for families.

Advocacy support for families includes attending family support team meetings for children in care as well as attending or providing information for court. EAISON staff will also attend educational meetings within the school system as needed to not only advocate for said client but assist in creating shared goals that can be applied in school, at home and in other environments.

26. The outputs need to be updated to reflect Service 4.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 4. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

No unit rate as case management is a component to EAISON but not a billable service.

27. The Funding Request needs to be updated to reflect Service 4.

Action Required: Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for Service 4. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

No unit rate as case management is a component to EAISON but not a billable service.

28. Performance Measures need to be provided for Service 4.

Action Required: Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 4. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

See Service Table Below

Service 5 – Behavioral Health Assessment

29. The service description did not provide sufficient information for Behavioral Health Assessments.

Action Required: Provide a detailed description of the Service 5. This should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. Information on specific assessment tools need to be provided. Substance Use Disorder Assessments will not be included in the service.

See Service Table Below

30. The outputs need to be updated to reflect Service 5.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 5. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

The unit rate that will be grant funded was determined by taking the number of unduplicated individuals (110) and multiplying the total services provided (10) to each to get total services provided (1100). The unit rate was calculated by taking total costs divided by total costs for this particular service (\$38.86).

31. The Funding Request needs to be updated to reflect Service 5. *Action Required:* Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for Service 5. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

We estimated 25% of our clients will be able to be served through Medicaid and 10% through private insurance. Please see # 7 for breakdown of these services. Therefore, we are requesting the leftover 65% of services be grant funded. See Chart Below.

32. Performance Measures need to be provided for Service 5.

Action Required: Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 5. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

See Service Table Below

Service 6 - Substance Use Disorder Assessment

33. The service description did not provide sufficient information for Substance Use Disorder Assessments.

Action Required: Provide a detailed description of the Service 6. This should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand

how this program service will be delivered. Provide information on who will be conducting these assessments and if Boone County Children's Services Fund will be billed for this service.

See Service Table Below

The subcontract substance abuse therapist is allotted a professional fee, from the overall grant funds, of \$14,900 to preform services. This number was reached by estimating one third of adults will need substance abuse treatment ($60/3=20$). It was further calculated that on average, clients are given 9 hours of service in a six month period. The total number of services provided would therefore be 180 (20×9) averaging at \$82.78 unit cost per service. All substance abuse therapy will be funded by the grant due to Medicaid and private insurance providers not containing a separate billable service for substance abuse outside of individual therapy (which will still be performed by EAISON therapist). However, the substance abuse assessment is able to be billed through either Medicaid, children only, or private insurance so long as that individual's yearly assessment units have not already been used. See #7 for further details on Medicaid and private insurance breakdown.

34. The outputs need to be updated to reflect Service 6.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 6. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

The unit rate that will be grant funded was determined by taking the number of unduplicated individuals (20) and multiplying the total services provided (9) to each to get total services provided (180). The unit rate was calculated by taking total costs divided by total costs for this particular service (\$82.78)

35. The Funding Request needs to be updated to reflect Service 6.

Action Required: Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for Service 6. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

See # 33

36. Performance Measures need to be provided for Service 6.

Action Required: Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 6. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

See Service Table Below

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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37. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

ALL OUTPUTS BELOW IN TABLES REFLECT YEARLY COST

Service Change Chart			
Organization Name: Great Circle			
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)			
Service #1 – Taxonomy of Service Name: Individual Therapy – Child			
Service #1 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
<p>Provide a detailed description of the proposed service: Individual therapy for the child will be provided weekly and vary in length dependent upon what is allowable by insurance provider (30 minutes to 1 hr). The child will be engaged in goal-directed, client-centered therapy style to elicit behavioral change. All clients will be administered Great Circle's Trauma Screener, which is based off the UCLA PTSD Index. When applicable, clients will then be administered either the Trauma Symptom Checklist for Children (TSCC) or the Trauma Symptom Checklist for Young Children (TSCYC) to assess PTSD symptoms. Treatment plans and client goals will be influenced by assessment results. Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) will be implemented when applicable. TF-CBT will be provided to those children who have significant behavioral or emotional problems that are related to traumatic life events, even if they do not meet full diagnostic criteria for PTSD. Treatment results in improvements in PTSD symptoms as well as in depression, anxiety, behavior problems, sexualized behaviors, trauma related shame, interpersonal trust, and social competence. Consumers of therapy range from 3-19 years of age. EAISON will collaborate with social services such as Head Start, First Steps, Community Action Agency, the child's respective school, and the Boone County Health Department to ensure child's needs are met.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
HOURL	\$49.15	1400	50
Funding Request			
Amount Requested to Boone County: \$55,316		Proposed Number of Units of Service: 1125	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Reduce instances of child abuse and neglect	90% of families shall not have confirmed child abuse/neglect during an EAISON intervention		Instances of child abuse and neglect and removals from the home will be monitored on an ongoing basis through the intervention.

Reduce the likelihood that children will be removed from the home	90% of families shall not have a child placed out of the family's home during an EAISON intervention	Instances of child abuse and neglect and removals from the home will be monitored on an ongoing basis through the intervention.
Results in high levels of client satisfaction	85% of clients will report being satisfied with the services delivered	Client satisfaction will be measured upon exit.
Reduce symptoms of PTSD symptoms as well as depression, anxiety, behavior problems, sexualized behaviors, trauma related shame, interpersonal mistrust, and social incompetence.	85% of clients will showcase a reduction of traumatic/negative symptomatology	Standardized assessment measures will be administered at intake (pre) and exit (post) by clinician – for children this will be their pre and post trauma assessment (either TSCC or TSCYC depending on age).
Service Change Chart		
Organization Name: Great Circle		
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)		
Service #2 – Taxonomy of Service Name: Individual Therapy – Adult		
Service #2 – Taxonomy Definition of Service: Provides therapeutic treatment for an adult in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.		
<p>Provide a detailed description of the proposed service: Individual therapy for the adult will be provided weekly and vary in length dependent upon what is allowable by insurance provider (30 minutes to 1 hr). The parent will be engaged in Motivational Interviewing (MI). The philosophies of MI include individual's expertise in understanding their own situation and needs, viewing the individual's perceptions and behaviors as changeable and recognizing the complexities of strengths and vulnerabilities. All clients will be administered Great Circle's Trauma Screener, which is based off the UCLA PTSD Index. When applicable, clients will then be administered the Trauma Symptom Inventory (TSI-2) to assess PTSD symptoms. Each parent will also complete the Parenting Stress Index (PSI-4) or Stress Index for Parents of Adolescents (SIPA), dependent on child's age, to measure parental stress. Treatment plans and client goals will be influenced by assessment results. Consumers consist of parents who are at risk of child abuse or neglect within the home and/or individuals who had a child removed from the home within 60 days of the referral date. EAISON will collaborate with social services such as Head Start, First Steps, Community Action Agency, Job Point and the Boone County Health Department to ensure family's needs are met.</p>		
Outputs		
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:
		Total Number of Unduplicated Individuals:

HOUR	\$40.96	1680	60
Funding Request			
Amount Requested to Boone County: \$63,094		Proposed Number of Units of Service: 1284	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Reduce instances of child abuse and neglect	90% of families shall not have confirmed child abuse/neglect during an EAISON intervention	Instances of child abuse and neglect and removals from the home will be monitored on an ongoing basis through the intervention.	
Reduce the likelihood that children will be removed from the home	90% of families shall not have a child placed out of the family's home during an EAISON intervention	Instances of child abuse and neglect and removals from the home will be monitored on an ongoing basis through the intervention.	
Results in high levels of client satisfaction	85% of clients will report being satisfied with the services delivered	Client satisfaction will be measured upon exit.	
Reduce level of parental stress	85% of parents will decrease their level of parental stress	Standardized assessment measures will be administered at intake (pre) and exit (post) by clinician – for parents this will be their pre and post PSI or SIPA assessment.	
Reduce symptoms of PTSD symptoms as well as depression, anxiety, behavior problems, sexualized behaviors, trauma related shame, interpersonal mistrust, and social incompetence.	85% of clients will showcase a reduction of traumatic/negative symptomatology	Standardized assessment measures will be administered at intake (pre) and exit (post) by clinician – for adults this will be their pre and post TSI-2 assessment.	
Service Change Chart			
Organization Name: Great Circle			
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)			
Service #3 – Taxonomy of Service Name: Family Therapy			
Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.			

Provide a detailed description of the proposed service: Family therapy will be provided on an “as needed” basis; duration is dependent on what is allowable by insurance providers (30 minutes to 1 hour). Therapist will utilize strength-based and system-oriented therapies when working with families. Treatment planning for family therapies will be driven by assessment data and input from the family unit. Parents and/or caregivers will also participate in conjoint sessions if the child is participating in TF-CBT. Clinicians will also provide therapeutic supervised visitation between parents and children, within the confines of the program, if the family unit warrants it.

Outputs			
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Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
HOURL	\$68.26	1008	36

Funding Request	
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Amount Requested to Boone County: \$51, 927	Proposed Number of Units of Service: 761
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Performance Measures		
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Outcome:	Indicator:	Method of Measurement:
Reduce instances of child abuse and neglect	90% of families shall not have confirmed child abuse/neglect during an EAISON intervention	Instances of child abuse and neglect and removals from the home will be monitored on an ongoing basis through the intervention.
Reduce the likelihood that children will be removed from the home	90% of families shall not have a child placed out of the family’s home during an EAISON intervention	Instances of child abuse and neglect and removals from the home will be monitored on an ongoing basis through the intervention.
Results in high levels of client satisfaction	85% of clients will report being satisfied with the services delivered	Client satisfaction will be measured upon exit via administration of anonymous client survey.

Service Change Chart

Organization Name: Great Circle
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)
Service #4 – Taxonomy of Service Name: Case Management

Provide a detailed description of the proposed service: Case management duties will be performed by all EAISON members (service coordinator, FGDM coordinator and clinicians). Case management duties include timely documentation, contact w/ families, prior authorization, and monthly reports. **Not billable.**			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Timely response to referral to assess for program	95% of clients will be contacted within 72 hours of receiving referral to schedule intake	Intake coordinator will track contact via the utilization of Credible, the Electronic Health Record (EHR) Management System as well as an internal spreadsheet of active cases.	
Timely response for program implementation and services	95% of clients will be contacted within 72 hours of being assigned to therapist to schedule initial session	Therapist will track via Credible as well as data input on the internal spreadsheet.	
Timely documentation of client contacts and service compliance	95% of clients will have completed documentation in Credible within 72 hours of service (i.e., therapy, FGDM, generic contact)	Documentation will be tracked via Credible.	
Referral source will be kept informed of progress of the family	95% of clients will have completed monthly reports sent to referral source by the 10 th of the following month	All staff will complete monthly reports on time. The intake coordinator will track the sending of monthly reports via an internal spreadsheet.	
Prior-authorization to be obtained before, and possibly during, services to insure Medicaid/insurance compliance	95% of insurance providers will be contacted within 72 hours of referral to obtain prior-authorization	Intake coordinator to conduct prior authorizations and track contact via the utilization of Credible, the Electronic Health Record (EHR) Management System as well as an internal spreadsheet of active cases.	
Service Change Chart			

Organization Name: Great Circle			
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)			
Service #5 – Taxonomy of Service Name: Behavioral Health Assessment			
Service #5 – Taxonomy Definition of Service: Assessment by a qualified mental health professional of an individual's history, mental health and functioning with the purpose of establishing a treatment plan and/or diagnosis.			
Provide a detailed description of the proposed service: Assessment services will be provided at intake and discharge when clinician administers pre and post assessments including Great Circle Trauma Screener, Trauma Assessment (TSI-2, TSCC, or TSCYC), and Parenting Stress Index (PSI-4) or Stress Index for Parents of Adolescents (SIPA). Additional assessments may also be administered throughout treatment as necessary.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
HOURL	\$38.86	1100	110
Funding Request			
Amount Requested to Boone County: \$39, 696		Proposed Number of Units of Service: 1022	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Reduce level of parental stress	85% of parents will decrease their level of parental stress	Standardized assessment measures will be administered at intake (pre) and exit (post) by clinician – for parents this will be their pre and post PSI or SIPA assessment.	
Reduce symptoms of PTSD symptoms as well as depression, anxiety, behavior problems, sexualized behaviors, trauma related shame, interpersonal mistrust, and social incompetence.	85% of clients will showcase a reduction of traumatic/negative symptomatology	Standardized assessment measures will be administered at intake (pre) and exit (post) by clinician – for adults this will be their pre and post TSI-2 assessment; for children their TSCC or TSCYC.	

Service Change Chart			
Organization Name: Great Circle			
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)			
Service #6 – Taxonomy of Service Name: Substance Use Disorder Assessment			
Service #6 – Taxonomy Definition of Service: Screening that determines the severity, frequency, pattern, and history of substance use to develop a treatment plan for intervention.			
Provide a detailed description of the proposed service: Subcontracted substance abuse therapist, currently Cynthia Hawk, LPC, MAC, MCBQS, will be expected to perform the following services with clients identified either at risk for substance abuse or who have a prior history of substance use: Addiction Severity Index Assessments, Great Circle's Initial Adult & Adolescent Clinical Assessment, Urinary Analysis (when applicable), Referral to and coordination of inpatient treatment for addiction (when applicable), Individual substance use therapy, Family substance use therapy.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
HOURL	\$82.78	180	20
Funding Request			
Amount Requested to Boone County: \$14,611		Proposed Number of Units of Service: 176	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Reduce level of substance use	85% of clients will showcase a reduction of substance use	Documentation will be tracked via Credible; this may include UA results.	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Great Circle				
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Individual Therapy-Child	Hour	49.15	1400	50
Individual Therapy - Adult	Hour	40.96	1680	60
Family Therapy	Hour	68.26	1008	36
Behavioral Health Assessment	Hour	38.86	1100	110
Substance Use Disorder Assessment	Hour	82.78	180	20
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Individual Therapy-Child	\$ 55,316.00		1125	
Individual Therapy - Adult	\$63,094.00		1284	
Family Therapy	\$51,927.00		761	
Behavioral Health Assessment	\$39,696.00		1022	
Substance Use Disorder Assessment	\$14,611.00		176	
Development/Start Up Service Funding				
Total Amount Requested to Boone County:	\$224,644.00			



**MEMORANDUM OF UNDERSTANDING BETWEEN
CYNTHIA HAWK, LPC, MAC, MCBQS
AND
GREAT CIRCLE**

Purpose:

The purpose of this Memorandum of Understanding is to define the roles and responsibilities each party will assume with respect to the provision of substance abuse therapy provided by contract therapist, Cynthia Hawk, LPC, MAC, MCBQS for clients participating in the EAISON program.

Substance Abuse Contractor agrees to:

1. Provide substance abuse assessment and treatment as well as use rapid-urine drug testing to identify substance abuse, assess treatment process/options and to monitor medication adherence (as needed).
2. Refer to/coordination of inpatient treatment for addiction when needed.
3. With the assistance of Great circle, identify, assess and link at-risk individuals to appropriate services that meet their needs.

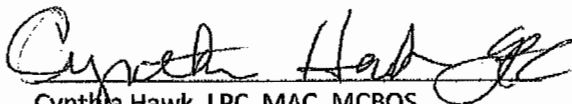
Great Circle agrees to:

1. Provide substance abuse contractor access to meet with or a referral for identified clients within the program to deliver substance abuse services.
2. Work collaboratively with substance abuse contractor in addressing and assessing the needs of identified clients.

Both parties agree to:

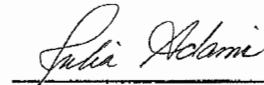
1. Work with the other party to develop an effective and collaborative process for referrals.
2. Conduct meetings as needed to review the processes developed herein and the status of the collaborative partnership.

The MOU between the Cynthia Hawk, LPC, MAC, MCBQS and Great Circle will become effective on the date Service Contract(s) are awarded remain in place for the duration of the Services Contract, unless otherwise terminated by either party.


Cynthia Hawk, LPC, MAC, MCBQS

Date

11/1/17


Julia Adami, Great Circle

Date

11/1/17

*Early Assessment and Intervention
Services for Outcomes Now*

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 23, 2017

Great Circle

Attn: Beatrice Stewart, Director of Home and Community Based Services
409 Vandiver West, Building 6, Suite 203
Columbia, MO 65202
beatrice.stewart@greatcircle.org

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Stewart:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Julia Adami – Julia.adami@greatcircle.org

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Great Circle
Name of Program	Early Assessment and Intervention Services for Outcomes Now (EAISON)

Organization Profile	
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1. The address, phone number, and email address for Board Member, Victor Haddock is not provided.

Action Required: Provide the address, phone number, and email address for Victor Haddock on the Governing Board section.

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Program Overview Form	
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2. The number of unduplicated individuals to be served in the Program Consumers section lists 80 individuals but the Consumer Demographics list 136 for the demographic totals.

Action Required: Provide clarification on the total number of unduplicated individuals to be served.

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3. There are four individuals listed as residents in other counties in the Consumer Demographics section.

Action Required: Provide clarification the on the funding source paying for the four people from other counties.

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4. The Memorandum of Understanding (MOU) with the Center for Dispute Resolution states that Great Circle will pay a maximum of \$3,000 for the Family Group Decision Making training for the EAISON program.

Action Required: Provide more information about the Family Group Decision Making Training and who will attend in the field below.

5. The Collaboration narrative discusses a therapist contracted to provide substance use therapy, assessments, and urinary analysis. The organization or business is not identified and a MOU is not provided.

Action Required: Provide more information on the organization/business that is providing substance use services for Great Circle. Provide clarification on funds that will be utilized to subcontract substance use services.

6. The Program Budget needs to be provided for one year of services. The proposed amount from the Boone County Children's Services Fund is for two years of services.

Action Required: Provide the funding request for one year in the field below.

7. The amount that will be billed to Medicaid or private insurance was not provided on the Program Budget.

Action Required: Provide the amount that will be billed to Medicaid or private insurance.

8. Narratives were not provided for Personnel and Non-Personnel Expenses.

Action Required: Provide narratives describing Personnel and Non-Personnel Expenses for the proposed program.

9. The requested amount has significantly increased from previous contract amounts. The contracted amount has been lowered in the past due to underutilization of funds.

Action Required: Provide clarification on the funding request amount for Boone County Children's Services now that Medicaid and private insurance can be billed for services. Complete the attached Program Outputs and Funding Request Tables – Best and Final Offer chart.

Program Services Form (1-5)

10. There are 160 unduplicated individuals listed in the Service #1 – Outputs "Family Education" section. This number is different than the figures listed in the Program Overview form under Program Consumers and Consumer Demographics.

Action Required: Provide accurate numbers of unduplicated individuals to be served for each service while completing the 'Service Change Charts'. The numbers need to reflect the figure provided in Clarification Question #2.

11. The service description for Service 1 lists several services that should be proposed as separate services. The services listed include:

Service #	Service Name	Notes
1	Individual Therapy – Child	Includes Substance Use Treatment
2	Individual Therapy – Adult	Includes Substance Use Treatment
3	Family Therapy	Includes "couples therapy" and potentially Substance Use Treatment
4	Case Management	Include advocacy efforts for families
5	Behavioral Health Assessment	
6	Substance Use Disorder Assessment	

Action Required: Respond to the following clarification questions following the services outlined in the table above. All services will need to have the attached 'Service Change Charts' completed. Provide any other information in the field below.

Service 1 – Individual Therapy - Child

12. The service description did not provide sufficient information for individual therapy provided for children/youth.

Action Required: Provide a detailed description of the Service 1 – Individual Therapy - Child. This should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered.

13. The outputs need to be updated to reflect Service 1 – Individual Therapy - Child.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 1. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

14. The Funding Request needs to be updated to reflect Service 1 Service 1 – Individual Therapy - Child.

Action Required: Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for Service 1. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

15. Performance Measures need to be provided for Service 1 Service 1 – Individual Therapy - Child.

Action Required: Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 1. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed

outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

Service 2 – Individual Therapy - Adult

16. The service description did not provide sufficient information for individual therapy provided for adults.

Action Required: Provide a detailed description of the Service 2. This should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered.

17. The outputs need to be updated to reflect Service 2.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 2. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

18. The Funding Request needs to be updated to reflect Service 2.

Action Required: Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for Service 2. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

19. Performance Measures need to be provided for Service 2.

Action Required: Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 2. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed

outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

Service 3 – Family Therapy

20. The service description did not provide sufficient information for Family Therapy. Couples Therapy was mentioned in the proposed Service 1 description and can be included in this service.

Action Required: Provide a detailed description of the Service 3. This should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered.

21. The outputs need to be updated to reflect Service 3.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 3. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

22. The Funding Request needs to be updated to reflect Service 3.

Action Required: Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for Service 3. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

23. Performance Measures need to be provided for Service 3.

Action Required: Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 3. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed

outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

Service 4 – Case Management

24. The service description did not provide sufficient information for Case Management.

Action Required: Provide a detailed description of the Service 4. This should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered.

25. The service description for the proposed Service 1 did not provide a clear explanation of advocacy support for families.

Action Required: Provide more specific information on advocacy support for families.

26. The outputs need to be updated to reflect Service 4.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 4. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

27. The Funding Request needs to be updated to reflect Service 4.

Action Required: Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for

Service 4. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

28. Performance Measures need to be provided for Service 4.

Action Required: Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 4. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

Service 5 – Behavioral Health Assessment

29. The service description did not provide sufficient information for Behavioral Health Assessments.

Action Required: Provide a detailed description of the Service 5. This should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. Information on specific assessment tools need to be provided. Substance Use Disorder Assessments will not be included in the service.

30. The outputs need to be updated to reflect Service 5.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 5. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

31. The Funding Request needs to be updated to reflect Service 5.

Action Required: Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for Service 5. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

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32. Performance Measures need to be provided for Service 5.

Action Required: Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 5. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

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Service 6 - Substance Use Disorder Assessment

33. The service description did not provide sufficient information for Substance Use Disorder Assessments.

Action Required: Provide a detailed description of the Service 6. This should include how this service will be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. Provide information on who will be conducting these assessments and if Boone County Children's Services Fund will be billed for this service.

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34. The outputs need to be updated to reflect Service 6.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals to be served in the 'Service Change Chart' for Service 6. Provide an explanation below on how the proposed unit rate was determined using an established public funding unit rate.

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35. The Funding Request needs to be updated to reflect Service 6.

Action Required: Provide the funding request amount and the proposed number of units of service to be funded by Boone County Children's Services Fund in the 'Service Change Chart' for Service 6. Provide clarification below whether Medicaid or private insurance will be billed for this service and justification for the requested level of funding.

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36. Performance Measures need to be provided for Service 6.

Action Required: Provide outcomes, indicators, and method of measurements following the logic model in the 'Service Change Chart' for Service 6. Provide a description below on how each outcome is attributable to the Program Goal, any external factors that may affect the proposed outcome(s), a rationale for the measurement level(s) for each indicator, and a rationale for the method of measurement.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
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37. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Great Circle			
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)			
Service #1 – Taxonomy of Service Name: Individual Therapy – Child			
Service #1 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Great Circle			
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)			
Service #2 – Taxonomy of Service Name: Individual Therapy – Adult			
Service #2 – Taxonomy Definition of Service: Provides therapeutic treatment for an adult in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Great Circle			
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)			
Service #3 – Taxonomy of Service Name: Family Therapy			
Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: Great Circle			
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)			
Service #4 – Taxonomy of Service Name: Case Management			
Service #4 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Great Circle			
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)			
Service #5 – Taxonomy of Service Name: Behavioral Health Assessment			
Service #5 – Taxonomy Definition of Service: Assessment by a qualified mental health professional of an individual's history, mental health and functioning with the purpose of establishing a treatment plan and/or diagnosis.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: Great Circle			
Program Name: Early Assessment and Intervention Services for Outcomes Now (EAISON)			
Service #6 – Taxonomy of Service Name: Substance Use Disorder Assessment			
Service #6 – Taxonomy Definition of Service: Screening that determines the severity, frequency, pattern, and history of substance use to develop a treatment plan for intervention.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Development/Start Up Service Funding				
Total Amount Requested to Boone County:				

Organization Profile

Early Assessment and Intervention
Services for Outcomes Now
(Eaton)

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Great Circle

DBA:

Great Circle

Federal EIN Number:

43-0681471

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

409 Vandiver West Building 6, Suite 203

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Phone Number:

573-442-8331

Website:

www.greatcircle.org

Head of Organization

Vince Hillyer

Head of Organization Phone:

573-265-3251

Address

409 Vandiver West

Building 6, Suite 203

City

Columbia

State

Missouri

County

Boone

Zip

65202

Organization Fax Number:

573-442-8330

Email:

Carrie.Bolm@greatcircle.org

Head of Organization Title (e.g. Director, President, CEO)

President and CEO

Head of Organization Email:

vince.hillyer@greatcircle.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Carrie Bolm

Senior VP Community Behavioral Health

Local Contact Email:

Local Contact Phone:

Carrie.Bolm@greatcircle.org

573-442-8331 x206

General Information

Organization

Provide your organization's mission statement. (600 character limit)

Mission

The mission of Great Circle is to reshape vulnerable lives through a mission of partners, teachers and leaders, giving children and families the confidence to create bright futures.

Statement

(Purpose):

Organization

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

History:

Great Circle was formed in 2009 when Edgewood Children's Center and Boys & Girls Town of Missouri joined forces, combining 235 years of child welfare legacy to form one of the largest behavioral health organizations in the state of Missouri. Great Circle is a statewide agency offering behavioral health services provided by highly trained professionals. In 2014, Great Circle touched the lives of more than 20,500 children and family members in Missouri through nationally-accredited treatment, education, prevention, and case management programs both in the community and on Great Circle campuses

Brief Statement
of Organization's

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Major Goals:

- 1.To increase access to services that will advance the well-being and safety of children and strengthen families through evidence-based practices, timely referrals to service providers, and follow-up care.
- 2.To address the complex problems facing Boone County children and families by increasing community engagement, collaboration by mobilizing multiple providers and integrating and coordinating resources and expertise.
- 3.To increase trauma-informed programs and projects that prevent and alleviate the causes and stigma of behavioral health issues affecting the children and families we serve.

Articles of

Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1472654009_30405_ArticlesofIncorporation.pdf/

**Provide a copy
of the
organization's
Articles of
Incorporation.**

Bylaws:

Bylaws (MUST BE IN PDF FORMAT)

**Provide a copy
of the
organization's
Bylaws.**

/document/download/filename/1472654009_30405_GreatCircleBy-Lawsamended3-14-14.pdf/

Organizational
Chart

Organizational Chart (MUST BE IN PDF FORMAT)

(must be for the
entire
organization):

/document/download/filename/1432675348_30406_GreatCircle2015OrganizationalChart.pdf/

Strategic
Plan:

Strategic Plan (MUST BE IN PDF FORMAT)

Service Area: Briefly describe the geographic area in which your organization provides services. (600 character limit)
Great Circle provides services to children and families throughout the entire state of Missouri. Great Circle has facilities in Branson, Columbia, Hillsboro, Kansas City, Kirksville, Springfield, Steelville, St. James, St. Joseph, and St. Louis, but we provide services to all counties in the state of Missouri.

Population Served: Briefly describe the population(s) served by your organization. (600 character limit)
Great Circle provides services to Children and families in need of behavioral health treatment and support. It's for this reason that Great Circle exists. To guide those in circumstances beyond their control through times of struggle, toward a place where they can thrive. And to equip them with the tools and support they need to get there. We restore hope where it is most needed by providing a unique spectrum of specialized behavioral health services and highly-trained professionals across the state.

Conflict of Interest Policy: Does your organization have a written Conflict of Interest policy?
yes

Whistleblower Policy: Does your organization have a written Whistleblower policy?
yes

Business Continuity Plan: Does your organization have a written Business Continuity plan?
yes

Records Retention Policy: Does your organization have a written Records Retention policy?
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):

3 year terms that are renewable

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Kevin J Kelley	Member	01/01/2017	12/31/2020	26 Spoede Lane St. Louis, MO 63141	<input checked="" type="checkbox"/>	Added on 02/10/2017
Kate James	Member	01/01/2017	12/31/2020	7540 Wydown Blvd., 3B Clayton, MO 63105	<input checked="" type="checkbox"/>	Added on 02/10/2017
John Carton	Member	09/01/2015	12/31/2018	913 E. Eastwood Marshall, MO 65340	<input checked="" type="checkbox"/>	Added on 02/10/2017
Rick Butterfield	Member	09/01/2015	12/31/2018	14504 Horton Street Overland Park, KS 66223	<input checked="" type="checkbox"/>	Added on 02/10/2017
Heather Wood	Member	08/01/2013	08/01/2019	7618 Westmoreland Ave. Clayton, MO 63105	<input checked="" type="checkbox"/>	Added on 06/13/2015
Richard C. Ward	Member	08/01/1980	08/01/2019	4944 Lindell Blvd., Ste. 8W St. Louis, MO 63108	<input checked="" type="checkbox"/>	Added on 06/13/2015
Ted Armstrong	Member	08/01/1989	08/01/2019	424 Twin Creek Rd Creve Couer, MO 63141	<input checked="" type="checkbox"/>	Added on 06/01/2015
Karlos Bledsoe	Secretary	08/01/2005	08/01/2017	6 Beacon Hill St. Louis, MO 63131	<input checked="" type="checkbox"/>	Added on 06/01/2015

Governing Board Member**Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Clark Davis	Member	08/01/1996	08/01/2020	26 Flower Hill Glendale, MO 63122		Added on 06/13/2015
Julie Sward	Member	08/01/2014	08/01/2017	2 Highland Place, St. Louis, MO 63122		Added on 06/13/2015
Jasmine Davis	Member	08/01/2014	08/01/2017	3246 Michigan Ave St. Louis, MO 63118		Added on 06/13/2015
William Fleck	Member	08/01/2012	08/01/2018	1201 Turkey Run Rolla, MO 65401		Added on 06/13/2015
Jack Gillis	Board Chair	08/01/2006	08/01/2018	917 S Warson Rd St. Louis, MO 63124		Added on 06/13/2015
Peggy Gordin	member	08/01/2014	08/01/2017	1007 Devonworth Manor Way Town & Country, MO 63017		Added on 06/13/2015
Paul Sundet	Member	08/01/2010	08/01/2019	809 Sycamore Ln. Columbia, MO 65203		Added on 06/13/2015
Nicole Roach	Member	08/01/2014	08/01/2018	4710 Anderson Ave, St. Louis, MO 63115		Added on 06/13/2015
Barbara Richter	Member	08/01/1995	08/01/2019	7 Homewood Ave. St. Louis, MO 63122		Added on 06/13/2015
Dennis Reagan	Member	08/01/2009	08/01/2018	12854 TammyKay Drive St. Louis, MO 63128		Added on 06/13/2015
Andrew Miedler	Member	08/01/2012	08/01/2018	1069 Del Ebro Dr. Ballwin, MO 63011		Added on 06/13/2015
Jim Hill	Treasurer	09/01/2004	09/01/2016	928 Kimswick Manor Ln St. Louis, MO 63011		Added on 06/13/2015
Darryl McKinney	Member	08/01/2007	08/01/2019	7950 Teasdale Ct. St. Louis, MO 63130		Added on 06/13/2015
Mary Ann Hunzeker	Member	08/01/2012	08/01/2018	12741 Weber Hill Rd. Sunset Hills, MO 63127		Added on 06/13/2015
Victor Haddock	Member	08/01/2015	08/01/2018			Added on 08/31/2016
Ben Costello	Member	08/01/2014	08/01/2017	622 Forest Ct. Apt. 2C Clayton, MO 63105		Added on 06/01/2015

Total Active Links:24, Total Deactivated Links:5, Current Active Links:24, Current Deactivated Links:5

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")**

3 year terms that are renewable

Describe the function of the Advisory Board as it relates to the work of your organization:

A Regional Council shall be established for each geographical area in which the corporation operates significant service facilities. The Regional Councils shall be comprised of individuals appointed by the Board who are committed to helping Great Circle carry out its mission. The Regional Councils will be organized in separate regional groups to provide critical support in their respective communities with responsibilities and leadership positions established by or pursuant to these Bylaws or Board resolution.

Organization Advisory Board:**Include information for all advisory board members. Click +New to add board member information.****Advisory Board Member****Advisory Board Member****Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Active	Date
------	-----------------	--------------------------------	------------------------------	---------	--------	------

Kay Wheeler	Advisory Member	07/01/2016	07/01/2019	6203 Bent Grass Way Columbia, MO 65201	✓	Added on 02/17/2017
Darla Harmon	Advisory Member	01/01/2016	01/01/2019	7571 N. Fall Crook Drive Columbia, MO 65202	✓	Added on 02/17/2017
Glen Ehrhardt	Member	10/01/2015	10/01/2018	2906 Shoreside Drive, Columbia MO 65203	✓	Added on 08/31/2016
Pamela Conway	Member	07/01/2016	06/01/2018	4902 Thornbrook Ridge, Columbia MO 65203	✓	Added on 08/31/2016
Cole Burton	Member	01/01/2016	12/01/2019	1416 Kinloch Ct., Columbia MO 65203	✓	Added on 08/31/2016
Anne Tuckley	Member	07/01/2016	06/01/2019	2509 Bluff Creek Drive, Columbia MO 65201	✓	Added on 08/31/2016
Kelli Winarski	Member	07/01/2012	06/01/2018	2011 Corona Rd. Columbia, Mo 65203	✓	Added on 06/13/2015
Mike Teter	Member	07/01/2016	06/01/2019	4007 Copperstone Creek Drive, Columbia MO 65203	✓	Added on 06/13/2015
Bryan Bacon	Member	04/01/2014	03/01/2017	2206 Port Townsend Ct., Columbia MO 65203	✓	Added on 06/13/2015
Tracy Barnes	member	02/01/2015	01/01/2018	4100 White Pine Ct., Columbia MO 65202	✓	Added on 06/13/2015
Angela Hull	Member	06/02/2014	12/01/2017	6703 Madison Creek, Columbia MO 65202	✓	Added on 06/13/2015
Scott Swain	Member	02/01/2005	01/01/2017	21 Bingham Rd., Columbia MO 65203	✓	Added on 06/13/2015
Mark Schlemper	member	02/01/2014	01/01/2017	2301 Maguire Blvd. Columbia, MO 65201	✓	Added on 06/13/2015
Alfredo Mubarah	member	07/01/2012	06/01/2018	1805 Burlington Columbia MO 65202	✓	Added on 06/13/2015
Jay Maclellan	Member	10/01/2013	09/01/2019	1817 W. Broadway Columbia MO 65201	✓	Added on 06/13/2015
Mariel Liggett	Past Chair	01/01/2001	12/01/2019	2005 W. Broadway Columbia MO 65203	✓	Added on 06/13/2015
Amy Findley	Member	04/01/2014	03/01/2017	Junction CC & Hwy O Fulton, MO	✓	Added on 06/13/2015
Susan Daly	Member	02/03/2014	01/01/2017	3610 Buttonwood Dr. Columbia, MO 65201	✓	Added on 06/13/2015
Ryan Bross	Vice Chair	11/01/2012	10/01/2018	PO Box 678 Columbia, MO 65205	✓	Added on 06/13/2015
Randy Boehm	Chair	01/01/2002	12/01/2017	1 Hospital Drive Columbia, MO 65201	✓	Added on 06/13/2015
Dave Baugher	Member	06/03/2002	05/03/2017	2001 Corporate Pl. Columbia, MO 65202	✓	Added on 06/13/2015

Total Active Links:21, Total Deactivated Links:1, Current Active Links:21, Current Deactivated Links:1

Financial Information

Organization Fiscal Year:

January 1- December 31

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1434213159_29953_GreatCircle501c3Letter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1472678938_29954_GreatCircleAuditfinal.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1472677045_29955_2014-GreatCircle-SignedForm990-PublicDisclosure.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Great Circle has an internal Finance Department who oversees daily financial operations. Great Circle also has a governing Board who evaluates the organization's financial operations. An annual audit of the organization's finances is conducted by a qualified third party auditing firm.

Employees Compensation**Top Five Compensated Employees:**

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation			Link Info			
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Vice President of Advancement	Bachelor's Degree	1.00	\$171,719.00	\$22,516.00		Added on 06/13/2015
VP of Finance/ CFO	Bachelor's in Finance, MBA or CPA	1.00	\$169,296.00	\$18,165.00		Added on 06/13/2015
Chief Operating Officer	Master's Degree and Clinical License	1.00	\$159,420.00	\$21,262.00		Added on 06/13/2015
Chief Human Resources Officer	Master's Degree	1.00	\$150,750.00	\$5,453.00		Added on 06/13/2015
CEO/President	Master's Degree and Clinical License	1.00	\$337,840.00	\$40,902.00		Added on 06/13/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):**Accreditation:**

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Joint Commission ID # 1017. Valid 07/2016-07/2019

Surveyors evaluate compliance to over 200 standards of care. The survey process is data-driven and client-centered. The on-site survey focuses on continuous operational improvement in support of safe, high quality care, treatment and services using the tracer methodology. Tracers follow the experience of care for clients through the behavioral health care process and system tracers evaluate the integration of related processes and the coordination and communication among departments in those processes.

Accreditation 2:

ISACS, 6/2020. Every 7 years, the ISACS self-study and external review process covers all major aspects and programs of the school, citing strengths, challenges faced, and recommendations for improvement. As part of the accreditation cycle, the school completes a comprehensive self-study and other tasks which are then reviewed by a visiting team. The visiting team is comprised of volunteers put together by ISACS, consisting of professionals, including classroom teachers, who understand and appreciate independent school qualities and contributions to American education.

Accreditation 3:

AdvancED, 6/2020

AdvancED is the largest community of education professionals in the world. We are a non-profit, non-partisan organization that conducts rigorous, on-site external reviews of PreK-12 schools and school systems to ensure that all learners realize their full potential

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

/document/download/filename/1473879500_30026_201505ExcerptfromGreatCircleEmployeeHandbook_Background.docx/

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1472678994_32839_OrgBudgetTemplate_For_Apricot_Upload_16-17_ReviewTeam.xlsx/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1472677132_32678_GreatCircleCertificateofLiability2016-2017.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1472676502_32841_GreatCircle.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)






Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Great Circle	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 07/11/2017
Children's Services Fund - Youth Homelessness Programs - RFP (BCCSB Review ends 05/31/2017 8:00 AM CDT)	Great Circle	Children's Services Fund - Youth Homelessness Programs	Boone County	RFP #18-25APR17		Added on 04/04/2017
2017 Health RFP (Review ends 03/24/2017 5:00 PM CDT)	Great Circle	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018		Added on 02/01/2017
2017 Health RFP (Open ends 02/03/2017 11:59 PM CST)	Great Circle	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018		Added on 01/26/2017
Children's Services Fund - PILOT RFP #28-24JUN14 (Interim Pilot Reporting ends 08/01/2017 12:01 PM CDT)	Great Circle	County Children's Services Fund Pilot	Boone County	RFP #28-24JUN14		Added on 06/24/2015
Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0						

System Fields

Record ID

12710

Modification Date

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Great Circle

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Early Assessment and Intervention Services for Outcomes Now (EAISON)

Amount of Request

\$553,633.00

County-Children's Services - Service Type (check all that apply)

Home-based and community-based family intervention programs
Prevention programs which promote healthy lifestyles among children and youth and strengthen families
Crisis intervention services, inclusive of telephone hotlines
Individual, group, or family professional counseling and therapy services

Program Information

Program Website (will default to Organization website)

www.greatcircle.org

Address

409 Vandiver West Building 6, Suite 203

City

Columbia

State

Missouri

County

Boone

Zip

65202

Address

409 Vandiver West

Building 6, Suite 203

City

Columbia

State

Missouri

County

Boone

Zip

65202

Program Administrator Name

Beatrice Stewart

Phone Number

573-999-3607

Program Administrator Title

Director-Home and Community Based Services

Email

beatrice.stewart@greatcircle.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500480644_30421_AttachmentA2017OrganizationAssuranceSheet-GreatCircle.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500480889_30420_AttachmentBCertificationRegardingDebarment%2CSuspension%2CIneligibilityandVoluntaryExclusion-GreatCircle.pdf/


Attachment C Work Authorization Certification

/document/download/filename/1500480644_30419_AttachmentCandE-VerifyMOU-GreatCircle.pdf/

Signed Addendums

/document/download/filename/1500481731_30418_BooneCountyCSFSignedAddendums.pdf/

Link to Organization Profile Record**Link to Organization Records**

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Great Circle	409 Vandiver West	Vince Hillyer		Added on 07/11/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-0681471

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:


- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Vince Hillyer

7/14/17

Printed Name - Organization Executive Director/President/CEO

Date

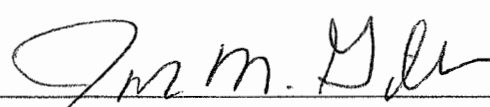

Signature - Organization Executive Director/President/CEO

7/14/17

Date

John M. Gillis
Printed Name - Organization Board Chair

7/17/17
Date


Signature - Organization Board Chair

7/17/17
Date

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Senior VP Community Behavioral Health

Name and Title of Authorized Representative



Signature

July 19, 2017

Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

My name is Vince Hillyer. I am an authorized agent of Great Circle
(Bidder). This business is enrolled and participates in a federal work
authorization program for all employees working in connection with services provided to the
County. This business does not knowingly employ any person that is an unauthorized alien in
connection with the services being provided. Documentation of participation in a federal work
authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in
writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter
be in violation and submit a sworn affidavit under penalty of perjury that all employees are
lawfully present in the United States.

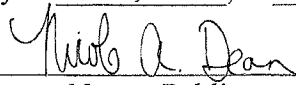


Affiant 7/14/17
Date

Vince Hillyer

Printed Name

Subscribed and sworn to before me this 14 day of July, 20 17.



Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

Company ID Number: 165748

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **Boys & Girls Town of Missouri - South Central Region** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 165748

5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

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8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

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a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

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ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

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the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

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without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer Boys & Girls Town of Missouri - South Central Region

Cindy Boles

Name (Please type or print)

Title

Electronically Signed

11/19/2008

Signature

Date

Department of Homeland Security – Verification Division

Company ID Number: 165748

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

11/19/2008

Signature

Date

Company ID Number: 165748

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: Boys & Girls Town of Missouri - South Central Region

Company Facility Address: 13160 CR 3610
St James, MO 65559

Company Alternate Address: P.O. Box 189
St James, MO 65559

County or Parish: PHELPS

Employer Identification Number: 430681471

North American Industry
Classification Systems Code: 623

Parent Company: Boys & Girls Town of Missouri

Number of Employees: 100 to
499 Number of Sites Verified for: 4

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 4 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Andrea Westart**
Telephone Number: **(573) 265 - 3251 ext. 188** Fax Number: **(573) 265 - 8320**
E-mail Address: **andrea.westart@bgtm.org**



Employment Eligibility Verification




Welcome
Andrea Westart

User ID
AWES0219

Last Login
11:48 AM - 09/14/2015

Log Out

Click any  for help

Home

My Cases

New Case

View Cases

Search Cases

My Profile

Edit Profile

Change Password

Change Security Questions

My Company

Edit Company Profile

Add New User

View Existing Users

Close Company Account

My Reports

View Reports

My Resources

View Essential Resources

Take Tutorial

View User Manual

Share Ideas

Contact Us

Company Information

Company Name: Great Circle

[View / Edit](#)

Company ID Number: 165748

Doing Business As (DBA)
Name:

DUNS Number:

Physical Location:

Address 1: 13160 CR 3610

Address 2:

City: St James

State: MO

Zip Code: 65559

County: PHELPS

Mailing Address:

Address 1: P.O. Box 189

Address 2:

City: St James

State: MO

Zip Code: 65559

Additional Information:

Employer Identification Number: 430681471

Total Number of Employees: 500 to 999

Parent Organization:

Administrator: Boys & Girls Town of Missouri

Organization Designation:

Employer Category: None of these categories apply



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – Purchase of Service Contracts was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by “currently” in the amount received from other funders.

Response: “Currently” refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: Great Circle

Address: 409 Vandiver, Bldg 6, Ste 203, Columbia, MO 65202

Phone Number: 573-442-8331 Fax Number: 573-442-8330

E-mail: Carrie.Bolm@greatcircle.org

Authorized Representative Signature: Carrie Bolm Date: 7/19/17

Authorized Representative Printed Name: Carrie Bolm

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

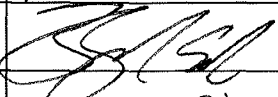
	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Collins	Hardy Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank K.C.	874-8506	874-8432
8.	Bob Hull	US Bank	446-3394	446-4061
9.	Joe Ritter	Landmark Bank	441-2818	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

13-20JUL17 - Depository of County Funds

23.	Bonnie Laylin	Central Bank	874-8501
24.	Jennifer Jackson	US Bank	446-6738
25.	Erin Wright	US Bank	683-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

46.	Julia Lutz	IT		
47.	Aaron Gas	IT		
48.		COLLECTOR		
49.	Denise Abney	Collector		
50.	TOM DARROUTH	TREAS		
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

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

- a. You included the following requested attachments:
 - Attachment A 2017 Organization Assurance Sheet
 - Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
 - Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: Great Circle

Address: 409 Vandiver Drive, Bldg. 6, Ste 203, Columbia, MO 65202

Phone Number: 573-442-8331 Fax Number: 573-442-8330

E-mail: Carrie.Bolm@greatcircle.org

Authorized Representative Signature: Carrie Bolm Date: 7/19/17

Authorized Representative Printed Name: Carrie Bolm



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

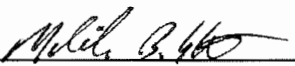
ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

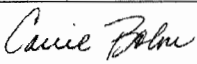
OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: Great Circle

Address: 409 Vandiver Drive, Bldg. 6, Ste. 203, Columbia, MO 65202

Phone Number: 573-442-8331 Fax Number: 573-442-8330

E-mail: Carrie.Bolm@greatcircle.org

Authorized Representative Signature:  Date: 7/19/17

Authorized Representative Printed Name: Carrie Bolm

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Trina Artlage	U of Mo CFPR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Katre Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Luck	Rainbow House	573-473-2963	
15.	Ron Rome	YC2	573-554-7041	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Sharon Jones	Tree Top LLC	886-4390	
3.	Earnestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klosterman	CMCA BRIDGE	573-427-7897	
5.	Mernell King	CMCA Bridge	573-999-4179	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A'	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vikki Dawott	EC-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Julie Kiessling	Kiessling & Assoc.	573-554-2122	
15.	Tara Luby	Kiessling & Assoc.	573-821-5370	
16.	Melody Baling	SOAR	573-884-6384	
17.	Carole Schatz	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(777) 677-1218	
19.	Becky Markt	CHA Low-Income Svcs	573-443-2556	0551
20.	Gay Littken	MLJ LLC	573-449-5600	573-875-1535
21.	Miniam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Eppins	13 th Circuit	886-4058	886-4070
23.	Cheryl	WV Bridge	265-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Beatrice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys Girls Clubs	268 8549	
28.	Mark Bradel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-9899727	
30.	Heather Dimmitt	H Fletcher, BPS	573-524-3677	
31.	Laine bang-Walker	Rep of Ryck	884-6136	
32.	Michelle Shickle	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Nelly H71	Heart of MO CATSA	442-4670	N/A
23.	Jan Trust	Grade A Plus	573-268-4172	
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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Great Circle
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Early Assessment and Intervention Services for Outcomes Now (EAISON)
Amount of Request	\$553,633.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The EAISON program stems from the need to provide preventative programming for children and families prior to abuse, neglect and/or the traumatizing removal of children from their home. The Boone Indicators Dashboard indicates in 2015 there were 142 incidents of substantiated abuse (emotional, physical, medical, educational and sexual) and that 66% of referrals to the MO Juvenile and Family Division were substantiated. Additionally, there were 1,628 incidences of domestic violence in Boone County and the City of Columbia. Families participating in EAISON from 2015-present were noted to be experiencing: a change in family dynamics, increase or decrease in visitation time (when children were in alternative care), initial mental health diagnoses of their child, placement of a child in alternative care, addressing family trauma for the first time, admission (of a child) to psychiatric unit, etc.; all variables that contribute to a measurable change in parental stress where abuse and neglect are a major risk. These ongoing risk factors result in an increase in the number of children coming into state custody in Missouri and throughout the country. EAISON will assist families as they build upon natural community resources, receive counseling and guidance to successfully parent and provide safe healthy outcomes for their children.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Per the BID in 2015 there were over 38,000 children in Boone County, including the City of Columbia. Of them, 23% were family households in poverty. The target population for the program will be Boone County children up to age 19 and their families who are at risk of child abuse and neglect and/or already have a child or children placed in protective custody within 60 days. Families at risk are typically experiencing generational poverty, lack of a natural support systems, a history of substance misuse/abuse, domestic violence and limited access to needed social and behavioral health services. Statistics through the Annie E. Casey Foundation indicate Boone has seen a 12% increase in children going into alternative care from 2011-2014. When last released in 2014, there were 450 children in foster care in Boone County; a number which has steadily increased since then. Data gathered from EAISON referrals, intakes, assessments and exit surveys show that of the 272 individuals EAISON served from 2015-2016, 71% of the families were below 200% of FPL. Of those served 46.3% identified as persons of color and 53.7 identified as being white. Parents and adult caregivers noted

transportation, barriers to employment, substance use, being uninsured/underinsured, housing (complicated further by issues such as criminal backgrounds, previous evictions, and poor credit history) were some of the largest stressors they face while parenting their children.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

EAISON's goal is to continue providing preventative programming for children and families prior to abuse, neglect, and/or the traumatizing removal of a child from their home. Early intervention allows the family to become more motivated and receptive to the development of a natural support system.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The EAISON program will seek to prevent and/or eliminate child abuse and neglect and reduce the traumatic effects that result from emergency removal. Generational abuse is often due to a lack of preventative programming and failure to engage family and community support systems. Needs assessments conducted in Boone County have indicated a lack of in-home family support programs. EAISON intends to meet the family where they are to build on their strengths and motivation to make life-long positive changes. By providing these services, EAISON will help build and sustain the families natural support network to empower their family system.

The EAISON program was designed using multiple evidence-based models. The two primary components of the program include Motivational Interviewing (MI) and Family Group Decision Making (FGDM). The philosophies of MI include respecting family members' expertise in understanding their own situation and needs, viewing the family's perceptions and behaviors as changeable, and recognizing the complexities of strengths and vulnerabilities (Miller & Rollnick, 2002). The values and beliefs of FGDM also are congruent with MI philosophies. Because motivation impacts parents' compliance with service delivery, lack of motivation to change may limit the efficacy of home-based services. FGDM trusts that family members know their family best and should be the primary decision makers. To increase family success, it is imperative to employ both methods.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

The consumers for EAISON will be Boone County children up to age 19 and their families who are at risk of child abuse and neglect and/or already have a child or children placed in protective custody within the last 60 days. The average number of individuals who participated in the program, over the course of two years, was 136. Of these, 53% were white, 33% were black, and 14% identified as multi-race or another race. There were 60% women and 40% men who participated in the same time frame. 82% of the consumers were at or 200% below the Federal Poverty Level. Regarding age, 42% were adults over 20 years of age and 24% were children from 6 to 11 years of age. Consumers' residency reflected as 82% within the City of Columbia and 16% living outside Columbia, in Boone County. There were also 3% of the consumers who resided in other counties.

b. Why will these particular consumers be served? (1500 character limit)

In 2015 federal fiscal year, approximately 428,000 children were in foster care nationally. This is 28,000 more than in 2012. Within Boone County, the continual increase of children coming into state's custody and becoming part of the foster care system is in a significant upward swing. In 2011, 3.3 (per 1000) children entered or re-entered care. In 2015 this number rose to 5.4 (per 1000) children. This trend supports preventative and early intervention services, such as EAISON, and are a critical aspect in decreasing the number of children placed in foster care. Great Circle proposes continuing the EAISON program to serve this at-risk population in order to prevent abuse, neglect and ultimately emergency removals. The EAISON program will assist families as they build upon natural community resources, receive the counseling and training they need to be successful, and provide safe outcomes for their children.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Lack of adequate transportation is an ongoing issue. Public transport isn't always accessible due to the location of the home, being cost prohibitive, and/or the hours of operation are untenable. Next, families who are struggling with untreated, undiagnosed or misdiagnosed mental health issues and/or active addiction inhibits the clinician to successfully serve them. Last, the duration of the program (90-120 days) is limiting. Many consumers have deep-seeded issues that have never been addressed. This results in a dynamic that consumers resist therapeutic interventions due to time constraints.

d. Total number of unduplicated individuals to be served by the proposed program:

80

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

6920.41

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

132

City of Columbia

22

Other Counties

4

Residence Total

136

Record Lock

0

Race

White (alone)

72

Black or African American (alone)

46

Native American Indian or Alaskan Native

1

Asian (alone)

1

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

15

Some Other Race

1

Race Total

136

Ethnicity

Hispanic or Latino (of any race)

1

Not Hispanic or Latino

135

Ethnicity Total

136

Gender

Female

55

Male

81

Other

0

Gender Total

136

Income

At or below 200% of Federal Poverty Level

116

Over 200% of Federal Poverty Level

20

Income Total

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

11

Preschool (3 years – 5 years)

12

School Age (6 years – 11 years)

32

Middle School (12 years – 14 years)

10

High School (15 years – 19 years)

12

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

59

Age Total

136

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

4

b. Provide information on the types of training that will be offered. (1500 character limit)

Family Group Decision Making (FGDM) will be required for the current Program Coordinator. The current FGDM coordinator also has the capacity to train others in the form of FGDM. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) will be required for one clinician (one is already certified). Currently both clinicians are trained in Motivational Interviewing (MI). Considering the potential for staff-turnover, additional instances of these trainings may be required within the budget year(s). Clinicians and staff also attend community and academic trainings that are offered by area universities and/or agencies to stay current on techniques and interventions. These are typically zero-to-no cost.

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

The EAISON program is housed at the Great Circle's Columbia location under the auspices of Home and Community Based Services (HCBS) at 409 Vandiver. The hours of service are 8A-5P however, EAISON accommodates family and community schedules with staff and clinicians working evening and weekend hours. This includes offering intake, FGDM, individual, couples & family therapy, and substance abuse interventions in the home. Lastly, through collaboration efforts, therapists are also able to offer therapy services to children while they are in school during non-core hours.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Eligibility criteria includes the following: families where there is a risk of child abuse or neglect within the home, families with at least one family member resides in Boone County or the City of Columbia, families who would benefit from a short term, intensive, assessment services, families who can commit to a four to six-month intervention, and/or families who have had a child removed from the home within 60 days of the referral date. There are no income limitations or age restrictions for caregivers. Age ranges for children are newborn to 19 years.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

Narrative

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Due to the target population, most consumers will not have insurance or access to funds for services. This is a detriment to the family and hinders them from accessing services that could essentially assist them in creating a better life and ending the cycle(s) of poverty, addiction, violence and/or abuse. If

the client/client family has a socially-funded insurance plan, that plan will be charged. Any fees not covered will be funded by the EAISON program grant. Consumers with private insurance, who are contracted with GC, will be billed, but co-pays will be covered under the grant.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Narrative

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

No sliding scale due to the target population's limited financial resources, the billing of Medicaid and/or private insurance, and the EAISON CSF grant funding. EAISON will attempt to supplement with insurance billing when possible. Data collected from EAISON Clients from 2015-2016 indicates that only 29 of the 251 individuals served in Boone County families were above 200% of FPL. Fees could potentially create a barrier to these families accessing vital behavioral health services.

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

EAISON Clinicians: EAISON clinicians are licensed and trained in the realm of family engagement and motivational interviewing techniques to engage and elicit behavioral change within the family unit. The clinicians are required to have a master's degree and be professionally licensed. Family Group Decision Making (FGDM) Coordinator: FGDM Coordinators, trained to guide this family-led process, will use knowledge and skills to assist families with creating best plans for children and families. FGDM's are required to possess a bachelor's degree in social work or a related human service area.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

If Yes - Provide the name of the accreditation agency. (300 character limit)

The Joint Commission

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

July 2016-July 2019

If Yes - Provide a description of the accreditation process: (600 character limit)

Great Circle is licensed by the State of Missouri and accredited in behavioral health by The Joint Commission. The Joint Commission conducts onsite reviews every 3 years requiring continuous compliance to their rigorous standards and quality improvement efforts. Great Circle was chosen to participate in the National Council for Behavioral Health's 2104 Trauma-Informed Behavioral Healthcare Learning Community, one of only 27 behavioral health organizations in the United States chosen, and the only agency in Missouri.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Family Group Decision Making is a voluntary, solution-focused process, and is an intervention intended to widen the family group's circle of support rather than focusing on child-rights' vs. parent's rights (Guidelines for Family, 2010). Fidelity to the Family Group Decision Making model includes: gathering information on the 'family group', setting aside time to prep members for the family group conference, inclusion of service providers and professionals involved with the 'family group', allocating private family time, and culminating in a family-driven plan Team Decisionmaking, 2002).

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

Initial Family Group Decision Making (FGDM) preparation sessions occur in the 1st two months of family service. Extended family, additional supports and professionals are brought into the FGDM process during this initial phase and invited to the larger family group conference. Family group conference time includes a discussion of family strengths', challenges, goals, private family time, and a wrap up discussion. Notes from the meeting are used to create a plan based on the family's decisions with input from child welfare agencies (when appropriate).

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

Narrative

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

The EAISON program utilizes Family Group Decision Making (FGDM), Motivational Interviewing (MI), and Trauma-focused Cognitive Behavioral Therapy (TF-CBT). These are registered with the National Registry of Evidence-based Programs and Practices (NREPP). FGDM is a model that promotes empowering families through both collaborative planning and resolving concerns in a safe place. Research in the Family to Family studies, where states incorporated team decision making along with other systemic changes, showed decreases in the number of children entering care, improvements in the number of children removed during family crises, and problem-solving issues that typically prevent reunification. (Fiester, 2008). MI is a goal-directed, client-centered therapy style for eliciting behavioral change by helping clients explore and resolve issues surrounding motivation. After 30 years of research and over 200 evidence-based clinical trials, MI is utilized by a broad range of providers and is complementary to other treatment methods (Ruback, 2009). (Patterson, ND). TF-CBT is a treatment model used to treat post-traumatic stress and related emotional and behavioral issues in

persons' ages 3-18. This highly collaborative model integrates cognitive, behavioral, interpersonal and family therapy with trauma principles. It was selected as a "Best Practice" for cases of child abuse in the Kaufman Best Practices Task Force Final Report sponsored by the National Child Traumatic Stress Network (2004).

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

Narrative

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Referral and Intake: A service coordinator will initiate contact within 72 hours of receiving a referral; new clients will be assigned a clinician to begin services. Family Engagement: Family Group Decision Making (FGDM) will be utilized to engage, strengthen & empower families to nurture & protect their children. FGDM Coordinator will meet with the family "team", identify existing supports, review current goals & challenges, prepare members of the family & service providers, & bring the group together at a Family Group "Conference" where a plan to address agency concerns & family goals is created. Ongoing Assessment: Great Circle will use evidence-based assessments tailored to meet the needs of the families served by EAISON. Assessments will include a trauma screener, trauma assessment (TSI, TSCC and TSCYC respective to the client's age), and the PSI-4/SIPA to address parental stress. Clinical Intervention: Clinicians will use Motivational Interviewing techniques to elicit change within the family across multiple targeted domains (i.e. substance use, parenting, housing, physical & mental health) & TF-CBT when appropriate. When substance use is an identified problem, the family is referred to a contracted therapist for further assessment and treatment. Other needs identified by the referring agency, the family or clinicians may lead to collaboration with other community agencies for additional services & supports, with clinicians available for crisis intervention & support.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

EAISON will continue to administer and track scores from standardized, evidence-based assessments (i.e. PSI, SIPA) and evaluate results from client satisfaction surveys. Use of assessments with sound psychometric properties allows Great Circle to have confidence in reporting program outcomes and comparing our outcomes with other programs and research bases. Data collection & analysis demonstrated to EAISON clinicians the need to modify the assessments being utilized. Clinicians will add the Stress Index for Parents of Adolescents/SIPA assessment, an upward age extension of the Parenting Stress Index/PSI used during the pilot period to address parental stress with children up to 12 old. The SIPA is a screening & diagnostic instrument that identifies areas of stress in parent-adolescent interactions, allowing examination of the relationship of parenting stress to adolescent characteristics, parent characteristics, the quality of the adolescent-parent relationship and stressful life circumstances; implementation of the SIPA will allow parental stress to be monitored for adolescents ages 11-19. The AAPI will no longer be administered due to: clinicians observed conflictual outcome data, failure to properly assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations, and a failure to assist in the treatment of families with a high risk of abuse or neglect, a criteria element for clients to receive services from the EAISON program.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

EAISON will continue to provide an exit-survey upon completion of services as well as a Stakeholder Survey, which is provided agency-wide bi-annually. Great Circle has also implemented customer service follow-up calls to ensure contact is being made with current clients and to evaluate their overall satisfaction at various stages of the program. These calls are administered by the EAISON intake coordinator. The data that is collected from the exit and stakeholder surveys is analyzed and shared with staff. Staff are then required to develop actions plans to address issues that are identified, develop benchmarks and attain outcomes. Great Circle's Performance Quality Improvement Division have created an online format for client surveys, offered to all clients who complete the program. With the implementation of Credible (an electronic health records system) data collection, retrieval and analysis are streamlined and reliable.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

EAISON has formal collaborations or Memorandums of Understanding with several entities; these would be maintained through this new RFP. MOU's would include the State of Missouri-Boone County Children's Division, The Center for Dispute Resolution with Missouri State University-Springfield, the Family Division of the Boone County Court, and the Boone County Juvenile Office. The EAISON program has also established collaborations for referrals with the Columbia Public Schools, rural school districts within Boone County, FACE of Boone County, and other community agencies.

Great Circle will contract with therapists specializing in substance abuse issues to provide assessments, urinary analysis, and counseling, when indicated either on the referral, during the intake process, or as part of the initial therapy assessments. Substance Abuse therapists will need to be a licensed professional counselor and have specialized training/certification in substance abuse therapy and interventions. Currently, this therapist is contracted via Great Circle.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500391042_40691_2018RFPEAISONBooneCountyCDMOU.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1500391042_40764_2018RFPEAISONJuvenileOfficeMOU.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

/document/download/filename/1500391042_40765_2018RFPEAISONCenterDisputeResolutionMOU.pdf/

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Program Coordinator	Bachelors Degree in Human Services field	0.65	\$35,000.00	\$39,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Family Group Decision Making Coordinator	Bachelors Degree in Human Services field	1.00	\$40,000.00	\$45,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Clinician/Therapist	Masters Degree, licensed	2.00	\$46,000.00	\$50,000.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Program Administrator	Masters Degree, licensed	0.05	\$69,000.00	\$75,000.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
Administrative Assistant	High School Diploma	0.05	\$26,000.00	\$30,000.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Program Coordinator: This position is responsible for initiating contact with the family of referral, conducting intake interviews, assessing the family for program eligibility, entering and tracking all private health information and data within the electronic health records system (Credible) and coordinating and administering all program surveys. Salary: \$22,000 annually

Family Group Decision Making Coordinator (FGDM): This position will have the knowledge, skills, abilities and personal attributes to guide a family-led process, resulting in best plans for children and families. The coordinator will be required to possess a Bachelor's degree in a relevant human services field. Salary: \$43,000 annually

Clinicians: The EAISON Clinician is a licensed, highly skilled and trained therapist in the realms of family engagement, motivational interviewing, assessments and trauma. The clinicians will be required to possess a Master's degree and a professional license. Salary: \$46,000 each, annually, two positions

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$0.00	0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Narrative	\$553,633.00	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Narrative	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Narrative	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Narrative	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	553633	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$397,489.00	72

Personnel Narrative (300 character limit)

Narrative

2. Non-Personnel	2.	2. %
	\$156,144.00	28

Non-Personnel Narrative (300 character limit)

Narrative

TOTAL PROGRAM EXPENSES	TOTAL EXPENSES
	553633

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$278,674.00

Year 2 Total Request

\$274,959.00

Total Amount Request from CSF

553633

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

2015-2016 EAISON data indicates that over 88% of the 250 individuals served in Boone County were below 200% of FPL, with many families not meeting criteria to receive Medicaid or affordable healthcare. Because this is the population EAISON serves, if a child or family is eligible for Medicaid or other Insurance, the program will bill insurance and then request CSF payment when necessary. If family member(s) are not eligible for Medicaid or private health insurance, will bill CSF.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

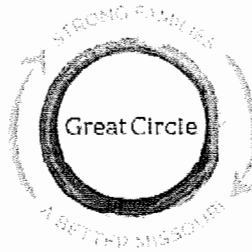
American Humane Association (2010). Guidelines for Family Group Decision Making in Child Welfare. Retrieved from <http://www.harriscountytexas.gov/CmpDocuments/107/Misc/Fam%20Group%20Decision%20Making%20in%20Child%20Welfare%20guidelines.pdf>

William R. Miller, & Stephen Rollnick (2012). Motivational Interviewing: Helping People Change. New York, NY: The Guilford Press.

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**MEMORANDUM OF UNDERSTANDING BETWEEN THE
CENTER FOR DISPUTE RESOLUTION
AND
GREAT CIRCLE**

The purpose of this memorandum is to identify a mutual collaborative service agreement between the **Center for Dispute Resolution** and **Great Circle** for the duration of Service Contracts awarded to either or both entities through the Boone County Children's Services Board for the NEW – 2017 Purchase of Service RFP.

Great Circle has been implementing EAISON services and the Family Group Decision Making process in Boone County since 2015. Great Circle desires to continue implementing these services in Boone County and thus, we are reapplying for available funding. The Center for Dispute Resolution agrees to continue to provide Family Group Decision Making training to Great Circle if re-awarded the funding.

The MOU between the Center for Dispute Resolution and Great Circle will remain in place for the duration of the Services Contract.

Great Circle will pay a maximum of \$3,000 for the Family Group Decision Making training associated with the EAISON program.

The agreement will become effective on the date Service Contract(s) are awarded.

Dr. Charlene Berquist
Center for Dispute Resolution

Carrie Bolm
Great Circle

Date

Date



**MEMORANDUM OF UNDERSTANDING BETWEEN THE
BOONE COUNTY JUVENILE OFFICE
AND
GREAT CIRCLE**

The purpose of this memorandum is to identify a mutual collaborative service agreement between **Boone County Juvenile Office** and **Great Circle** for the duration of Service Contracts awarded to either or both entities through the Boone County Children's Services Board for the NEW – 2017 Purchase of Service RFP.

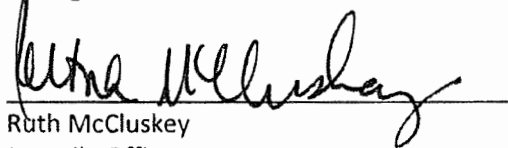
As a behavioral health organization for children operating in Boone County for over 16 years, Great Circle understands that the risks of child abuse and neglect are multifaceted and that all too often families only seek out and/or receives help after a crisis. Great Circle has been implementing EAISON services and the Family Group Decision Making process in Boone County since 2015. Great Circle desires to continue implementing these services in Boone County and thus, we are reapplying for available funding.

The Boone County Juvenile Office agrees to consider Great Circle a preferred client referral recipient when clinical case information indicates a juvenile client would benefit from clinical services offered by Great Circle. In turn, Great Circle agrees to consider the Boone County Juvenile Office a preferred client referral recipient when clinical case information indicates a Great Circle client would benefit from clinical services offered by the Boone County Juvenile Office.

The MOU between the Boone County Juvenile Office and Great Circle will remain in place for the duration of the Services Contract.

This agreement does not involve payment or exchange of funds from one entity to another and does not imply any financial obligation or agreement between the entities.

The agreement will become effective on the date Service Contract(s) are awarded.


Ruth McCluskey
Juvenile Office


Carrie Bolm
Great Circle

7/12/17
Date

July 12, 2017
Date



**MEMORANDUM OF UNDERSTANDING BETWEEN THE
BOONE COUNTY CHILDREN'S DIVISION
AND
GREAT CIRCLE**

The purpose of this memorandum is to identify a mutual collaborative service agreement between **Boone County Children's Division** and **Great Circle** for the duration of Service Contracts awarded to either or both entities through the Boone County Children's Services Board for the NEW – 2017 Purchase of Service RFP.

As a behavioral health organization for children operating in Boone County for over 16 years, Great Circle understands that the risks of child abuse and neglect are multifaceted and that all too often families only seek out and/or receives help after a crisis. Great Circle has been implementing EAISON services and the Family Group Decision Making process in Boone County since 2015. Great Circle desires to continue implementing these services in Boone County and thus, we are reapplying for available funding.

The Boone County Children's Division agrees to consider Great Circle a preferred client referral recipient when clinical case information indicates a juvenile client would benefit from clinical services offered by Great Circle. In turn, Great Circle agrees to consider the Boone County Children's Division a preferred client referral recipient when clinical case information indicates a Great Circle client would benefit from clinical services offered by the Boone County Children's Division.

The MOU between the Boone County Children's Division and Great Circle will remain in place for the duration of the Services Contract.

This agreement does not involve payment or exchange of funds from one entity to another and does not imply any financial obligation or agreement between the entities.

The agreement will become effective on the date Service Contract(s) are awarded.

Michelle Oberlag
Michelle Oberlag, 13th Circuit Manager
Children's Division

Carrie Bolm
Carrie Bolm
Great Circle

7/14/17
Date

7/14/17
Date

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Great Circle
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Early Assessment and Intervention Services for Outcomes Now (EAISON)
Amount of Request	\$553,633.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

Narrative

c. Provide justification for the request for one-time funding. (600 character limit)

Narrative

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

9.5 Family Education

b. Service #1 - Taxonomy Definition of Service (300 character limit)

9.5 Develops communication and coping skills with the goal of strengthening family relationships.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The EAISON program's goal is to prevent and/or eliminate child abuse and neglect and reduce the traumatic effects that result from emergency removal. This is attained through early intervention, utilization of evidence-based assessments and models, and developing a natural support system within the family. This includes individual, couples and family therapy, substance use assessments and interventions, family group decision making, and utilizing evidence-based assessments. Service Delivery would include conventional appointment times and locations as well as providing services in the community, at home and at school. Unconventional appointment times are also offered for those families who may struggle with transportation, taking off from work, etc. The service period would be over a 4 to 6 month (16-24 weeks) period, broadening the scope of the program and allowing for increased intervention time with clinicians and family group decision making facilitators, allowing family members the opportunity to address trauma, deal with child welfare concerns, address other stressors connected to parenting in our community, and meet with their "family team" to create a family-driven plan. EAISON meets the family where they are at, seeking to engage families and build on their strengths and motivation to make life-long positive changes. By providing these services, EAISON will help build and sustain the families natural support network to empower their family system. Families are also supported through advocacy efforts when involved with the Family and/or Juvenile Court system as well as mediation when warranted. Additionally, families are also supported through community outreach-efforts by connecting them with resources and services that could benefit their current situation. The consumers for EAISON will be Boone County children up to age 19 who are at risk of child abuse and neglect and/or already have a child or children placed in protective custody within the last 60 days and their families. Families can include any adult, over the age of 19, that is actively involved with the family/child. This can include parents, guardians, grandparents, , etc. EAISON program staff and clinicians have established relationships and collaborated with many community resources to assist the families we serve. This includes Boone County Children's Division, Boone County Juvenile office, Family Counseling Center, Impact Center, Rainbow House, MU Bridge Program, Parents as Teachers, Columbia public schools and surrounding rural school districts, and FACE of Boone County.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

16 Weeks minimum to 24 weeks of intervention with 80 families

b. Unit Rate (#1)

\$20.60

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

Narrative

d. Total Number of Units of Service to be Provided (#1)

26880

e. Total Number of Unduplicated Individuals (#1)

160

f. Average Number of Units of Service per Unduplicated Individual (#1)

168

g. Average Cost of Service per Individual (#1)

3460.8

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Great Circle will not charge the family any fees for participating in the program. If the child or family is eligible for Medicaid or other Insurance will bill insurance 1st, then request CSF payment when necessary. If family member(s) are not eligible for Medicaid or private health insurance, will bill CSF.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

Yes

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

Yes, if eligible for Medicaid or Other Insurance will bill 1st, then request CSF payment. If family member(s) are not eligible for Medicaid or private health insurance, will bill CSF.

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If the family is underinsured or uninsured, we will access funding from the CSF.

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

Narrative

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

If the family is underinsured or uninsured, we will access funding from the CSF.

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$0.00	0	\$0.00
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00
	1c1.	1c2.	1c3.
c. City of Columbia - Social Services Funding (#1)	\$0.00	0	\$0.00
	1d1.	1d2.	1d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	\$0.00	0	\$0.00
	1e1.	1e2.	1d4.
e. Heart of Missouri United Way Funding (#1)	\$0.00	0	\$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$553,633.00

b. Proposed Number of Units of Service (#1)

26875.39

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

Narrative

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
Reduction of child abuse and neglect and out-of-home placements.	90% of families shall not have substantiated child abuse/neglect during an EAISON intervention or a child placed out of the family home during EAISON intervention.	Child Abuse and Neglect (CAN) Hotline Call Report, case management tracking and EAISON monthly reports.
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
Improvement in trauma-related symptoms for all family members (who scored positive for trauma via the trauma screening).	85% of parents/caregivers/children will decrease at least two Clinical scale/subscale scores (One if there is only one elevated score).	Trauma Assessment (TSI, TSCC and TSCYC respective to the client's age). These will be done both pre-and post-intervention and comparison data used for outcome measurement. Consumers not scoring for trauma will not be measured on this outcome.
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
Improvement in the level of parental and child stress within the family and the home.	85% of family members will report a decrease their level of stress from the clinically concerning or problematic level to the normal range. Consumers who do not score as clinically concerning or problematic will not be measured on this outcome.	Parenting Stress Index (PSI-4:SF) and the Stress Index for Parents and Adolescents (SIPA). This will be done pre-and post-intervention and comparison data used for outcome measurement.
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Engage families in building capacity through strengthening protective factors and reducing risk of child abuse and neglect.	90% of families will be offered Family Group Decision Making services & receive an assessment for participation appropriateness (i.e.physical safety, domestic violence, etc); 75% of families receiving FGDM services, will successfully complete the process as evidenced by the creation of a family plan	Documented copy of family plan.
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)
High rates of client satisfaction.	85% of families will report satisfaction with the services upon exit; markers to include an indication of an improvement in their situation; indication of making better decisions for themselves/their family; indication that pre-program concerns have been addressed or were showing an improvement.	Exit Survey, results EAISON program staff, and Bi-Annual Great Circle Satisfaction Survey, results assessed by Performance Quality Improvement Division of agency.

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Reducing the number of substantiated child abuse/neglect reports & out-of-home placements as well as improving trauma-related symptoms for all affected family members is directly tied to the program goal. Decreasing stress levels in families also decreases the probability of abuse/neglect and encourages family support. Ensuring all family members' needs are met via the family plan strengthens the protective factors of the family and reduces the risk of abuse/neglect. High rates of client satisfaction are a staple of the program and express the overarching goal of strengthening families.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

External factors that contribute to the success of the proposed outcomes include dependence on referrals from community agencies, school districts, the court system, etc. External factors that may prevent reaching program outcomes include unforeseen events or crises that may prevent completion of the program. Treatment can also be disrupted to address crises. If lack of transportation is restricting and in-home services are not feasible due to safety concerns, active addiction, untreated or misdiagnosed mental health issues, etc., families may not have access to services.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

We expect 90% of enrolled families, due to consistent interaction with EAISON staff, won't have a substantiated report of child abuse/neglect or have a child placed out of the home. An 85% decrease in trauma-related symptoms is anticipated as evidence-based assessments and models will be used. An 85% decrease in parental stress will be due to intervention implementation. 75% of families will successfully complete the FGDM process and create a family plan by invoking their natural support system. Satisfaction is anticipated to be 85% as exceptional and supportive services will be provided

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Each method of measurement is based on pre-and post-data collection and dissemination, reliable reporting and tracking, or survey results collected by the Performance Quality Improvement team (PQI). The program will also utilize the Credible system to track data and generate reports to measure outcomes. All measurement methods will be entered into Credible and via the PQI team, as well as our IT department, reports can be generated to speak to each outcome. This makes the data trackable and reliable. PQI also tracks client satisfaction surveys and can generate reports based on that data.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Name

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Narrative

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Notes

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

Notes

b. Unit Rate (#2)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

Narrative

d. Total Number of Units of Service to be Provided (#2)

0

e. Total Number of Unduplicated Individuals (#2)

0

f. Average Number of Units of Service per Unduplicated Individual (#2)

0

g. Average Cost of Service per Individual (#2)

0

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Narrative

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

Narrative

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

Narrative

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

Narrative

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Narrative

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$0.00

b. Proposed Number of Units of Service (#2)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Narrative

Service #2 - Performance Measures

Outcome (2-1)

Text

Indicator (2-1)

Text

Method of Measurement (2-1)

Text

Additional Outcome (2-2)

Text

Additional Indicator (2-2)

Text

Additional Method (2-2)

Text

Additional Outcome (2-3)

Text

Additional Indicator (2-3)

Text

Additional Method (2-3)

Text

Additional Outcome (2-4)

Text

Additional Indicator (2-4)

Text

Additional Method (2-4)

Text

Additional Outcome (2-5)

Text

Additional Indicator (2-5)

Text

Additional Method (2-5)

Text

Service #2 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)**

Narrative

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Narrative

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

Narrative

d. Provide a rationale for each method of measurement (2). (600 character limit)

Narrative

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Name

Service #3 - Taxonomy Definition of Service (300 character limit)

Narrative

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Narrative

Service #3 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)**

Notes

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

Narrative

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

Narrative

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

Narrative

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

Narrative

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Narrative

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Narrative

Service #3 - Performance Measures

Outcome (3-1)

Text

Indicator (3-1)

Text

Method of Measurement (3-1)

Text

Additional Outcome (3-2)

Text

Additional Indicator (3-2)

Text

Additional Method (3-2)

Text

Additional Outcome (3-3)

Text

Additional Indicator (3-3)

Text

Additional Method (3-3)

Text

Additional Outcome (3-4)

Text

Additional Indicator (3-4)

Text

Additional Method (3-4)

Text

Additional Outcome (3-5)

Text

Additional Indicator (3-5)

Text

Additional Method (3-5)

Text

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

Narrative

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Narrative

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

Narrative

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Narrative

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

Name

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Narrative

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Narrative

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

Notes

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

Narrative

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

Narrative

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

Narrative

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

Narrative

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Narrative

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
	4d1. \$0.00	4d2. 0	4d3. \$0.00

d. City of Columbia - CDBG/Home/CHDO Funding (#4)

e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00
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Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Narrative

Services #4 - Performance Measures

Outcome (4-1)

Text

Indicator (4-1)

Text

Method of Measurement (4-1)

Text

Additional Outcome (4-2)

Text

Additional Indicator (4-2)

Text

Additional Method (4-2)

Text

Additional Outcome (4-3)

Text

Additional Indicator (4-3)

Text

Additional Method (4-3)

Text

Additional Outcome (4-4)

Text

Additional Indicator (4-4)

Text

Additional Method (4-4)

Text

Additional Outcome (4-5)

Text

Additional Indicator (4-5)

Text

Additional Method (4-5)

Text

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

Narrative

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Narrative

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

Narrative

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Narrative

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

Name

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Narrative

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to

fully understand how this program service will be delivered. (3000 character limit)

Notes

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

Notes

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

Narrative

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

Narrative

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

Narrative

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

Narrative

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Narrative

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Narrative

Service #5 - Performance Measures

Outcome (5-1)

Text

Indicator (5-1)

Text

Method of Measurement (5-1)

Text

Additional Outcome (5-2)

Text

Additional Indicator (5-2)

Text

Additional Method (5-2)

Text

Additional Outcome (5-3)

Text

Additional Indicator (5-3)

Text

Additional Method (5-3)

Text

Additional Outcome (5-4)

Text

Additional Indicator (5-4)

Text

Additional Method (5-4)

Text

Additional Outcome (5-5)

Text

Additional Indicator (5-5)

Text

Additional Method (5-5)

Text

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

Narrative

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

Narrative

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

Narrative

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Narrative

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

553633



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymmo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Program Information and Requirements
- 4) Application Information
- 5) Attachment A - Organization Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2 All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3 Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1 The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2 The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children’s Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children’s Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children’s Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14



CERTIFICATE OF LIABILITY INSURANCE

2/1/2018

DATE (MM/DD/YYYY)

12/4/2017

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

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

PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED 1432522 Great Circle P.O. Box 189 St. James MO 65559	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Philadelphia Indemnity Insurance Co.		18058
	INSURER B: Missouri Employers Mutual Insurance Company		10191
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES GRECI

CERTIFICATE NUMBER: 15088391

REVISION NUMBER: XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	PHPK1600129	2/1/2017	2/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	PHPK1600129	2/1/2017	2/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	MEM2024441-00	2/1/2017	2/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability	N	N	PHPK1600129	2/1/2017	2/1/2018	Each Incident: \$1,000,000 Aggregate Limit: \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE COUNTY OF BOONE, MISSOURI IS ADDITIONAL INSURED UNDER GENERAL LIABILITY AND AUTOMOBILE LIABILITY AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

CANCELLATION

15088391

COUNTY OF BOONE, MISSOURI
C/O PURCHASING DEPARTMENT
613 E. ASH STREET
COLUMBIA MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract School Age and Early Childhood Services

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Harrisburg Early Learning Center** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **HELC**.

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

WHEREAS, HELC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY HELC

HELC is expected to the greatest extent possible to maximize funding from all other sources. HELC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. HELC shall only request reimbursement for services not reimbursable by any other source. HELC shall not invoice the Children's Services Fund for units of service invoiced to another funding source. HELC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** HELC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and HELC's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over HELC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from HELC and HELC agrees to furnish the **School Age and Early Childhood Services** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in HELC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$43,378.32** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. HELC agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of HELC be renewed for **an additional one (1), one-year period**. HELC agrees and understands that the BCCSB may require supplemental information to be submitted by HELC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Social/Emotional Screening	One screening	\$26.79	168	\$4,500.72
Out of School Programming	One hour	\$3.45	8,148	\$28,110.60
Scholarship	One hour	\$1.50	7,178	\$10,767.00

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

event the billing dispute is resolved in favor of HELC, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by HELC to monitor service delivery and program expenditures. HELC agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by HELC and, if so stipulated, are noted on this contract document. Payments may be withheld from HELC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. HELC agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

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

activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** HELC may enter into subcontracts for components of the contracted service as HELC deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services

under the resulting contract agreement, HELC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should HELC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, HELC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the HELC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

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

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

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

27. **Record Retention Clause.** HELC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

Any written notice or communication to HELC shall be mailed or delivered to:

Harrisburg Early Learning Center
Kim Harvey
450 West Sexton St.
Harrisburg, MO 65256

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

Harrisburg Early Learning Center

By: Kim Harvey
Signature

By: Kim Harvey, Executive Director
Printed Name/ Title

Boone County, Missouri

By: Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

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

APPROVED AS TO FORM:

R. Sweet
County Counselor *by: Ron Sweet*

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk *DKB*

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

June Pitchford by jg 12/20/2017 (2161/71106/\$43,378.32)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

School Age and Early Childhood
Services

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 1, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: 30-20JUL17 - Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. Note: This form must be signed. All signatures must be original and not photocopies.

Company Name:

Harrisburg Early Learning Center

Address:

450 W. Sexton St.
Harrisburg, MO 65256

Telephone: 573-875-5959

Fax: 573-449-3389

Federal Tax ID (or Social Security #): 43-1203415

Print Name:

Kim Harvey

Title: Executive Director

Signature:

Kim Harvey

Date: 11-2-17

E-mail:

uwdaycare@centurytel.net

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Harrisburg Early Learning Center
Name of Program	School Age and Early Childhood Services

Organization Profile	
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1. Need updated Audit and 990.

Action Required: Upload forms to the Organization Profile or provide a comment in the box below.

Our audit and taxes are currently in the final stages of review. I have uploaded a status letter from our auditor regarding our audit and a tax extension letter in the Organization Profile. We anticipate these to be completed and approved no later than November 15, 2017. I will upload them as soon as they are available.

2. Employee Compensation – Provide qualifications for teachers in the Employee Compensation Chart.

Action Required: Update the Organization Profile.

The Organization Profile has been updated.

Program Overview Form	
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3. Program Consumers/Consumer Demographics – There are 40 unduplicated individuals listed in the Program Consumers but there are 42 children listed in the Consumer Demographic section.

Action Required: Clarify in the box below the total number of consumers, regardless of the funding source and/or consumer residency.

The total number of unduplicated individuals should state 42, not 40. I subtracted the two individuals served outside of Boone County.

4. Program Demographics – The Ethnicity Section was not completed in the Program Demographics.

Action Required: Provide the information in the box below.

Ethnicity	Number
Hispanic or Latino (of any race)	0
Not Hispanic or Latino	42
Ethnicity Total:	42

5. The Program Budget needs to be resubmitted and include all revenue sources including child care assistance, tuition fees, fund raising, etc. that contribute towards School Age and Early Childhood Services.

Action Required: Complete the Program Budget below for the whole program.

TOTAL PROGRAM REVENUE		PROPOSED AMOUNT
1. DIRECT SUPPORT		
A. Heart of Missouri United Way		\$51,480.00
Narrative:	This is a projected amount. The RFP opens in December 2017 for 2018 decision.	
B. Other United Ways		\$0
Narrative:		
C. Capital Campaigns		\$0
Narrative:		
D. Grants (non-governmental)		\$0
Narrative:		
E. Fund Raising & Other Direct Support		\$2,000.00
Narrative:	Fund Raising and Donations - Fund raising events in the Fall and Spring or Summer, donations made by other community members and support.	
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding		\$43,404.00
Narrative:	\$29,599.00 – Personnel for Out of School Programming, trainings for staff, personnel to administer ASQ's, ASQ-SE's, and ELLC Social Skills checklists. \$13,805.00 – Non-personnel expenses: Scholarships, program supplies, materials, maintenance, insurance, and marketing.	
B. Boone County - Community Health Funding		\$0
Narrative:		
C. Boone County - Other Funding		\$0
Narrative:		
D. Funding from Other Counties		\$0
Narrative:		
E. City of Columbia - Social Service Funding		\$0
Narrative:		
F. City of Columbia - CDGB/Home Funding		\$0
Narrative:		

G. City of Columbia - CHDO Funding	\$0	
Narrative:		
H. City of Columbia - Other Funding	\$0	
Narrative:		
I. Funding from Other Cities	\$0	
Narrative:		
J. Federal (Medicaid, Title III, etc.)	\$12,800	
Narrative:	This amount is from our USDA food program and is deducted in our expense category to cover the cost of food, kitchen costs, and supplies for cooking.	
K. State (Purchase of Services, Grants, etc.)	\$37,000	
Narrative:	This amount is from the Division of Family Services and will be deducted in our expense category with these monthly allocations going back into the tuition accounts for families receiving State subsidy.	
L. Other (Schools, Courts, etc.)	\$0	
Narrative:		
3. Program Service Fees	\$133,520.00	
Narrative:	Customer tuition accounts for infant/toddler classroom, two's classroom, preschool classroom, and school age classroom; late fee income, registration fees, bad check fees.	
4. Investment Income (realized & unrealized)	\$0	
Narrative:		
5. Other Revenue Items	\$0	
Narrative:		
TOTAL PROGRAM REVENUE	\$280,204.00	
PROGRAM EXPENSES	PROPOSED YEAR	
1. Personnel	\$165,580.00	
Narrative:	Staff salaries for director, assistant director, teachers, payroll tax expense and professional fees.	
2. Non-Personnel	\$114,624.00	
Narrative:	\$10,787 – Scholarships \$12,800 – Food and expenses \$37,000 – DFS allocations to State subsidy accounts \$54,037 – Staff discounts, employee benefits, advertising, maintenance, insurance, utilities, interest expense, depreciation expense, program supplies, household supplies, office supplies, education and training, travel allowance, public relations, fundraising expense, and misc. expenses (such as website for organization).	
TOTAL PROGRAM EXPENSES	\$280,204.00	

Program Services Form (1-5)

6. Service #1/Outputs – In an effort to align all of our screening and assessment services we are requiring that the Unit Measure for this service be “One Screening”. A new Unit Rate will need

to be proposed as well to match the new Unit Measure.

Action Required: Complete the attached 'Service Change Chart' for Service 1 and include the adjusted unit measure, unit rate, number of units to be provided, and the number of individuals to be served. Provide a justification for the adjusted unit rate below.

The adjusted unit rate reflects the number of children receiving screenings and the number of times the screenings are administered:

ASQ-3: 27 unduplicated children (infant to 5 years old) screened two times a year (at baseline and 6 months after) would be $27 \times 2 = 54$.

ASQ-SE: 27 unduplicated children (infant to 5 years old) screened two times a year (at baseline and 6 months after) would be $27 \times 2 = 54$.

ELLC Social Skills checklist: 15 unduplicated children (ages 3 to 5 years old) screened four times a year (at baseline and quarterly thereafter) would be $15 \times 4 = 60$.

$54 + 54 + 60 = 168$ units of service to be provided.

The Service Change Chart has been adjusted to show these changes.

7. Service #1/ Performance Measures Narrative/c. – This narrative currently restates the outcome.

Action Required: Provide an explanation, in the box below, provide a rational for the measurement level for each indicator.

8.

The measurement level for each indicator is based on the time to train staff on screenings, the time for staff to prepare screenings, administer screenings, and follow up on screenings.

r

Service #2 and #3 - Name, Definition, and Description – Service #2 is currently listed as Positive Youth Development and Service #3 is listed as Tutoring. The City of Columbia and Boone County have added an additional taxonomy item since you submitted your proposal. This service should now be called, **Out of School Programming**. The definition is: *Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before/after school, weekends, and/or during seasonal breaks (e.g. summer)*. This service must include at least two other related services in the *Taxonomy of Services*. Based on the information you shared in the detailed description, we will combine your current Service #2 and Service #3 as Out of School Programming.

Service Name: Out of School Programming (includes the following two taxonomy services):

Positive Youth Development

Academic Support – This is also a new taxonomy item developed by the City and County. The definition is: Individualized supplementary assistance with educational concepts and tasks (homework)

Action Required: Complete the attached "Service Change Chart" for the new Service 2 and include the adjusted unit measure, unit rate, number of units to be provided, number of individuals to be served, and the performance measures. Provide a justification for the new unit rate below.

Prior to the new taxonomy item (Out of School Programming) being developed, we had our School Age programs separated by Summer Programming and Before and After School Programming. The total number of units of service to be provided in the Service Change Chart reflects the totals of both programs in the number of units of service to be provided. The amount of funding requested was determined by personnel and non-personnel expenses. The personnel expenses include the amount to pay personnel for out of school programming, tutoring, and educational activities. The non-personnel costs included maintenance, insurance, marketing, program supplies, and materials. The personnel and non-personnel expenses were then divided by the proposed number of units based on the number of children attending and the hours they will attend out of school programming. This calculation provided our new unit rate.

9. Service #4/Performance Measures – Outcomes, Indicators, and Method of Measurement 4-1, 4-2, 4-3, 4-4 are reflected in the other services. Will only need to keep Additional Outcome (4-5), Additional Indicator (4-5), and Additional Method (4-5).

Action Required: Update the 'Service Change Chart below'. Provide any comments in the field b

The Service Change Chart has been updated to reflect these changes.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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10. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Harrisburg Early Learning Center			
Program Name: School Age and Early Childhood Services			
Service #1 – Taxonomy of Service Name: Social/Emotional Screening			
Service #1 – Taxonomy Definition of Service: Identifies if a child is at risk for social emotional delays, problem behaviors, and potential mental health concerns.			
<p>Provide a detailed description of the proposed service: Social/emotional screenings, developmental screenings, and social skills testing will be administered to measure the effectiveness of the Emerging Language and Literacy (ELL) and Positive Behavior Support (PBS). Children ages 3 weeks to 5 years old will be screened with ASQ's and ASQ-SE2's. A baseline will be conducted in both screenings and a second will be conducted 6 months later. Additional screenings will take place if we detect any delays or need for referrals. The preschool children ages 3 to 5 years old will be tested by a baseline Social Skills ELLC checklist and ongoing progress monitoring will take place quarterly thereafter. Collaborating with EC-PBS and SOAR, our staff will receive trainings on the ASQ and ASQ-SE2 and how to administer these screenings. Weekly meetings with an EC-PBS coach and other trainings provide support for classroom management.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One screening	\$26.79	168	27
Funding Request			
Amount Requested to Boone County: \$4,500.00		Proposed Number of Units of Service: 168	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Children in the Early Childhood Program (ages infant to 5 years old) will be screened for developmental delays (in the areas of communication, gross motor, fine motor, problem solving, and personal-social).	100% of children in the Early Childhood Program will be screened for developmental delays (in the areas of communication, gross motor, fine motor, problem solving, and personal-social).	Ages & Stages Questionnaire (ASQ-3): Conducted twice a year, or more as needed.	
Children in the Early Childhood Program (ages infant to 5 years old) will be screened for social emotional development.	100% of children in the Early Childhood Program will be screened for social emotional development.	Ages & Stages Questionnaire (ASQ-SE): Conducted twice a year, or more as needed.	
Children in the preschool classroom (ages 3-5 years old) will exhibit positive social behaviors when interacting with their peers and teachers.	95% of children in the preschool program will show an increase in positive social behaviors (from baseline testing to testing thereafter) when interacting with peers and teachers.	Emerging Language & Literacy Checklist (ELLC checklist) – Social Skills: Conducted when child enrolls and quarterly thereafter.	

Service Change Chart			
Organization Name: Harrisburg Early Learning Center			
Program Name: School Age and Early Childhood Services			
Service #2 – Taxonomy of Service Name: Out of School Programing (includes: Positive Youth Development and Academic Support)			
Service #2 – Taxonomy Definition of Service: Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before/after school, weekends, and/or during seasonal breaks (e.g. summer). This service must include at least two other related services in the Taxonomy of Services.			
Provide a detailed description of the proposed service: School age children ages 6 years to 13 years old will receive summer enrichment programming. Children will continue academic activities throughout the summer to increase their knowledge in the following subjects: Math, Science, Language, and Social Studies. The program will provide lessons to prepare children for the upcoming grade they will enter when returning to the school program. A safe environment will be provided with meals and snacks. School age children ages 6 years to 13 years old will receive quality and structured before and after school programming. With Harrisburg Schools following a four-day school week, the proposed program will operate Mondays from 6:30 am to 6:00 pm and before and after school on Tuesday through Friday. Teaching staff will provide time for homework completion and assist with tutoring students.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$3.45	8148	15
Funding Request			
Amount Requested to Boone County: \$28,137.00		Proposed Number of Units of Service: 8148	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies.	80% of children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies.	Pre and post tests in the areas of Math, Science, Language, and Social Studies.	
Children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies.	80% of children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies.	Report cards shared by families at the end of the second quarter and the end of the fourth quarter.	
Family stress will be reduced by providing tutoring, educational activities, and academic support.	90% of families will report reduction in stress by children receiving tutoring , educational activities, and academic support.	Yearly surveys completed by families.	

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Service Change Chart			
Organization Name: Harrisburg Early Learning Center			
Program Name: School Age and Early Childhood Services			
Service #3 – Taxonomy of Service Name: Scholarships			
Service #3– Taxonomy Definition of Service: Provision of financial assistance for educational and enrichment expenses.			
Provide a detailed description of the proposed service: Scholarships would allow children access to quality care. For children ages 3 weeks to 5 years old, they would be given the opportunity to develop positive social behaviors and to be screened for developmental delays. School-age children and their families would have access to quality school-age programming. Parents and guardians will feel less stress with their children being enrolled in a quality child care program. With some of our families caring for several children and still receiving state subsidies, the tuition to pay out of pocket is a financial burden. We want to offer scholarships for working families that still need assistance after state subsidies and for families that struggle with a single income and not able to receive state subsidy assistance.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$1.50	7178	25
Funding Request			
Amount Requested to Boone County: \$10,767.00		Proposed Number of Units of Service: 7178	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Families will feel less stress because children are enrolled in a quality child care program.	90% of families will report less stress because their child is in a safe, secure environment.		Yearly surveys completed by families.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Harrisburg Early Learning Center				
Program Name: School Age and Early Childhood Services				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Service #1 – Taxonomy of Service Name: Social/Emotional Screening	One screening	\$26.79	168	27
Service #2 – Taxonomy of Service Name: Out of School Programming (includes: Positive Youth Development and Academic Support)	One hour	\$3.45	8148	15
Service #3 – Taxonomy of Service Name: Scholarships	One hour	\$1.50	7178	25

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Service #1 – Taxonomy of Service Name: Social/Emotional Screening	\$4,500.00	168
Service #2 – Taxonomy of Service Name: Out of School Programming (includes: Positive Youth Development and Academic Support)	\$28,137.00	8148

Service #3 – Taxonomy of Service Name: Scholarships	\$10,767.00	7178
Development/Start Up Service Funding	\$0	
Total Amount Requested to Boone County:	\$43,404.00	

School Age and Early
Childhood Services

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

October 23, 2017

Harrisburg Early Learning Center
Attn: Kim Harvey, Executive Director
450 West Sexton St.
Harrisburg, MO 65256
uweekdaycare@centurytel.net

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Harvey:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda Bobbitt", written in a cursive style.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Harrisburg Early Learning Center
Name of Program	School Age and Early Childhood Services

Organization Profile	
-----------------------------	--

1. Need updated Audit and 990.

Action Required: Upload forms to the Organization Profile or provide a comment in the box below.

--

2. Employee Compensation – Provide qualifications for teachers in the Employee Compensation Chart.

Action Required: Update the Organization Profile.

Program Overview Form	
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3. Program Consumers/Consumer Demographics – There are 40 unduplicated individuals listed in the Program Consumers but there are 42 children listed in the Consumer Demographic section.
Action Required: Clarify in the box below the total number of consumers, regardless of the funding source and/or consumer residency.

--

4. Program Demographics – The Ethnicity Section was not completed in the Program Demographics.

Action Required: Provide the information in the box below.

Ethnicity	Number
Hispanic or Latino (of any race)	
Not Hispanic or Latino	

Ethnicity Total:	
-------------------------	--

5. The Program Budget needs to be resubmitted and include all revenue sources including child care assistance, tuition fees, fund raising, etc. that contribute towards School Age and Early Childhood Services.

Action Required: Complete the Program Budget below for the whole program.

TOTAL PROGRAM REVENUE	PROPOSED AMOUNT
1. DIRECT SUPPORT	
A. Heart of Missouri United Way	\$
Narrative:	
B. Other United Ways	\$
Narrative:	
C. Capital Campaigns	\$
Narrative:	
D. Grants (non-governmental)	\$
Narrative:	
E. Fund Raising & Other Direct Support	\$
Narrative:	
2. GOVERNMENT CONTRACTS/SUPPORT:	
A. Boone County - Children's Services Funding	\$
Narrative:	
B. Boone County - Community Health Funding	\$
Narrative:	
C. Boone County - Other Funding	\$
Narrative:	
D. Funding from Other Counties	\$
Narrative:	
E. City of Columbia - Social Service Funding	\$
Narrative:	
F. City of Columbia - CDGB/Home Funding	\$
Narrative:	
G. City of Columbia - CHDO Funding	\$
Narrative:	
H. City of Columbia - Other Funding	\$
Narrative:	
I. Funding from Other Cities	\$
Narrative:	
J. Federal (Medicaid, Title III, etc.)	\$
Narrative:	
K. State (Purchase of Services, Grants, etc.)	\$
Narrative:	

L. Other (Schools, Courts, etc.)	\$
Narrative:	
3. Program Service Fees	\$
Narrative:	
4. Investment Income (realized & unrealized)	\$
Narrative:	
5. Other Revenue Items	\$
Narrative:	
TOTAL PROGRAM REVENUE	\$
PROGRAM EXPENSES	PROPOSED YEAR
1. Personnel	\$
Narrative:	
2. Non-Personnel	\$
Narrative:	
TOTAL PROGRAM EXPENSES	\$

Program Services Form (1-5)

6. Service #1/Outputs – In an effort to align all of our screening and assessment services we are requiring that the Unit Measure for this service be “One Screening”. A new Unit Rate will need to be proposed as well to match the new Unit Measure.
Action Required: Complete the attached ‘Service Change Chart’ for Service 1 and include the adjusted unit measure, unit rate, number of units to be provided, and the number of individuals to be served. Provide a justification for the adjusted unit rate below.

7. Service #1/ Performance Measures Narrative/c. – This narrative currently restates the outcome.
Action Required: Provide an explanation, in the box below, provide a rational for the measurement level for each indicator.

8. Service #2 and #3 - Name, Definition, and Description – Service #2 is currently listed as Positive Youth Development and Service #3 is listed as Tutoring. The City of Columbia and Boone County have added an additional taxonomy item since you submitted your proposal. This service should now be called, **Out of School Programming**. The definition is: *Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before/after school, weekends, and/or during seasonal breaks (e.g. summer).* This

service must include at least two other related services in the *Taxonomy of Services*. Based on the information you shared in the detailed description, we will combine your current Service #2 and Service #3 as Out of School Programming.

Service Name: Out of School Programming (includes the following two taxonomy services):
Positive Youth Development
Academic Support – This is also a new taxonomy item developed by the City and County. The definition is: Individualized supplementary assistance with educational concepts and tasks (homework)

Action Required: Complete the attached “Service Change Chart’ for the new Service 2 and include the adjusted unit measure, unit rate, number of units to be provided, number of individuals to be served, and the performance measures. Provide a justification for the new unit rate below.

--

9. Service #4/Performance Measures – Outcomes, Indicators, and Method of Measurement 4-1, 4-2, 4-3, 4-4 are reflected in the other services. Will only need to keep Additional Outcome (4-5), Additional Indicator (4-5), and Additional Method (4-5).

Action Required: Update the ‘Service Change Chart below’. Provide any comments in the field below.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
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10. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the ‘Program Outputs and Funding Request Tables’.

Service Change Chart			
Organization Name: Harrisburg Early Learning Center			
Program Name: School Age and Early Childhood Services			
Service #1 – Taxonomy of Service Name: Social/Emotional Screening			
Service #1 – Taxonomy Definition of Service: Identifies if a child is at risk for social emotional delays, problem behaviors, and potential mental health concerns.			
Provide a detailed description of the proposed service: Social/emotional screenings, developmental screenings, and social skills testing will be administered to measure the effectiveness of the Emerging Language and Literacy (ELL) and Positive Behavior Support (PBS). Children ages 3 weeks to 5 years old will be screened with ASQ's and ASQ-SE2's. A baseline will be conducted in both screenings and a second will be conducted 6 months later. Additional screenings will take place if we detect any delays or need for referrals. The preschool children ages 3 to 5 years old will be tested by a baseline Social Skills ELLC checklist and ongoing progress monitoring will take place quarterly thereafter. Collaborating with EC-PBS and SOAR, our staff will receive trainings on the ASQ and ASQ-SE2 and how to administer these screenings. Weekly meetings with an EC-PBS coach and other trainings provide support for classroom management.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One screening			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Harrisburg Early Learning Center			
Program Name: School Age and Early Childhood Services			
Service #2 – Taxonomy of Service Name: Out of School Programing (includes: Positive Youth Development and Academic Support)			
Service #2 – Taxonomy Definition of Service: Provides children in grades K-12 a safe, regularly scheduled, structured, and supervised environment outside the typical school day, including before/after school, weekends, and/or during seasonal breaks (e.g. summer). This service must include at least two other related services in the Taxonomy of Services.			
Provide a detailed description of the proposed service: School age children ages 6 years to 13 years old will receive summer enrichment programming. Children will continue academic activities throughout the summer to increase their knowledge in the following subjects: Math, Science, Language, and Social Studies. The program will provide lessons to prepare children for the upcoming grade they will enter when returning to the school program. A safe environment will be provided with meals and snacks. School age children ages 6 years to 13 years old will receive quality and structured before and after school programming. With Harrisburg Schools following a four-day school week, the proposed program will operate Mondays from 6:30 am to 6:00 pm and before and after school on Tuesday through Friday. Teaching staff will provide time for homework completion and assist with tutoring students.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: Harrisburg Early Learning Center			
Program Name: School Age and Early Childhood Services			
Service #3 – Taxonomy of Service Name: Scholarships			
Service #3– Taxonomy Definition of Service: Provision of financial assistance for educational and enrichment expenses.			
<p>Provide a detailed description of the proposed service: Scholarships would allow children access to quality care. For children ages 3 weeks to 5 years old, they would be given the opportunity to develop positive social behaviors and to be screened for developmental delays. School-age children and their families would have access to quality school-age programming. Parents and guardians will feel less stress with their children being enrolled in a quality child care program. With some of our families caring for several children and still receiving state subsidies, the tuition to pay out of pocket is a financial burden. We want to offer scholarships for working families that still need assistance after state subsidies and for families that struggle with a single income and not able to receive state subsidy assistance.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$1.50	7178	25
Funding Request			
Amount Requested to Boone County: \$10,767.00		Proposed Number of Units of Service: 7178	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Organization Profile

School Age and Early
Childhood Services

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Harrisburg Early Learning Center

DBA:

Federal EIN Number:

431203415

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

450 West Sexton St.

City

Harrisburg

State

Missouri

County

Boone

Zip

65256

Organization Phone Number:

573-875-5959

Website:

www.harrisburgearlylearningcenter.com

Head of Organization

Kim Harvey

Head of Organization Phone:

573-875-5959

Address

450 West Sexton St.

City

Harrisburg

State

Missouri

County

Boone

Zip

65256

Organization Fax Number:

573-449-3389

Email:

uwdaycare@centurytel.net

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

uwdaycare@centurytel.net

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

City
State
County
Zip

City
State
County
Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization
Mission
Statement
(Purpose):

Provide your organization's mission statement. (600 character limit)

The mission of Harrisburg Early Learning Center (HELC) is to provide quality and affordable early childhood education for the children of northern Boone County, regardless of social or economic status, in an environment that is safe, as well as educationally and developmentally appropriate.

Organization
History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

HELC (formerly Harrisburg Preschool) began operations in April 1980 in a small home in Harrisburg, Missouri. In July 1980, Harrisburg Preschool became the first non-profit preschool recognized by the State of Missouri in northern Boone County. During that time, the center was operated to care for preschool age children and provided after school care for the children attending public school. In 2001, the Board of Trustees recognized a need for infant and toddler care in the community and expanded the facilities and services to provide care for them.

Brief Statement
of Organization's
Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Providing early childhood education to the children of northern Boone County.
Preparing our children for entry into kindergarten.
Involving parents in the early education of their children.
Providing quality and structured before and after school programming.
Providing quality and structured summer enrichment programming.

Articles of
Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1433281883_30405_ArticlesofIncorporation.pdf/

Provide a copy
of the
organization's
Articles of
Incorporation.

Bylaws:
Provide a copy
of the
organization's
Bylaws.

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1469649264_34051_BylawsofHarrisburgPreschoolamended4.9.09.pdf/

Organizational
Chart
(must be for the
entire
organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1433281883_30406_organizationalchart.pdf/

Strategic
Plan:

Strategic Plan (MUST BE IN PDF FORMAT)

/document/download/filename/1500386124_42846_STRATEGICAGENCYPLAN.pdf/

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

The geographic area that our agency serves includes the counties of Boone, Howard, and Randolph.

Our agency serves children ages three weeks to thirteen years old.

Conflict of Interest Policy: Does your organization have a written Conflict of Interest policy?
yes

Whistleblower Policy: Does your organization have a written Whistleblower policy?
yes

Business Continuity Plan: Does your organization have a written Business Continuity plan?
no

Records Retention Policy: Does your organization have a written Records Retention policy?
no

If yes, does the Records retention policy include a Records Retention Schedule?

Governing Board

Length of Board Term (e.g. "2 years"):

2 year terms with maximum of 6 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member						Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:		Active	Date
Miranda Long	Secretary/Treasurer	04/01/2016	04/01/2018	3115 Hwy. 124 Fayette, MO 65248		✓	Added on 07/27/2016
Kimberly Strawn	President	05/01/2012	05/01/2018	13625 N. Route E Harrisburg, MO 65256		✓	Added on 06/02/2015
Ginny Sparks	Vice-President	11/01/2011	11/01/2017	21821 N. Devils Washboard Clark, MO 65243		✓	Added on 06/02/2015
Marie Bradshaw	Trustee	04/01/2014	04/01/2018	7100 W. Hwy. 124 Harrisburg, MO 65256		✓	Added on 06/02/2015
Lisa Baker	Trustee	02/01/2014	02/01/2018	176 Co. Rd. 409 A Harrisburg, MO 65256		✓	Added on 06/02/2015

Total Active Links:5, Total Deactivated Links:3, Current Active Links:5, Current Deactivated Links:3

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Financial Information

Organization Fiscal Year:

January 1 - December 31

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1466608935_29953_29953_IRStaxexemptletter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1488395849_29954_Audit2015.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1488395849_29955_990taxes2015.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The Board of Trustees reviews bank statements and financial statements presented at monthly board meetings. An annual audit is conducted each year by Gerding, Korte, & Chitwood.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Teacher		0.50	\$11,207.00	\$0.00	✓	Added on 06/05/2015
Teacher		1.00	\$17,314.00	\$0.00	✓	Added on 06/02/2015
Teacher		0.50	\$13,254.00	\$0.00	✓	Added on 06/05/2015
Assistant Director	B.S.	1.00	\$24,023.00	\$0.00	✓	Added on 06/02/2015

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Executive Director	B.S.	1.00	\$42,858.00	\$0.00	<input checked="" type="checkbox"/>	Added on 06/02/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

/document/download/filename/1472595365_32839_organizationbudget.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1471285676_32678_Certificateofliabilityinsurance.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1477324650_32841_Harrisburg.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1472575022_32847_Harrisburg.pdf/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)



Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

/document/download/filename/1472575246_32853_AuditHELCUWLetterofExplanation_2016Review.pdf/

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Harrisburg Early Learning Center	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 07/10/2017
Children's Services Fund - POS RFP #25-15JUN15 (Modified Interim POS Report ends 08/01/2017 12:00 PM CDT)	Harrisburg Early Learning Center	Children's Services Fund - POS	Boone County	RFP #25-15JUN15		Added on 06/05/2015

Total Active Links:2, Total Deactivated Links:0, Current Active Links:2, Current Deactivated Links:0

System Fields

Record ID

12700

Modification Date

07/18/2017 8:57 AM CDT

Modified By

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Harrisburg Early Learning Center

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

School Age and Early Childhood Services

Amount of Request

\$50,000.00

County-Children's Services - Service Type (check all that apply)

Prevention programs which promote healthy lifestyles among children and youth and strengthen families
Mental health screenings

Program Information

Program Website (will default to Organization website)

www.harrisburgearlylearningcenter.com

Address

450 West Sexton St.

City

Harrisburg

State

Missouri

County

Boone

Zip

65256

Program Administrator Name

Kim Harvey

Phone Number

573-875-5959

Address

450 West Sexton St.

City

Harrisburg

State

Missouri

County

Boone

Zip

65256

Program Administrator Title

Executive Director

Email

uweekdaycare@centurytel.net

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500296098_30421_AttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500296098_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500296098_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1500296098_30418_Addendums1-3.pdf/

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Link Info

Active Date

Harrisburg Early Learning Center

450 West Sexton St.

Kim Harvey



Added on
07/10/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

431203415

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Kim Harvey

Printed Name - Organization Executive Director/President/CEO

7-12-17

Date

Kim Harvey

Signature - Organization Executive Director/President/CEO

7-12-17

Date

Kimberly Strawn

Printed Name - Organization Board Chair

7/12/17

Date

Kimberly Strawn

Signature - Organization Board Chair

7/12/17

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Kim Harvey, Executive Director

Name and Title of Authorized Representative

Kim Harvey

Signature

7-12-17

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14

Company ID Number: 254598

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Harrisburg Early Learning Center

Kerri B McBee-Black

Name (Please Type or Print)

Title

Electronically Signed

Signature

09/18/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

09/18/2009

Date



Company ID Number: 254598

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: Harrisburg Early Learning Center

Company Facility Address: 450 W Sexton St

Harrisburg, MO 65256

Company Alternate
Address:

County or Parish: BOONE

Employer Identification

Number: 431203415

North American Industry
Classification Systems

Code: 611

Parent Company: _____

Number of Employees: 10 to 19

Number of Sites Verified

for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- MISSOURI 1 site(s)

Company ID Number: 254598

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Kim Harvey**
Telephone Number: **(573) 875 - 5959**
E-mail Address: **uwdaycare@centurytel.net**

Fax Number: **(573) 449 - 3389**

Name: **Kerri B McBee-Black**
Telephone Number: **(573) 875 - 5959**
E-mail Address: **uwdaycare@centurytel.net**

Fax Number: **(573) 449 - 3389**

Name: **Laura E McBee**
Telephone Number: **(573) 875 - 5959**
E-mail Address: **uwdaycare@centurytel.net**

Fax Number: **(573) 449 - 3389**

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Harrisburg Early Learning Center

Address:

450 W. Sexton St. Harrisburg, MO 65256

Phone Number:

573-875-5959

Fax Number:

573-449-3389

E-mail:

uwdaycare@centurytel.net

Authorized Representative Signature:

Kim Harvey

Date:

7-12-17

Authorized Representative Printed Name:

Kim Harvey

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: Harrisburg Early Learning Center
Address: 450 W. Sexton St. Harrisburg, MO 65256
Phone Number: 573-875-5959 Fax Number: 573-449-3389
E-mail: uwdaycare@centurytel.net
Authorized Representative Signature: Kim Harvey Date: 7-12-17
Authorized Representative Printed Name: Kim Harvey



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund


ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: Harrisburg Early Learning Center
Address: 450 W. Sexton St. Harrisburg, MO 65256
Phone Number: 573-875-5959 Fax Number: 573-449-3389
E-mail: wwdaycare@centurytel.net
Authorized Representative Signature: Kim Harvey Date: 7-12-17
Authorized Representative Printed Name: Kim Harvey

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Harrisburg Early Learning Center
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	School Age and Early Childhood Services
Amount of Request	\$50,000.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The issues to be addressed by the proposed program are education and income support. According to the Boone Indicators Dashboard (BID), there are issues in education that need to be addressed and improved. In 2016, Harrisburg Schools showed a 94.1% graduation rate and the percentage of high school graduates scoring above national average on the ACT was 27.3%. This was the lowest percentage compared to other communities such as Centralia, Hallsville, Sturgeon, southern Boone schools, and Columbia schools. In 2015, data from BID shows a median income for families with children in Boone County at \$72,371.00. In the last four years, we have seen a huge increase in the number of families we serve at or below 200% of the federal poverty level. In 2013, 31% of the families we served were at or below 200% of the federal poverty level. In 2017, more than 50% of the families we serve are below the federal poverty level.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Children, youth and families are affected by the issues shown in the data tables provided by BID. In 2016, 91.4% of children were academically ready in the area of Kindergarten readiness in rural Boone County and 96.1% of children were behaviorally ready. In 2016, Harrisburg Schools show the percent scoring proficient or advanced in English Language Arts MAP - Grade 3 as 58.8%, a decline from the 63% in 2015. The percent scoring proficient or advanced in English Language Arts MAP - Grade 6 was 45.5% in 2016, which was down from the 53.5% in 2015.

Our goal is to prepare all children leaving our early childhood program ready to succeed at kindergarten entry. With ongoing progress monitoring, performance measurement, and mental health screenings, we can better prepare children for kindergarten. We also provide quality and structured before & after school programming and summer enrichment programming for our school age children. With tutoring, homework assistance, academic enrichments, and performance measurement, we can assist our children with a greater chance of being more engaged in school, reduce their chances of taking part in at-risk behaviors, help with academic performance and increase their chances of graduating high school. With more than 50% of our

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Providing early childhood education to the children of Boone County, preparing children for entry into kindergarten, involving parents in the education of their children, providing quality & structured before and after school programming, providing quality & structured summer enrichment programming.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The School Age and Early Childhood Services program will provide mental health screenings to be administered twice a year or more for our children ages three weeks to five years old. Children ages three to five years old will receive progress monitoring by the Social Skills ELLC checklist. By monitoring our children's screenings, we will be able to determine whether or not further assistance is needed through referrals. The proposed program will also provide full-time summer care for children ages six years to thirteen years old. A before and after school program will also be provided with tutoring and one-on-one homework assistance for children ages six years to thirteen years old.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Harrisburg Early Learning Center's proposed program will serve children ages three weeks to thirteen years old. We will serve children and families in Boone County, as well as surrounding counties such as Howard and Randolph.

b. Why will these particular consumers be served? (1500 character limit)

We have a high need for child care being located in a rural area in northern Boone County. The majority of our families work in Boone County with many of them working in the city of Columbia. 100% of the families we currently serve are employed in Boone County and their children are enrolled in the Harrisburg School District. The school district does not offer services for school age children before and after school or during the entire summer months. We also have a high need in our community for child care for infants, toddlers and preschool children with only having three home day cares in our area.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

One of the challenges we face is having to place families on a waiting list for care. With staffing challenges, it has been difficult to enroll more children in our programs.

d. Total number of unduplicated individuals to be served by the proposed program:

40

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

1250

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. **No individual should be counted twice under any sub-section.**

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Residence Total

42

Record Lock

0

Race**White (alone)**

40

Native American Indian or Alaskan Native

0

Native Hawaiian or other Pacific Islander (alone)

0

Some Other Race

0

Race Total

42

Black or African American (alone)

2

Asian (alone)

0

Multiple Races

0

Ethnicity**Hispanic or Latino (of any race)**

0

Not Hispanic or Latino

0

Ethnicity Total

0

Gender**Female**

26

Male

16

Other

0

Gender Total

42

Income**At or below 200% of Federal Poverty Level**

21

Over 200% of Federal Poverty Level

21

Income Total

42

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

12

Preschool (3 years – 5 years)

15

School Age (6 years – 11 years)

15

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

42

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

The program will provide services at Harrisburg Early Learning Center located at 450 West Sexton Street, Harrisburg, MO. The hours of operation will be Monday through Friday from 6:30 am to 6:00 pm.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Children must be between the ages of three weeks and thirteen years old to be eligible for the proposed program.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Parents will only be charged a tuition fee for child care provided to the children and meals served to the children. We will not be charging the parents and families any extra fees for mental health screenings, tutoring, academic enrichments, tests, scholarships, training for the staff, or personnel salaries.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Harrisburg Early Learning Center is licensed by the Missouri Department of Health and Senior Services Child Care Regulation. We are licensed to care for up to sixty children ages three weeks to thirteen years old.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

The proposed program utilizes best practices that are developmentally appropriate for children as outlined in the National Association for the Education of Young Children. We utilize best practices by having trained staff that receive professional development trainings throughout the year, maintaining appropriate staff/child ratios at all times, providing age appropriate activities and curriculum for the children we serve, tracking our children's performance measures, and having a high rate of family involvement.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

All staff receive several hours of professional development each year. The staff/child ratios in each classroom are as follows: 1 to 4 in the infant and toddler rooms; 1 to 8 in the two's classroom; 1 to 10 in the preschool classroom; 1 to 15 children in the school age classroom with extra staff included for tutoring. Our early childhood programs follow a curriculum and age appropriate activities. We monitor our children's progress with mental health screenings and academic performance measures. We also ensure a high rate of family participation and involvement with our programs.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

Studies show that at least half of the educational achievement gaps between poor and non-poor children already exist at kindergarten entry. With our program contracting with other agencies, partnering with community collaborations, and providing subsidized child care, we assist in closing that gap among children. All children in our agency, regardless of socioeconomic status, receive the same high quality care and programming from three weeks to thirteen years old. Children will not enter school ready to learn unless families, schools, and communities provide the environments and experiences that support the physical, social, emotional, language, literacy, and cognitive development of infants, toddlers, and preschool children. (www.rikidscount.org)

Harrisburg Early Learning Center recognizes the importance of before and after school programming, as well as summer programming for our school age children. Children need a safe and supervised environment that provides enrichment activities, healthy snacks and meals, and supportive mentors to assist with homework and tutoring. A large body of evidence exists that confirms quality after school programs help children become more engaged in school, reduce their likelihood of taking part in at-risk behaviors or acting out in school, and help raise their academic performance. (www.afterschoolalliance.org, 2014)

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

We have collaborative efforts to sustain program fidelity with Early Childhood Positive Behavior Support (EC-PBS). Our shared mission is to increase the social-emotional health of young children. The goals we have in place are to work closely with teaching staff, parents and the children we serve for social-emotional knowledge and skill development. The EC-PBS coach works closely with our teaching staff to discuss expectations of children and classroom management. System Offering Actions for Resilience (SOAR) in Early Childhood provides training to our staff to implement the Ages & Stages Questionnaire. The mission is to detect early identification and intervention and provide referrals and services to our children if needed.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Mental health screenings assist with identifying children at risk so that appropriate referrals can be made. Baseline testing and ongoing progress monitoring of children's academic and social skills enable us to provide effective classroom management. Performance measures allow us to track data and to reach desired outcomes. Performance measurement also allows us to monitor children's progress and to ensure improvements are sustained.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

One of our goals as an agency is to have family participation and involvement in the early education of their children. We encourage families to provide feedback and to rate our services through parent surveys and parent-teacher conferences. We ask for different ratings on items such as the overall quality of child care received, the effectiveness of communication with administrative staff and teaching staff, the children's safety, and curriculum in our classrooms. Our families have opportunities to answer questions about the services provided and to provide input on improvements to be made and any suggestions in order to provide the best quality care to the children we serve. We also welcome our parents to join the Board of Trustees and to attend monthly board meetings.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Our partnerships and collaborations include Nora Stewart, Mary Lee Johnston Community Learning Center, Heart of Missouri United Way, Harrisburg School District, EC-PBS and SOAR.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Director	MQ1 B.S. degree	FTE1 0.13	SR1 FROM \$5,423.60	SR1 TO \$5,423.60
P2 Assistant Director	MQ2 H. S. Diploma or GED plus a minimum of 24 hours in early childhood education or a child-related field	FTE2 0.13	SR2 FROM \$3,120.00	SR2 TO \$3,380.00
P3 School Age Teacher	MQ3 H. S. Diploma or GED, Professional development training	FTE3 0.75	SR3 FROM \$13,260.00	SR3 TO \$14,040.00
P4 Preschool Teacher	MQ4 H. S. Diploma or GED, Professional development training	FTE4 0.08	SR4 FROM \$1,352.00	SR4 TO \$1,436.50
P5 Preschool Teacher	MQ5 H. S. Diploma or GED, Professional development training	FTE5 0.08	SR5 FROM \$1,352.00	SR5 TO \$1,436.50
P6 School Age Teacher	MQ6 H. S. Diploma or GED, Professional development training	FTE6 0.63	SR6 FROM \$10,075.00	SR6 TO \$10,725.00
P7 Infant/Toddler Teacher	MQ7 H. S. Diploma or GED, Professional development training	FTE7 0.05	SR7 FROM \$806.00	SR7 TO \$858.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The school age teachers will provide tutoring and homework help in the School Age before and after school program. In the school age summer program, teachers will provide summer enrichments. The preschool teachers will administer the ASQ's, ASQ-SE2's and ELLC Social Skills checklists. The infant/toddler teachers and two's teacher will administer the ASQ's and ASQ-SE2's. The director and assistant director will assist with tutoring and homework, as well as tracking performance measures and reviewing assessments and screenings. Referrals will be made if needed. The minimum requirements for all teaching staff is a high school diploma, clean background screening, and continued professional development. The assistant director's minimum requirements are a High School diploma or GED, as well as a minimum of 24 hours in early childhood education or a child-related field. The director's minimum qualifications are to have a Bachelor's degree. All salaries of the proposed program are based on education and experience.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
\$36,195.00 - Personnel for the School Age programs, personnel for tutoring, trainings for staff, personnel to administer ASQ's, ASQ-SE2's, and ELLC Social Skills checklists. \$13,805.00 - Non-personnel expenses: scholarships, program supplies, materials, maintenance, insurance, and marketing.	\$50,000.00	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %

4. Investment Income (realized & unrealized) (300 character limit)**4. 4 %**

\$0.00 0

5. Other Revenue Items (300 character limit)**5. 5 %**

\$0.00 0

TOTAL PROGRAM REVENUE**TOTAL REVENUE**

50000

PROGRAM EXPENSES**1. Personnel****1. 1 %**

\$36,195.00 72

Personnel Narrative (300 character limit)

2 personnel in the School Age summer program, personnel for the School Age Before & After program, tutors to assist the Before & After program, personnel to administer and train on the ASQ's, ASQ-SE's, and the ELLC Social Skills checklists.

2. Non-Personnel**2. 2 %**

\$13,805.00 28

Non-Personnel Narrative (300 character limit)

\$3,038.00 for insurance, program supplies, materials, maintenance, and marketing.
\$10,767.00 for scholarships to assist families.

TOTAL PROGRAM EXPENSES**TOTAL
EXPENSES**

50000

Yearly Amount Request from Children's Services Fund**Year 1 Total Request**

\$50,000.00

Year 2 Total Request

\$50,000.00

Total Amount Request from CSF

100000

Program Budget Narrative**Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)**

We have not been able to secure other funding for our proposed program. We are constantly searching for funding opportunities but they are very limited as we are a nonprofit agency located in a rural community.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

www.afterschoolalliance.org
www.booneindicators.org
www.naeyc.org
www.rikidscount.org

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Harrisburg Early Learning Center
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	School Age and Early Childhood Services
Amount of Request	\$50,000.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

a. Service #1 - Taxonomy of Service Name (150 character limit)

4.12 Social/Emotional Screening

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Identifies if a child is at risk for social emotional delays, problem behaviors, and potential mental health concerns.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Social/emotional screenings, developmental screenings, and social skills testing will be administered to measure the effectiveness of the Emerging Language and Literacy (ELLC) and Positive Behavior Support (PBS). Children ages 3 weeks to 5 years old will be screened with ASQ's and ASQ-SE2's. A baseline will be conducted in both screenings and a second will be conducted 6 months later. Additional screenings will take place if we detect any delays or need for referrals. The preschool children ages 3 to 5 years old will be tested by a baseline Social Skills ELLC checklist and ongoing progress monitoring will take place quarterly thereafter. Collaborating with EC-PBS and SOAR, our staff will receive trainings on the ASQ and ASQ-SE2 and how to administer these screenings. Weekly meetings with an EC-PBS coach and other trainings provide support for classroom management.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One hour

b. Unit Rate (#1)

\$27.21

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc.)(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

The unit rate was based on the number of staff administering mental health screenings, the time they train for implementation and the hours involved to administer each screening. The total of all salaries was divided by the proposed number of units based on the number of unduplicated children to receive the screenings.

d. Total Number of Units of Service to be Provided (#1)

165

e. Total Number of Unduplicated Individuals (#1)

27

f. Average Number of Units of Service per Unduplicated Individual (#1)

6.11

g. Average Cost of Service per Individual (#1)

166.28

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Families pay a tuition fee for child care only. They are not charged for screenings. Their tuition fee covers child care and meals for their children.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

Our agency does not bill for medical or health insurance claims. We have some families receiving state subsidy from the Missouri Division of Family Services. Attendance records are submitted to the state and those state subsidies are then placed into the children's accounts to assist with their child care tuition, not additional services such as screenings.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Harrisburg Early Learning Center does not handle healthcare or medical insurance claims.

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$27.21	1a2. 174	1a3. \$4,734.54
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$4,490.00

b. Proposed Number of Units of Service (#1)

165.01

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

The requested level of funding includes all personnel involved to train and administer the ASQ's, ASQ-SE2's, and ELLC Social Skills checklists for all unduplicated children that are 3 weeks to 5 years old. These screenings will assist in preparing children for kindergarten entry.

Service #1- Performance Measures

Outcome (1-1)

Children in the preschool classroom (ages 3-5 years old) will

Indicator (1-1)

95% of children in program will show an increase in

Method of Measurement (1-1)

Additional Outcome (1-2)

Children in the Early Childhood Program (ages infant to 5 years old) will be screened for social emotional development.

Additional Outcome (1-3)

Children in the Early Childhood Program (ages infant to 5 years old) will be screened for developmental delays (in the areas of communication, gross motor, fine motor, problem solving, and personal-social).

Additional Outcome (1-4)**Additional Outcome (1-5)****Additional Indicator (1-2)**

100% of children in the Early Childhood Program will be screened for social emotional development.

Additional Indicator (1-3)

100% of children in the Early Childhood Program will be screened for developmental delays (in the areas of communication, gross motor, fine motor, problem solving, and personal-social).

Additional Indicator (1-4)**Additional Indicator (1-5)****Additional Method (1-2)**

Ages & Stages Questionnaire - Social Emotional (ASQ-SE2) conducted twice a year, or more as needed.

Additional Method (1-3)

Ages & Stages Questionnaire-3 (ASQ-3) conducted twice a year, or more as needed.

Additional Method (1-4)**Additional Method (1-5)****Service #1 - Performance Measures Narrative****a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

Children in the Early Childhood Program will be exposed to Positive Behavior Support (PBS) and receive mental health screenings. The outcomes we strive to achieve will assist in preparing our children for kindergarten and allow their parents to be involved by working with the teachers and providing their views on their child's mental health and social emotional behaviors.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Attendance of children affects the proposed outcome. For example, we may have a child join the program and disenroll prior to the 6 months of follow up screening.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

100% of children will be screened and 95% will show an increase in positive social behaviors from baseline.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The ASQ, ASQ-SE2, and the ELLC Social skills checklists are all evidence-based tools used to measure social-emotional health.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

9.13 Positive Youth Development

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Develops internal development assets in youth with the goal of developing a commitment to learning, positive values, social competencies, and/or positive identities.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

School age children ages 6 years to 13 years old will receive summer enrichment programming. Children will continue academic activities throughout the summer to increase their knowledge in the following subjects: Math, Science, Language, and Social Studies. The program will provide lessons to prepare children for the upcoming grade they will enter when returning to the school program. A safe environment will be provided with meals and snacks.

Service #2 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)**

One hour

b. Unit Rate (#2)

\$2.54

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

NO

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

The unit rate was determined by the amount to pay two personnel for the summer enrichment programming. The salaries of these two teachers was then divided by the proposed number of units based on the number of children attending and the hours they will attend the summer program.

d. Total Number of Units of Service to be Provided (#2)

2100

e. Total Number of Unduplicated Individuals (#2)

15

f. Average Number of Units of Service per Unduplicated Individual (#2)

140

g. Average Cost of Service per Individual (#2)

355.6

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Families pay a tuition fee for child care only. They are not charged for summer enrichment programming. Their tuition fee covers child care, meals for their children, and utilities.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

Our agency does not bill for medical or health insurance claims. We have some families receiving state subsidy from the Missouri Division of Family Services. Attendance records are submitted to the state and those state subsidies are then placed into the children's accounts to assist with their child care tuition, not additional services such as summer enrichments.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Harrisburg Early Learning Center does not handle healthcare or medical insurance claims.

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
a Boone County - Children's Services Funding (#2)	2a1. \$1.82	2a2. 2800	2a3. \$5,096.00

b. Boone County - Community Health Funding (#2)	2b1. \$0.00	2b2. 0	2b3. \$0.00
c. City of Columbia - Social Services Funding (#2)	2c1. \$0.00	2c2. 0	2c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$5,334.00

b. Proposed Number of Units of Service (#2)

2100

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

The requested level of funding includes two personnel to teach in the School Age Summer Program. The teachers will be responsible for pre and post testing to ensure children continue academic success and help prepare them for the upcoming grade they will enter when they return to school. Performance measures will track the progress of the children in the program.

Service #2 - Performance Measures

Outcome (2-1)

Children will show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies.

Indicator (2-1)

80% of children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies.

Method of Measurement (2-1)

Pre and post tests in the areas of Math, Science, Language, and Social Studies.

Additional Outcome (2-2)

Additional Indicator (2-2)

Additional Method (2-2)

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

Our goal is for our children to show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies. One of the goals we have for our program is to provide quality and structured summer enrichment programming.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

The proposed outcomes may be affected by poor attendance in the program or if a child leaves the program.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

100% of children in the program will receive pre and post tests. 80% of children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Pre and post tests will allow us to track children's academic progress during the summer months.

Service #3 - Name, Definition and Description

Service #3 - Taxonomy of Service Name (150 character limit)

3.6 Tutoring

Service #3 - Taxonomy Definition of Service (300 character limit)

Supplementary assistance with educational concepts and tasks in coordination with students' primary source of education.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

School age children ages 6 years to 13 years old will receive quality and structured before and after school programming. With Harrisburg Schools following a four day school week, the proposed program will operate Mondays from 6:30 am to 6:00 pm and before and after school on Tuesday through Friday. Teaching staff will provide time for homework completion and assist with tutoring students.

Service #3 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)**

One hour

b. Unit Rate (#3)

\$4.36

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

The unit rate was determined by the amount to pay personnel for before and after school programming. The salaries were then divided by the proposed number of units based on the number of children attending and the hours they will attend the before and after school program.

d. Total Number of Units of Service to be Provided (#3)

6048

e. Total Number of Unduplicated Individuals (#3)

15

f. Average Number of Units of Service per Unduplicated Individual (#3)

403.2

g. Average Cost of Service per Individual (#3)

1757.95

Service #3 - Service Fee**a. Will the proposed service (#3) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

Families pay a tuition fee for child care only. They are not charged for tutoring and homework assistance during the before and after school programming. Their tuition fee covers child care, meals for their children, and utilities.

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

Our agency does not bill for medical or health insurance claims. We have some families receiving state subsidy from the Missouri Division of Family Services. Attendance records are submitted to the state and those state subsidies are then placed into the children's accounts to assist with their child

or that the payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Harrisburg Early Learning Center does not handle healthcare or medical insurance claims.

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Yes (complete the Other Funder's Chart below)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$2.46	5056	\$12,437.76
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$26,371.00

b. Proposed Number of Units of Service (#3)

6048.39

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

The requested level of funding includes personnel to teach in the Before and After School Program. The teachers will be responsible for tutoring school subjects to ensure children continue academic success. We also want to lessen the stress of our working families by providing homework time and tutoring to their children. When children are picked up from the program in the evenings, this allows them to have more family time once they get home.

Service #3 - Performance Measures

Outcome (3-1)

Family stress will be reduced by providing tutoring as well as time for children to complete homework.

Indicator (3-1)

90% of families will report reduction in stress by children receiving tutoring as well as time to complete homework.

Method of Measurement (3-1)

Yearly surveys completed by families.

Additional Outcome (3-2)

Children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, English, and Reading.

Additional Indicator (3-2)

80% of children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, English, and Reading.

Additional Method (3-2)

Report cards shared by families at the end of the second quarter and the end of the fourth quarter.

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

We want to assist our children by tutoring subjects such as Math, Science, Language, and Social Studies. We also want our families to experience less stress by providing time for their children to complete their homework and receive tutoring. By doing these things, we are providing quality and structured before and after school programming.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

The proposed outcomes may be affected by poor attendance in the program or if a child leaves the program.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

We expect 90% or more of our families reporting reduction in stress by children receiving tutoring as well as time to complete homework. We want 80% or more of our children in the proposed program to maintain or show an increase in performance and knowledge of the following subjects: Math, Science, English, and Reading.

d. Provide a rationale for each method of measurement (#3). (600 character limit)

We welcome input from our families on how our programs are operating. The parent surveys and evaluations allow parents to voice their opinions and give feedback. The report cards show us if the children are increasing their knowledge in school subjects. If we see a child's report card showing areas of concern, we can spend more time working with that child one on one and provide extra assistance and tutoring with that particular subject.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

10.6 Scholarships

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Provision of financial assistance for educational and enrichment expenses.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Scholarships would allow children access to quality care. For children ages 3 weeks to 5 years old, they would be given the opportunity to develop positive social behaviors and to be screened for developmental delays. School-age children and their families would have access to quality school-age programming. Parents and guardians will feel less stress with their children being enrolled in a quality child care program. With some of our families caring for several children and still receiving state subsidies, the tuition to pay out of pocket is a financial burden. We want to offer scholarships for working families that still need assistance after state subsidies and for families that struggle with a single income and not able to receive state subsidy assistance.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

One hour

b. Unit Rate (#4)

\$1.50

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

We charge a weekly tuition fee for child care services. When establishing the hourly unit rate for scholarships, it was based on the average hours of

can have developmental screenings, an increase in positive social behaviors, access to quality school-age programming, and less stress.

d. Total Number of Units of Service to be Provided (#4)

7178

e. Total Number of Unduplicated Individuals (#4)

25

f. Average Number of Units of Service per Unduplicated Individual (#4)

287.12

g. Average Cost of Service per Individual (#4)

430.68

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

We are not charging a fee for scholarships. The scholarships would be used for families needing additional financial assistance for their child to have access to quality care.

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

We will not bill scholarships to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Harrisburg Early Learning Center does not handle healthcare or medical insurance claims.

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Yes (complete the Other Funder's Chart below)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$1.26	4a2. 10104	4a3. \$12,731.04
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$10,767.00

b. Proposed Number of Units of Service (#4)

7178

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Scholarships would allow children access to quality care. For children ages 3 weeks to 5 years old, they would be given the opportunity to be screened for developmental delays. School-age children and their families would have access to quality school-age programming. Families will feel less stress with their children being enrolled in a quality child care program. Over the last four years, we have seen an increase in families at or below 200% of the federal poverty level. Our current demographics show more than 50% of our families at or below 200% of the federal poverty level.

Services #4 - Performance Measures

Outcome (4-1)

School-age children and families will have access to quality before and after school-age programming.

Indicator (4-1)

80% of children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, English, and Reading.

Method of Measurement (4-1)

Report cards shared by families at the end of the second quarter and the end of the fourth quarter.

Additional Outcome (4-2)

School-age children and families will have access to quality summer enrichment programming.

Additional Indicator (4-2)

80% of children will maintain or show an increase in performance and knowledge of the following subjects: Math, Science, Language, and Social Studies.

Additional Method (4-2)

Pre and post tests in the following subjects: Math, Science, Language, and Social Studies.

Additional Outcome (4-3)

Children ages 3 to 5 years old will have access to quality child care.

Additional Indicator (4-3)

95% of children in program will show an increase in positive social behaviors (from baseline testing to testing thereafter) when interacting with their peers and teachers.

Additional Method (4-3)

ELLC social skills checklist upon enrollment and quarterly thereafter.

Additional Outcome (4-4)

Children 3 weeks to 5 years old will have access to quality child care.

Additional Indicator (4-4)

100% of children in the Early Childhood Program will be screened for developmental delays (in the areas of communication, gross motor, fine motor, problem solving, and personal-social).

Additional Method (4-4)

Ages & Stages Questionnaire-3 (ASQ-3) conducted twice a year, or more as needed.

Additional Outcome (4-5)

Families will feel less stress because children are enrolled in a quality child care program.

Additional Indicator (4-5)

90% of families will report less stress because child is in a safe, secure environment.

Additional Method (4-5)

Yearly surveys completed by families.

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

All of the outcomes align with our goals for the proposed program: Providing early childhood education to the children of northern Boone County, preparing children for entry into kindergarten, involving parents in the early education of their children, providing quality and structured before and after school programming, and providing quality and structured summer enrichment programming.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

The proposed outcomes may be affected by poor attendance in the program or if a child leaves the program.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

We expect a high percentage of children to maintain or show increased performance in academics, all children in the Early Childhood program to be screened for developmental delays, an increase in positive social behaviors, and a large percentage of families to report less stress having their child in a safe, secure environment.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Report cards and pre and post tests allow us to monitor children's academic progress and assist in areas where they may need extra help. Surveys completed by parents provide feedback about the services we provide and how it relieves their stress, ASQ-3's and social skills provide developmental screenings and social skills to ensure children are showing positive social behaviors and alerting us to any developmental delays that may need referrals.

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00

b. Proposed Number of Units of Service (#5)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@booncountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. **Offeror's Contacts:** Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14



CERTIFICATE OF LIABILITY INSURANCE

HARRI-5

OP ID: LW

DATE (MM/DD/YYYY)

12/11/2017

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

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

PRODUCER Naught-Naught/Columbia 3928 S Providence Columbia, MO 65203 Ruth Stone/Cody Thorne	CONTACT NAME: Ruth Stone/Cody Thorne PHONE (A/C, No, Ext): 573-874-3102 FAX (A/C, No): 866-779-8102 E-MAIL ADDRESS: CLCertificate@naught-naught.com														
INSURED Harrisburg Early Learning Center, Inc. 450 West Sexton Rd. Harrisburg, MO 65256	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : First Comp Insurance</td> <td>27626</td> </tr> <tr> <td>INSURER B : West Bend Mutual Ins Co</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : First Comp Insurance	27626	INSURER B : West Bend Mutual Ins Co		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
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INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof/HNOA GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:	X		A136620 01	04/01/2017	04/01/2018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 200,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>HNO Auto</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	HNO Auto	\$ 2,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an additional insured with respects to General Liability coverage.

CERTIFICATE HOLDER**CANCELLATION**

Boone County, MO 613 E Ash Columbia, MO 65201	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> AUTHORIZED REPRESENTATIVE
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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract CASA Child Advocacy

THIS AGREEMENT dated the 28th day of December 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Heart of Missouri CASA** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **CASA**.

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

WHEREAS, CASA has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY CASA

CASA is expected to the greatest extent possible to maximize funding from all other sources. CASA shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CASA shall only request reimbursement for services not reimbursable by any other source. CASA shall not invoice the Children's Services Fund for units of service invoiced to another funding source. CASA shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** CASA will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and CASA's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over CASA's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from CASA and CASA agrees to furnish the **CASA Child Advocacy** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in CASA's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$100,000.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. CASA agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of CASA be renewed for **an additional one (1), one-year period**. CASA agrees and understands that the BCCSB may require supplemental information to be submitted by CASA prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Advocacy	One hour	\$25.00	4,000	\$100,000.00

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

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

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by CASA to monitor service delivery and program expenditures. CASA agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by CASA and, if so stipulated, are noted on this contract document. Payments may be withheld from CASA if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CASA agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

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

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** CASA may enter into subcontracts for components of the contracted service as CASA deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, CASA shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. BCCSB may terminate this agreement should CASA fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, CASA shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the CASA for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

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

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

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

27. **Record Retention Clause.** CASA shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

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

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

Any written notice or communication to CASA shall be mailed or delivered to:

Heart of Missouri CASA
Kelly Hill
1316 Old 63 South, Ste 104
Columbia, MO 65201

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

Heart of Missouri CASA

By: Kelly Hill
Signature

By: Kelly Hill, Executive Director
Printed Name/ Title

Boone County, Missouri

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

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

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk
DKB

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

Jane Ritchford by jz 12/20/17 (2161/71106/\$100,000.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

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

November 2, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Heart of Missouri CASA _____

Address: 1316 Old 63 S, Suite 104 _____
Columbia, MO 65201 _____

Telephone: 573-442-4670 _____ Fax: NA _____

Federal Tax ID (or Social Security #): 20-2408567 _____

Print Name: Kelly Hill _____ Title: Executive Director _____

Signature:  _____ Date: 11/3/17 _____

E-mail: kelly@homcasa.org _____

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

Organization	Heart of Missouri CASA
Name of Program	CASA Child Advocacy

Program Overview Form	
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1. The Program Goal only provides specific information on internal Heart of Missouri CASA aspirations rather than the impact of services in the community and population that's affected by the issue being addressed by the program.
Action required: Rewrite the Program Goal to be less specific numerically and related to the community and population being served.

<p>The goal of our program is to improve outcomes for children in our local foster care system. We aim to ensure children remain free from re-abuse while in foster care, have all their needs met (educational, medical, therapeutic), and achieve a safe, permanent home as quickly as possible. Heart of Missouri CASA is an integral partner in the family court system coordinating with all parties to be a voice for the child.</p>

2. The Consumer Demographics Residence section lists 49 individuals to be served that reside in other counties.
Action required: Provide clarification on the funding source paying for the 49 individuals from other counties.

<p>Our program serves children in the 13th Judicial Circuit, which covers Boone and Callaway Counties. Our staff person in Callaway County is funded through a variety of sources, including the Callaway County United Way, Missouri CASA Association, and general fundraising revenues. Those resources support the Callaway County program and staff to serve 49 individuals outside of Boone County.</p>

3. The narrative for the Individuals Trained on the Program Overview form only mentions pre-service training provided to volunteers. Do volunteers receive ongoing training once they are assigned cases?
Action required: Provide information on training volunteers receive after pre-service training is complete.

CASA volunteers complete 12 hours of continuing education (CE) training each year after they have completed pre-service training. CASA staff coordinate a 1.5 hour CE training each month, and we also link volunteers to community and online trainings that would qualify for CE hours. CE training topics we've covered in 2017 (referenced in original narrative section, *Individuals Trained*):

- A place to Call Home – video/discussion on Older Youth
- Services for Independent Living Tour/Presentation
- Understanding the Vulnerable Teenage Brain, Heather Harlan
- Meth/Heroine Epidemic, Detective Shannon Jeffries
- Autism/Thompson Center, Dr. O'Connor
- Great Circle Residential Tour
- Bill Ellis, Guardian ad Litem – GAL Role, TPR Process, Criminal Case impact on family court case
- Hidden in Plain Sight – Child Sexual Abuse, Greg Holtmeyer
- Children's Division Regional Manager, Shelly Oberlag – CD Role, Signs of Safety, etc.
- Adverse Childhood Experiences

Our volunteers have also participated in the following community trainings this year:

- Missouri Children's Trauma Network Training Summit
- Domestic Violence in Dependency Court – 3-part training
- Dark Side of the Moon Documentary
- Trauma training with Patsy Carter, Children's Mental Health Professional Consultant
- Matters of Social Justice: Exploring Implicit Bias
- Homelessness and Mental Health
- Common Childhood Psychiatric Disorders
- Psychiatric Medications Prescribed to Children/Adolescents

In total, our volunteers have completed over 950 continuing education training hours in the first 10 months of 2017.

4. In the Program Quality section, the second text box for item d. regarding a rational for evidence-based programming to be utilized is missing.

Action required: Provide this information in the field below.

HOMC utilizes the evidence based CASA model for evidenced based training and programming because of the matchless opportunity to positively impact the outcomes for abused and neglected children in the foster care system. The recruitment, training and screening process for volunteers is rigorous to ensure only those volunteers that are the best fit for the program are ever assigned a case. The child welfare system is too heavily overburdened to give all foster children the attention and care they need to ensure their individual needs are met, that they are in the best possible home, and that they achieve permanency as quickly as possible. The CASA model provides Family Court Judges with an independent voice that isn't enmeshed in the child welfare system and can speak objectively and knowledgeably regarding the child's needs. The reports and recommendations from CASA volunteers give Judges a vast amount of information they wouldn't otherwise receive and enables them to make more informed decisions regarding the children.

There is considerable evidence regarding the effectiveness of the CASA program. Children with CASA volunteers are in the system less amount of time on average, have more stability in their placements, receive more services, are more successful in school, and are less likely to re-enter foster care. We hope as National CASA begins a rigorous research process to develop the evidence base supporting the CASA model that we will have more data to support and guide the work we do (Also see reference in *Program Quality* section).

I sincerely apologize that the text box for this question was left blank in the submitted proposal. In the "*ProgramOverview(V3)Final-CSF*" word document that was provided in the *Shared Files* section on Apricot, question d in the Program Quality section was phrased as a "yes" or "no." If the response was a "yes," the applicant completed the first text box: "If Yes, indicate, cite, and describe the evidence," which is what we did. If the applicant selected "No," then they completed the section requesting a rational for evidence based programming. I missed that the rationale question was rephrased on the Apricot system and both sub-questions were required. I've provided a screenshot of how this question is worded in the word document provided on Apricot:

d. Is there evidence to support the efficacy of the proposed program and/or program service(s)? Evidence must be up to date and scientifically-based and should be cited from scholarly research reports published in peer-reviewed journals or from credible government sources.

☐ Yes

☐ No

If Yes - Indicate, cite, and describe the evidence. (1500 character limit)

If No - Provide a rationale for utilizing the proposed program and program service(s). (1500 character limit)

5. The Program Quality section provides thorough information regarding the quality improvement process and lists indicators that are monitored. While the program service performance

measures are well written, please make sure that these indicators are incorporated in the outcomes, indicators, and method of measurements for all services.

Action required: Provide clarification on how the data collected for quality improvement are incorporated in the performance measures.

We track numerous indicators that inform our program work. Some of these indicators are clearly linked to our program measures, such as length of time the child is in the foster care system and type of permanency the case achieves. For the indicators listed in the program quality section that aren't clearly connected to our program measures, we use that data to inform internal and external processes that need to be improved so that we can more effectively advocate for our cases. For example, one indicator we track is the point in the case the CASA is appointed and the length of time the CASA is on the case before permanency. We've found over the last couple years that we are often appointed to cases after they have been open an extensive amount of time (8-20+ months), instead of near the beginning of the case when a child is taken into protective custody. This poses a significant hindrance to our effectiveness on the case and participation in the team process. Because of this, we are working with our judges and juvenile office to implement a new referral process so that we can be assigned to cases the time of Protective Custody or Adjudication, instead of 8-20+ months in to the case. We believe this will have a positive impact on our reported program measures, such as length of time the child is in care, safety while in the system, stability in placements, and number of referrals/recommendations CASAs make that are accepted and implemented.

We also track indicators that illuminate changes we may need to make internally to improve our performance. For example, we track the number/percent of children who have the same CASA throughout their case and the number of volunteer advocacy hours/type of activity. When CASA volunteers resign from a case before permanency is achieved, we implement an exit process to help us understand the situation and identify barriers to success in that case. We use this data to shape volunteer screening processes and our volunteer supportive processes so that, to the best of our ability, we can have CASA volunteers who stay on cases until completion, which will improve outcomes for the children. Similarly, on a monthly basis, we closely monitor and track CASA volunteers' activities both self-reported and reviewed by staff. These measures are tracked in an online database to provide insights on overall trend data and include indicators such as how often they are visiting the children, what types of professional contacts they've had, and other case work they've done. If a volunteer is struggling with completing their duties, which could affect the case outcomes, we intervene to address whatever concern is.

Program Services Form (1-5)	
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No further questions at this time.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

6. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Heart of Missouri CASA (Court Appointed Special Advocates)				
Program Name: CASA Child Advocacy				
Program Outputs from all funding sources (including Children's Services Fund): 6,750				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Advocacy	One Hour	\$25	6,750	175

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Court-based Child Advocacy	\$100,000	4,000
Total Amount Requested to Boone County:	\$100,000	

Our original proposal requested \$90,000 from the Children's Service Fund to cover 3,600 units of service. After submitting our CSF application in June, we discovered we were no longer eligible for funding through the City of Columbia Human Services department due to their limiting the taxonomies eligible to apply. We had anticipated applying for funding through the City again as we had been receiving \$21,000 a year for the past 3 years. The City and County have been crucial funding sources that have enabled our growth and service to more children over the past few years. There are currently more children in the system that need CASA than we have the capacity to serve. We don't want to decrease the amount of CASA advocacy services we provide to our community's foster children during a time of increased need, and request an additional \$10,000 from the Boone County Children's Service Fund to help make up for this loss of funding that will begin in 2018.

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110

Columbia, MO 65201

Phone: (573) 886-4391

Fax: (573) 886-4390

E-mail: mbobbitt@boonecountymo.org

October 23, 2017

Heart of Missouri CASA
Attn: Kelly Hill, Executive Director
1316 Old 63 South, Suite 104
Columbia, MO 65201
kelly@homcasa.org

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Hill:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda Bobbitt", with a stylized flourish at the end.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

Organization	Heart of Missouri CASA
Name of Program	CASA Child Advocacy

Program Overview Form	
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1. The Program Goal only provides specific information on internal Heart of Missouri CASA aspirations rather than the impact of services in the community and population that's affected by the issue being addressed by the program.

Action required: Rewrite the Program Goal to be less specific numerically and related to the community and population being served.

--

2. The Consumer Demographics Residence section lists 49 individuals to be served that reside in other counties.

Action required: Provide clarification on the funding source paying for the 49 individuals from other counties.

--

3. The narrative for the Individuals Trained on the Program Overview form only mentions pre-service training provided to volunteers. Do volunteers receive ongoing training once they are assigned cases?

Action required: Provide information on training volunteers receive after pre-service training is complete.

--

4. In the Program Quality section, the second text box for item d. regarding a rationale for evidence-based programming to be utilized is missing.

Action required: Provide this information in the field below.

--

5. The Program Quality section provides thorough information regarding the quality improvement process and lists indicators that are monitored. While the program service performance measures are well written, please make sure that these indicators are incorporated in the outcomes, indicators, and method of measurements for all services.
Action required: Provide clarification on how the data collected for quality improvement are incorporated in the performance measures.

--

Program Services Form (1-5)	
------------------------------------	--

No further questions at this time.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

6. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.
Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Total Amount Requested to Boone County:		

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Heart of Missouri CASA

DBA:

Heart of Missouri CASA

Federal EIN Number:

20-2408567

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1316 Old 63 South

Ste 104

City

Columbia

State

Missouri

County

Boone County

Zip

65201

by St

Columbia

E Broadway

763

740

Old 63 S

Grandstone Pkwy

63

Google

Map data ©2017 Google

Address

1316 Old 63 South

Ste 104

City

Columbia

State

Missouri

County

Boone County

Zip

65201

by St

Columbia

E Broadway

763

740

Old 63 S

Grandstone Pkwy

63

Google

Map data ©2017 Google

Organization Phone Number:

Organization Fax Number:

573-442-4670

Website:

<http://www.heartofmissouricasa.org>

Head of Organization

Kelly Hill

Head of Organization Phone:

573-442-4670

Email:

heartofmissouricasa@hotmail.com

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

kelly@homcasa.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization Mission
Statement (Purpose):

Provide your organization's mission statement. (600 character limit)

Our mission at Heart of Missouri CASA (Court Appointed Special Advocates) is to train and support volunteers to be exceptional voices for every abused and neglected child in Boone and Callaway County Family Courts.

Organization History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

In 1977, a Seattle judge responded to delayed permanency (for children Court-removed from their home) by recruiting and training volunteers to act as Court Appointed Special Advocates (CASA volunteers). The strategy proved so effective that CASA now has 933 programs nationwide, including 21 programs in Missouri. All programs abide by national program standards. Since Heart of Missouri CASA's founding in 2005, we have served 652 children and trained 325 volunteers (updated 6/30/17).

Brief Statement of
Organization's Major
Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Heart of Missouri CASA's ultimate goal is to meet its mission of serving every abused and neglected child in our 13th Judicial Circuit Court (Boone and Callaway Counties). As of June 2017, CASA was serving approximately 29% of cases.

This ultimate goal is achievable. Half a dozen Missouri CASA programs are serving more than 50 percent of cases within their Circuit. Two are serving 100 percent of cases.

Articles of
Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1433365318_30405_ArticlesofIncorporation.pdf

**Provide a copy of
the organization's
Articles of
Incorporation.**

**Bylaws: Provide a
copy of the
organization's
Bylaws.**

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1469114124_34051_Bylaws.pdf

Organizational Chart
(must be for the entire
organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1433450342_30406_Organizationalchart.pdf

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Service Area: Heart of Missouri CASA serves the 13th Judicial Circuit Court which encompasses Boone and Callaway Counties. Approximately 70% of cases are based in Boone County.

Briefly describe the population(s) served by your organization. (600 character limit)

Population Served: Heart of Missouri CASA's target population is children involved in 13th Judicial Circuit Family Court due to abuse and neglect. In 2016, this was 691 children from birth to 18 years old. Of these children, 460 were based in Boone County.

Does your organization have a written Conflict of Interest policy?

Conflict of Interest Policy: yes

Does your organization have a written Whistleblower policy?

Whistleblower Policy: yes

Does your organization have a written Business Continuity plan?

Business Continuity Plan: yes

Does your organization have a written Records Retention policy?

Records Retention Policy: yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

Maximum of three two-year terms

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Showing 1 - 30 of 35 Links

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Jose Caldera	Member	07/01/2017	07/01/2019	1415 Subella, Columbia MO		Added on 01/20/2016
Emily Little	Co-Chair	05/01/2017	05/01/2019	1505 Killian Court, Columbia MO		Added on 01/20/2016
Jorgen Schlemeier	Chair	05/01/2017	05/01/2019	213 E Capitol Ave Jefferson City, MO		Added on 01/04/2017
Ashley Hester	Member	01/31/2017	01/31/2019	1515 Chapel Hill Rd, Columbia MO 65203		Added on 02/21/2017
Kelsey Thall	member	07/01/2016	07/01/2018	3301 Fox Trot Dr. Columbia, MO		Added on 02/15/2017
Carl Edwards, Sr.	Member	12/01/2016	12/01/2018	1908 Business Loop 70 W Columbia MO		Added on 01/04/2017
Krista Meyer	Member	11/01/2016	11/01/2018	217 Brenda Ln, Columbia, MO 65201		Added on 12/21/2016
Mark Kennedy	Treasurer	12/01/2015	12/01/2017	5875 W Van Horn Tavern Rd. Columbia MO		Added on 06/03/2015

Total Active Links:8, Total Deactivated Links:27, Current Active Links:8, Current Deactivated Links:22

| Next

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Notes

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

July 1 - June 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1433369999_29953_IRSTaxExemptStatus.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1482349877_29954_HeartofMOCASA2016AuditReport.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1487702251_29955_2015990.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Heart of Missouri CASA's Board of Directors is responsible for authorizing the annual budget and any unbudgeted expenses over \$300. An annual audit is conducted by a qualified outside auditor.

Monthly financial reports are made by the Board Treasurer.

Monthly bank statements are distributed to the entire Board membership once per month.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Callaway County Program Director	B.A. or B.S.	0.50	\$20,000.00	\$0.00	<input checked="" type="checkbox"/>	Added on 06/03/2015
Boone County Program Director	BSW	1.00	\$40,000.00	\$0.00	<input checked="" type="checkbox"/>	Added on 06/03/2015
Executive Director	MSW	1.00	\$50,000.00	\$0.00	<input checked="" type="checkbox"/>	Added on 06/03/2015
Boone County Volunteer Supervisors	B.A. or B.S.	1.00	\$32,000.00	\$0.00	<input checked="" type="checkbox"/>	Added on 06/03/2015

Total Active Links:4, Total Deactivated Links:4, Current Active Links:4, Current Deactivated Links:4

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Heart of Missouri CASA was awarded certification by the National CASA Association in 2014. The Certification process measures local-program practices against a set of quality standards. To be certified, Heart of Missouri CASA evidenced that it:

- Respects and protects the children it serves.
- Utilizes established policies and procedures necessary for effective management.
- Manages its financial affairs prudently and is committed to the principles of public disclosure.
- Continually evaluates its services and operations.

We will renew our Quality Assurance certification in 2018.

Accreditation 2:

Accreditation 3:

Text

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1453746600_32839_CASAOrganizationalBudget.xlsx/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1477435319_32678_PhiladelphiaInsuranceGeneralPolicy9-15-16to9-15-17.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1474996800_32841_CASA.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1474996800_32847_CASA.pdf/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Heart of Missouri CASA	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 06/12/2017
Children's Services Fund - POS RFP #27-10JUN14 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	Heart of Missouri CASA	Children's Services Fund - POS	Boone County	RFP #27-10JUN14		Added on 06/26/2015
Community Impact Fund (Interim Report 1 ends 09/02/2016 12:00 AM CDT)	Heart of Missouri CASA	Community Impact Fund	Heart of Missouri United Way	JUL2016 - SafetyNet, Income		Added on 01/22/2016

Total Active Links:3, Total Deactivated Links:0, Current Active Links:3, Current Deactivated Links:0

System Fields

Record ID

15667

Modification Date

07/19/2017 11:35 AM CDT

Modified By

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Heart of Missouri CASA

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

CASA Child Advocacy

Amount of Request

\$90,000.00

County-Children's Services - Service Type (check all that apply)

Home-based and community-based family intervention programs

Program Information

Program Website (will default to Organization website)

<http://www.heartofmissouricasa.org>

Address

1316 Old 63 South

Ste 104

City

Columbia

State

Missouri

County

Boone County

Zip

65201

**Program Administrator Name**

Kelly Hill

Phone Number

573-442-4670

Address

1316 Old 63 South

Ste 104

City

Columbia

State

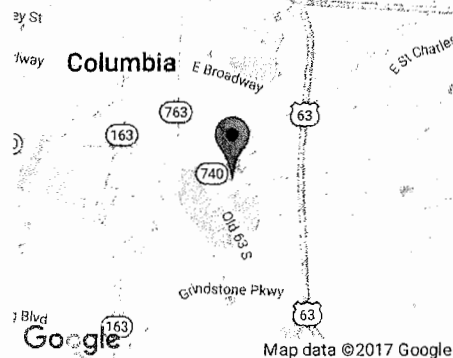
Missouri

County

Boone County

Zip

65201

**Program Administrator Title**

Executive Director

Email

kelly@homcasa.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500390457_30421_AttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500383015_30420_AttachmentB.pdf/


Attachment C Work Authorization Certification

/document/download/filename/1500401576_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1500383015_30418_SignedAddendums.pdf/

Link to Organization Profile Record**Link to Organization Records**

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Heart of Missouri CASA	1316 Old 63 South	Kelly Hill		Added on 06/12/2017
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0				

Federal EIN Number (will auto-populate)

20-2408567

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Kelly Hill
Printed Name - Organization Executive Director/President/CEO

7/18/17
Date

Kelly Hill
Signature - Organization Executive Director/President/CEO

7/18/17
Date

Jorgen Schlemmer
Printed Name - Organization Board Chair

July 18-17
Date

J Schlemmer
Signature - Organization Board Chair

July 18-17
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

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

Kelly Hill, Executive Director
Name and Title of Authorized Representative

Kelly Hill
Signature

7/18/17
Date

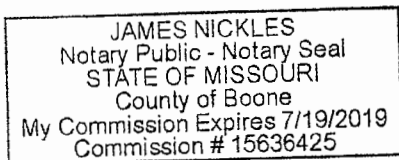
ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

My name is Kelly Hill. I am an authorized agent of Heart of Missouri CASA (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.



Kelly Hill 7/18/17
Affiant Date

Kelly Hill
Printed Name

Subscribed and sworn to before me this 18th day of July, 2017.

James Nickles
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

**THE E-VERIFY
MEMORANDUM OF UNDERSTANDING
FOR EMPLOYERS**

**ARTICLE I
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the Heart of Missouri CASA (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II
RESPONSIBILITIES**

A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:

- a. Notice of E-Verify Participation
- b. Notice of Right to Work

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.

3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

Company ID Number: 821457

4. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.

a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.

6. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

a. If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-484-4218.

b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The Employer will use the photocopy to verify the photo and to assist DHS with its review of photo mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.

Note: Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.

7. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

8. The Employer agrees that, although it participates in E-Verify, the Employer has a responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures.

a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly

employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status.

(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

14. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA as applicable by not discriminating unlawfully against any individual in hiring, firing, employment eligibility verification, or recruitment or referral practices because of his or her national origin or citizenship status, or by committing discriminatory documentary practices. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the immigration-related unfair employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

15. The Employer agrees that it will use the information it receives from E-Verify only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords), to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at E-Verify@dhs.gov. Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, upon

reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see [M-795 \(Web\)](#)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

B. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.

e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:

- i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,
- ii. The employee's work authorization has not expired, and
- iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).

f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:

- i. The Employer cannot determine that Form I-9 complies with Article II.A.6,
- ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
- iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with

Company ID Number: 821457

Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

C. RESPONSIBILITIES OF SSA

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.

2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.

4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

D. RESPONSIBILITIES OF DHS

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

a. Automated verification checks on alien employees by electronic means, and

- b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the Employer with operational problems associated with the Employer's participation in E-Verify. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train Employers on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials.
5. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.
6. DHS agrees to issue each of the Employer's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify

case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.

3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.

4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the

Company ID Number: 821457

employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.
6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:
 - a. Scanning and uploading the document, or
 - b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).
7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.
8. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

ARTICLE IV SERVICE PROVISIONS

A. NO SERVICE FEES

1. SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V MODIFICATION AND TERMINATION

A. MODIFICATION

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.
2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.

B. TERMINATION

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer's participation in E-Verify, with or without notice at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

ARTICLE VI PARTIES

- A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.
- C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.
- E. The Employer understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to,



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Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.

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Approved by:

Employer Heart of Missouri CASA	
Name (Please Type or Print) Anna Drake	Title
Signature Electronically Signed	Date 10/13/2014
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 10/13/2014

Company ID Number: 821457

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	Heart of Missouri CASA
Company Facility Address	607 E. Ash Columbia, MO 65201
Company Alternate Address	PO Box 10028 Columbia, MO 65205
County or Parish	BOONE
Employer Identification Number	202408567
North American Industry Classification Systems Code	813
Parent Company	
Number of Employees	1 to 4
Number of Sites Verified for	1

Company ID Number: 821457

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MISSOURI 1 site(s)

Company ID Number: 821457

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name Anna M Drake
Phone Number (573) 442 - 4670
Fax Number
Email Address anna.heartofmissouricasa@gmail.com

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name:

Heart of Missouri CASA

Address:

13112 Old 635, Suite 104, Columbia, MO 65201

Phone Number: 442-4670

Fax Number: NA

E-mail:

Kelly@hmcasa.org

Authorized Representative Signature:

Kelly Hill

Date:

7/18/17

Authorized Representative Printed Name:

Kelly Hill

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: Heart of Missouri CASA
Address: 1316 Old US S, Suite 104, Columbia 65201
Phone Number: 442-4620 Fax Number: NA
E-mail: Kelly@hmcasa.org
Authorized Representative Signature: Kelly Hill Date: 7/6/17
Authorized Representative Printed Name: Kelly Hill



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

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

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: Heart of Missouri CASA

Address: 1316 Old 63 S, Suite 104, Columbia 65201

Phone Number: 442-4670 Fax Number: NA

E-mail: kelly@hmcasa.org

Authorized Representative Signature: Kelly Hill Date: 7/18/17

Authorized Representative Printed Name: Kelly Hill

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Heart of Missouri CASA
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	CASA Child Advocacy
Amount of Request	\$90,000.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

In 2016, 2,547 children in the 13th Judicial Circuit, Boone and Callaway Counties, were the subject of maltreatment reports. Of these calls, 988 investigations took place, and 211 children were removed from their homes due to substantiated abuse and/or neglect (Statistics, 2017). Of these children, 70% reside in Boone County. Every year for the past six years, the number of children in foster care in our jurisdiction has steadily increased. In 2010, 261 children were involved in the system. By 2016, that number had increased a staggering 165% to 691 children (FCI, 2017). The dramatic rise of traumatized children into our foster care system has increased the burden on overloaded system professionals as caseloads have soared. Some case workers have well over 30 children, the Guardian Ad Litem contract was recently increased from 70 to 130 children, and Juvenile Officers average 75-100+ children on their child abuse/neglect caseload. The children bear the burden of this overworked system as professionals' time is stretched and each case can't be given the attention it needs. Children may not receive needed services in a timely manner, move placements more frequently, linger in inappropriate placements, and remain in the system without a permanent placement longer than necessary. Hope does exist for these kids because those with a CASA achieve permanency more quickly, experience fewer placements, receive more services, and are less likely to re-enter foster care (NCASA summary).

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Children removed from their homes due to abuse/neglect are thrust into the child welfare system having experienced a range of victimization, which oftentimes includes more than one type of maltreatment. The Boone Indicators Dashboard reports the following types of abuse and neglect experienced by our community's children removed from their homes in 2015: educational neglect – 5, medical neglect – 9, neglect – 93, emotional abuse – 20, physical abuse – 45, and sexual abuse – 26. The Fostering Court Improvement Project provides recent statistics for 211 children removed during April 2016 – March 2017:

• Neglect – 48% (102/211)

- Parental Drug or Alcohol Use – 55% (115/211)
- Physical abuse – 15% (32/211)
- Parental Inability to Cope – 17% (36/211)
- Inadequate Housing – 25% (52/211)
- Incarceration – 15% (31/211)
- Child behavior – 7% (14/211)
- Abandonment – 10% (21/211)
- Sexual Abuse – 1% (3/211)

Currently, on any given day there are around 450 children in foster care in our circuit, with 315 (70%) of these kids being from Boone County. This number fluctuates as children's cases close and new children are removed into care. With current resources, we are serving approximately 29% of the children in need in our circuit, and are consequently assigned to the most complex cases. The court doesn't track parents' income, but the judge does determine indigency status (up to 200% poverty level) to assign court-paid parent attorney, which occurs on 98%+ of our cases.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Our current goal is to increase our percentage of children served from 29% to 50% by 2019. This requires us to retain 50% of our active volunteer base, recruit on average 20 new volunteers to maintain full staff caseloads, and obtain funding to hire new staff to supervise 45 additional volunteers.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

CASA exists to ensure children involved in the family court due to abuse/neglect have an objective advocate focused solely on their best interests so these children receive needed services, reside in the best possible placement, and achieve permanency as quickly as possible. We do this by recruiting, screening, training, and supporting volunteers who are appointed by the family court judge to act as the eyes and ears of the court. Potential volunteers complete an intensive screening process, including an interview, 3 reference checks, and a comprehensive background screening. Following completion of the 30-hour pre-service training, volunteers are sworn-in as officers of the court and are appointed to a case with one or multiple children. CASAs have four main roles: independently investigate the surroundings of the case, monitor the progress of the case, support progress between Family Support Team members, and advocate in court for the child's best interests. CASA staff provide ongoing supervision and assistance to ensure volunteers have the information, skills, and resources necessary to be exceptional advocates. Through the volunteers' fact-gathering efforts, training, and relationship-building, they can adequately assess the child's needs and advocate for unmet needs to be addressed. CASA volunteers are uniquely poised to make recommendations regarding the placement of the child and the permanency plan due to their objectivity and extensive knowledge of the case/child.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Heart of Missouri CASA's consumers are children involved in the 13th Judicial Circuit Family Court due to substantiated abuse/neglect. Seventy percent of these children are from Boone County. The Missouri Department of Social Services (2017) provided the following breakdown of the ages, races, and genders of children in Boone County foster care during fiscal year 2016:

Age:

- 29% - 0-5 years
- 30% - 6-11 years
- 12% - 12-14 years
- 28% - 15+ years

Race:

- 56% - Non-Hispanic White
- 33% - Non-Hispanic Black
- 11% - Non-Hispanic Multiple Races
- <.5% - Non-Hispanic American Indian

Hispanic Origin:

- 4% - Hispanic
- 92% - Non-Hispanic
- 4% - Unknown

Gender:

- 52% - Male
- 48% - Female

Arguably, these children who have experienced significant trauma and now face the daunting path of the foster care system are our community's most vulnerable youth. Twenty percent of the children on our cases are in residential care (compared to 17% circuit-wide) and 59% deal with significant medical or mental health diagnoses/disabilities such as anxiety, ADHD, cognitive disability, learning disability, mood disorder, depression, Reactive Attachment Disorder, and more (MDSS, 2017; HOMC, 2017). The vast majority (approximately 98%) of these children's families are in poverty (as determined by indigency status) compared to only 9.4% of the general population in Boone County (Boone Indicators Dashboard, 2015).

b. Why will these particular consumers be served? (1500 character limit)

Children removed from their homes due to abuse/neglect are thrust into complex, overburdened child welfare and court systems. The number of children in our local foster care system is at an all-time high and the children bear the burden of this overloaded system. These kids spend an average of 20

months in care. They move placements frequently, an average of 4.5 times (FCI, 2017). Forty-one percent of children are placed in a non-relative living situation, which means these kids, due to no fault of their own, are uprooted from their homes and living with a stranger (Statistics, 2017). Important needs may not be addressed in a timely manner. For various reasons, children linger unnecessarily in the system. Children with complex needs may remain in an inappropriate placement, such as a group-home or residential treatment, because case workers lack the time to find appropriate step-down options or kinship/familial placements. At other times, case workers must use their limited availability to focus on the cases that are in crisis and let those that are stable linger until a major issue comes up, instead of focusing on pushing them to permanency. These realities of the foster care system magnify the trauma these children have already experienced. CASA volunteers have only one case at a time and commit to staying with that case until permanency. Being the only court-based child advocacy organization in the county, CASA is a unique solution to these problems.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

The primary impediment for us to serve all the children in need is having the funding necessary for appropriate staffing levels. We follow National CASA's Local Program Standards, which require a ratio of 1.0 FTE to 30 volunteers/cases. The ratio was designed with the success of the CASA volunteer in mind. Volunteers require supervision and support from the staff in order to meet the needs the case presents. We currently have the funding to supervise volunteers on 75 cases and are close to the limit as we have have 67 cases with several volunteers waiting for case assignments.

d. Total number of unduplicated individuals to be served by the proposed program:

175

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below

e. Average program cost per individual

1323.59

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. **No individual should be counted twice under any sub-section.**

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

126

City of Columbia

83

Other Counties

49

Residence Total

175

Record Lock

0

Race

White (alone)

98

Black or African American (alone)

56

Native American Indian or Alaskan Native

1

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

20

Some Other Race

0

Race Total

175

Ethnicity

Hispanic or Latino (of any race)

7

Not Hispanic or Latino

168

Ethnicity Total

175

Gender

Female

84

Male

91

Other

0

Gender Total

175

Income

At or below 200% of Federal Poverty Level

170

Over 200% of Federal Poverty Level

5

Income Total

175

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

12

Preschool (3 years – 5 years)

20

School Age (6 years – 11 years)

63

Middle School (12 years – 14 years)

34

High School (15 years – 19 years)

46

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

175

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

115

b. Provide information on the types of training that will be offered. (1500 character limit)

We complete three 30-hour pre-service volunteer training sessions a year. We expect to train at least 10 individuals during each class. The training is 15

hours in-person and 15-hours online and includes the following topics:

- Roles/responsibilities of a CASA volunteer
- Court process
- Dynamics of families including mental health, substance abuse, domestic violence, poverty
- Relevant state and federal laws, regulations, policies.
- Confidentiality and record keeping practices
- Child development
- Child abuse/neglect
- Permanency planning
- Community agencies/resources
- Communication and information gathering
- Effective advocacy
- Cultural competency
- Special needs of the children served

Additionally, active volunteers, of which we currently have 85, complete 12 hours of continuing education each year. We provide a 1.5hr continuing education training each month. Some of the 2017 topics we're covering include:

- A Place to Call Home – video/discussion on Older Youth
- Services for Independent Living Tour/Presentation
- Understanding the Vulnerable Teenage Brain, Heather Harlan
- Meth/Heroin Epidemic
- Autism/Thompson Center, Dr. O'Connor
- Great Circle Residential Tour
- Bill Ellis, GAL – GAL role, TPR process, Criminal case impact on family court case
- Hidden in Plain Sight – Child Sexual Abuse, Greg Holtmeyer
- Children's Division Regional Manager – CD Role, Guardianship/Adoption subsidies, Signs of Safety
- Adverse Childhood Experiences

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

Our main office is located in Columbia with operating hours of 8-4:30pm. We also operate a satellite office in Fulton where our Callaway Program Director works. Staff are available to volunteers outside of office hours when needed. CASA volunteers complete their duties at a variety of locations including the child's placement (foster home, residential placement, family member's home), school, out in the community, the Courthouse, Children's Division and Great Circle offices. Of our active children, 14% are placed out of the county and these volunteers drive an average 100 miles to visit them.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

We are appointed to the cases of children ages 0-18 who are wards of the Family Court due to abuse and neglect (occasionally up to 21 if the youth has an APPLA plan). We don't select the cases given to us, but are appointed to cases by the Family Court Judge, which in Boone County is the Honorable Judge Leslie Schneider. CASA is typically appointed to the more complex cases where children have higher needs or the situation lacks resources. The courts currently don't track income of families, but in 98% of our cases parents met indigency standard (200% of PL) to receive a parent attorney.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

We are appointed to ensure the best interests of children in the Family Court system are seen and heard. It wouldn't be appropriate to charge for these services as children couldn't pay the fee.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

The Missouri legislature authorizes CASA to function pursuant to 210.160.6 RSMo. As members of the National CASA Association, we follow NCASA's Local Program Standards, which cover 14 programmatic and governance areas. A few of these in-depth standards include maintaining a 1:30 staff:volunteer ratio, 30-hour pre-service and 12-hour ongoing training for volunteers, and minimum age (21), education (HS degree/equiv.), and background screening standards (criminal, state, federal, sex offender). Advocates are sworn in as Officers of the Court by our Family Court Judge before receiving a case.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

If Yes - Provide the name of the accreditation agency. (300 character limit)

National CASA Association

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

We completed the Quality Assurance compliance process in 2014 and are scheduled to complete a renewal in 2018.

If Yes - Provide a description of the accreditation process: (600 character limit)

The Quality Assurance recertification process must be completed every 4 years to ensure we are complying with the standards. The recertification is a process whereby programs answer a series of questions (44 pages covering all the standards) and provide documentation to National CASA as evidence of the practices, protocols and procedures that the organization has in place.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

As mentioned previously, we are required by National CASA to follow their Local Program Standards (NCASAA, 2012). All 933 local CASA programs throughout the country abide by these standards. National CASA is currently in the process of reviewing and updating the standards for release in 2018. We will renew our certification with National CASA in 2018 utilizing the updated standards.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

Our policies and procedures have been established in accordance with the National CASA Standards for Local Programs. Following the model that has been established by National CASA is important to us in ensuring our volunteers are the most effective advocates they can be. We consult with the Missouri CASA Association and National CASA when questions about standards implementation arise.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

While the outcomes associated with the CASA model have been thoroughly researched, National CASA is in the beginning stages of a 3-year, rigorous performance measurement and evaluation initiative to generate new evidence-based knowledge of CASA outcomes (Rowan, 2016). We're excited how the new knowledge and best practices that will be generated from this endeavor will build upon the current findings: A child with a CASA volunteer is more likely to find a safe, permanent home, more likely to be adopted (6, 7, 8, 9, 11), half as likely to reenter foster care (6, 9, 11), substantially less likely to spend time in long-term foster care (11), and more likely to have a plan for permanency, especially children of color (14). Children with CASA volunteers receive more services while in care (1, 2, 4, 5, 6, 7, 11), and are more likely to have a consistent, responsible adult presence as volunteers spend significantly more time with the child than a paid Guardian Ad Litem (1, 2). Children with CASA volunteers spend less time in foster care, on average 8 months fewer than children without a CASA volunteer (12, 13) and are less likely to be bounced from home to home. (10, 12, 13). Children with CASA volunteers do better in school. They are more likely to pass all courses, less likely to have poor conduct in school, and less likely to be expelled (10). CASA volunteers are more likely to file written reports than paid GALs (3). (NCASA Research Summary).

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

The innovativeness of the CASA model has enabled it to flourish since its inception in 1977, demonstrated by the 933 CASA agencies serving abused children across the country. CASA was born as a creative solution to the problem of judges lacking reliable, objective information needed to make extremely difficult decisions for traumatized children under their jurisdiction. CASA is the only court-based program where trained community volunteers are appointed by judges to advocate for abused/neglected children. As an independent voice focused solely on the child's wellbeing, we have a unique opportunity to directly influence the decision-maker on the case, the Family Court Judge. Our judges highly value the CASA volunteers' recommendations because the CASA has only one case at a time and knows the case/child in-depth, visits the child consistently, and does the research (with the support of professional staff) necessary to make excellent placement, permanency, and treatment recommendations. Because case workers often change numerous times over and GALs typically don't have the time to visit all the children on their caseload, it's common for the CASA to be the one constant adult presence in the child's life throughout their time in the foster care system. Children recognize and value the consistency of their CASA volunteer, and the impact of them being a volunteer versus paid staff is immense.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

We track an extensive amount of data, indicators, and outcomes regarding our cases and volunteers using our own data, statistics provided to our FCI team, and Children's Division data. A few examples of the indicators we monitor:

- Length of time the child is in the system before reaching permanency
- Length of time the CASA volunteer is on the child's case
- Number of placements the child experiences
- Number and percent of children who have the same CASA volunteer throughout their case
- Number and percent of recommendations made by the CASA volunteers that are accepted
- Type of permanency the case achieves
- Number of volunteer advocacy hours and type of activity

We review our outcomes on a monthly, quarterly, and annual basis, depending on the outcome. If we discover an area of weakness in volunteers' advocacy, we address it on a case level or on a large scale with volunteers through training. We complete pre and post surveys of our pre-service training, assessments of each individual training session (5), and assessments after a volunteer finishes a case or exits the program. Training surveys are reviewed after each session to address concerns in a timely manner. Pre/Post assessments of the classes are reviewed to address success of training and areas for improvement. We are also working to implement a biennial stakeholder survey in 2018 to receive feedback from our partners and consumers about our services to facilitate program improvement.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

In a sense, we have two consumers: the CASA volunteers and the children served. As previously mentioned, we have several means to collect feedback from CASA volunteers, including training assessments, case closure and program exit surveys, and a survey completed during the annual appreciation dinner. We use the information provided by volunteers to improve our recruitment, training, and supervision of volunteers. We take seriously areas of weakness in our training and supervision that are illuminated by the assessments, and address concerns on a individual or group level depending on the nature of the issue.

We are designing a 2018 stakeholder feedback survey to gather feedback from all our stakeholders, which may include older youth able to provide such feedback about their CASA volunteers. Many of the children we serve are not an appropriate age to provide feedback about their CASA volunteer, but we will include resource parents in our survey, in hopes that they will be able to provide feedback not only about their experiences with CASA, but the young children's as well.

The Executive Director regularly checks in with the Family Court Judge to gauge concerns or feedback about the program, which were none at the last check-in. We are active participants in our Fostering Court Improvement Project, which meets monthly and addresses issues with system processes that may interfere with successful case progress.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

We operate under a Memorandum of Understanding that details our collaborative work with our Family Court partners, which includes the Family Court Judge, Children's Division (CD), Juvenile Office (JO), and Guardians Ad Litem (GAL). The MOU outlines the types of cases CASA will receive from the court, the roles/responsibilities of the CASA, implementation of volunteer activities, working relationships with the court, conflicts of interest, and termination of a CASA appointment. The CASA role is designed to be collaborative in nature, working as part of the Family Support Team (FST) which includes the parents, children if age appropriate, CD, JO, GAL, Parent Attorney, and CASA volunteer. The CASA volunteer must be a cooperative partner, sharing information and concerns with the whole group, in order to effectively implement the responsibility of reporting directly to the Judge regarding the children's wellbeing and best interests. As our MOU details, the CASA volunteer's duties complement, but do not duplicate the duties of other professionals on the case. CASA volunteers, in a sense, fulfill some of the GAL responsibilities at a more in-depth level. We also actively participate in our circuit's Fostering Court Improvement Team, which meets monthly to address issues in our circuit with the goal of improving outcomes for the children in our family court.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1499719526_40691_MOU2017.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Executive Director	MQ1 BA	FTE1 1.00	SR1 FROM \$51,672.00	SR1 TO \$64,590.00
P2 Boone County Program Director	MQ2 BA	FTE2 1.00	SR2 FROM \$40,907.00	SR2 TO \$48,443.00
P3 Boone County Volunteer	MQ3 BA	FTE3 1.00	SR3 FROM \$36,601.00	SR3 TO \$38,754.00

Coordinator

P4	MQ4	FTE4	SR4 FROM	SR4 TO
Callaway County Program Director	BA	0.50	\$16,720.85	\$23,683.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The Executive Director (ED) trains and supervises the County Program Directors (PD) and Volunteer Coordinator (VC), providing guidance on casework and volunteer supervision. The ED oversees outreach and volunteer recruitment, with which the PDs and VC assist. The Boone County PD and VC supervise volunteers on 30 cases each. Thirty volunteers serve an average of 60-70 children. The PDs oversee new volunteer training and scheduling monthly in-service trainings, with which the VC assists. The PDs and VC work with the Juvenile Office to receive new case assignments following swearing-in ceremonies. The PDs and VC select the best appropriate volunteer fit for the cases, and request the Judge appoint the chosen volunteers to the cases. The PDs and VC complete initial case assignment meetings with the volunteers and create a 30-day plan. The staff communicate with the FST members when the volunteer is assigned and attend initial FST meetings with the volunteers. The staff communicate with volunteers each month to assess struggles and successes on the case. The staff regularly provide guidance, trouble-shooting, and resource information to volunteers to help them be successful. The VC base salary is in line with the base range for a similar position (Deputy Juvenile Officer, case worker) in our field. The PDs have more responsibility, thus their salary range is slightly higher. The ED is responsible for oversight of the entire program and program staff and has commensurate salary.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)

Provides funding for our Boone County Services.

1A **1A%**
\$14,670.00 6

B. Other United Ways (300 character limit)

This funding is secured from the Callaway County United Way and funds our services provided in Callaway County.

1B **1B%**
\$9,000.00 4

C. Capital Campaigns (300 character limit)

1C **1C%**
\$0.00 0

D. Grants (non-governmental) (300 character limit)

This represents funds from the Missouri CASA Association, which we primarily use to fund our Callaway County services.

1D **1D%**
\$15,000.00 6

E. Fund Raising & Other Direct Support (300 character limit)

1E **1E%**

This represents anticipated funds the Kappa Alpha Theta chapters at Mizzou & Westminster (\$5,000), expected revenue from our 2 primary fundraisers - (\$50,000), and additional direct community support - (\$18,000)	\$73,000.00	32
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2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
This funding provides 3,600 hours of volunteer advocacy in Boone County.	\$90,000.00	39
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
This funding provides 1,226 hours of child advocacy.	\$21,000.00	9
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
This represents funds received from Title IV-E, which is a partial reimbursement for some new volunteer training expenses.	\$2,500.00	1
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
This represents funds from the Boone County Courts, which supports our ongoing training of volunteers.	\$3,500.00	2
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
This represents funds received from the Children's Trust Fund License Plate Partner program, which is used for staff to attend the annual National CASA Conference.	\$2,500.00	1

TOTAL REVENUE

231170

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$182,400.00	79
Personnel Narrative (300 character limit)		
This includes funding for all 4 personnel we have devoted to the program's work.		
2. Non-Personnel	2.	2. %
	\$49,228.00	21

Non-Personnel Narrative (300 character limit)

This includes expenses such as training supplies, background checks, and administrative costs.

TOTAL EXPENSES

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$90,000.00

Year 2 Total Request

\$90,000.00

Total Amount Request from CSF

180000

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

The Board of Directors is committed to expanding and strengthening the funding sources for our program. We are building on the success of our fundraisers to secure additional unrestricted revenue. We are dedicated to meeting and exceeding the obligations to which we've agreed for our current funders to keep them available. We are seeking additional funding opportunities, namely Victims of Crime Act (VOCA) funding, to sustain and expand our programming.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Boone Indicators Dashboard (2015). Populations: Child, Youth, and Families. Retrieved July 14, 2017 from <http://BooneIndicators.org/IndicatorView.aspx?id=836>

Fostering Court Improvement (FCI). (February 2, 2017). 2016 Annual Report of Court Performance Measures: January 1 – December 30.

Heart of Missouri CASA (HOMC) (2017). Optima report: Child Disabilities - Active.

Missouri Department of Social Services (MDSS). (2017). Children's Division: Annual Report Fiscal Year 2016. Retrieved July 11, 2017 from <http://dss.mo.gov/re/pdf/cs/2016-missouri-childrens-division-annual-report.pdf>

National Court Appointed Special Advocate Association (NCASAA) (2012). Standards for Local CASA/GAL Programs: 2012 Edition. Retrieved July 11, 2017 from http://nc.casaforchildren.org/files/public/community/programs/Standards-QA/Local_CASA_Program_Standards_April_2012.pdf

Rowan, E. (2016). Million-Dollar Commitment from Kappa Alpha Theta Lays Groundwork for National CASA to Improve Outcomes for Vulnerable Children. Retrieved July 16, 2017 from http://www.casaforchildren.org/site/c.mtJSJ7MPIsE/b.9419941/k.744E/Theta_Million_Dollar_Gift.htm

Statistics for Judicial Circuit13 (2017). Circuit13 Children Removed to Foster Care During April 2016 through March 2017. Retrieved July 6, 2017 from <http://fosteringcourtimprovement.org/mo/JudicialCircuit/Circuit13/>

National CASA Evidenced Based Research Summary:

1. Caliber Associates, National CASA Association Evaluation Project, Caliber Associates; Fairfax, Virginia, 2004.
2. Donald D. Duquette and Sarah H. Ramsey, "Using Lay Volunteers to Represent Children in Child Protection Court Proceedings" (Appendix C). Child Abuse and Neglect 10(3): p. 293-308, 1986.
3. Victoria Weisz and Nghi Thai, "The Court Appointed Special Advocate (CASA) Program: Bringing information to Child Abuse and Neglect Cases," Child Maltreatment 8(X), 2003.
4. Larry Condelli, National Evaluation of the Impact of Guardians Ad Litem in Child Abuse and Neglect Judicial Proceedings. Report submitted to the National Center of Child Abuse and Neglect for the Administration of Children, Youth and Families by CSR, Inc.: Washington, DC, 1988.
5. Litzelfelner, "The Effectiveness of CASAs in Achieving Positive Outcomes for Children," Child Welfare 79(2): p. 179-193, 2000.
6. John Poertner and Allan Press, "Who Best Represents the Interests of the Child in Court?" Child Welfare 69(6): p. 537-549, 1990.
7. Gene C. Siegel, et al., Arizona CASA effectiveness study. Report to the Arizona Supreme Courts, Administrative Office of the Courts, Dependent Children's Services Division, by the National Center for Juvenile Justice, 2001.
8. Susan M. Proffitt, et al., Guardian ad Litem Project. Child Advocates Inc., 1999.
9. Michael Powell and Vernon Speshock, Arizona Court Appointed Special Advocate (CASA) Program, Internal Assessment, 1996.
10. University of Houston and Child Advocates, Inc., Making a Difference in the Lives of Abused and Neglected Children: Research on the Effectiveness of a Court Appointed Special Advocate Program
11. Office of the Inspector General, Audit Report 07-04, December, 2006
12. Cynthia A. Calkins, M.S., and Murray Millar, Ph.D., "The Effectiveness of Court Appointed Special Advocates to Assist in Permanency Planning," Child and Adolescent Social Work Journal, volume 16, number 1, February 1999.
13. Patrick Leung. "Is the Court-Appointed Special Advocate Program Effective? A Longitudinal Analysis of Time Involvement and Case Outcomes," Child Welfare 75(3), p. 269-284, 1996.

14. Shareen Abramson, "Use of Court-Appointed Advocates to Assist in Permanency Planning for Minority Children," *Child Welfare* 70(4): p. 477-487, 1991.

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) among the 13th Judicial Circuit Juvenile Court and Juvenile Office, Guardian Ad Litem, the Department of Social Services Children's Division, and Heart of Missouri CASA shall become effective on the date at which all parties have signed.

The Mission of the Heart of Missouri CASA program is to train and support volunteer advocates to be exceptional voices for every abused and neglected child in the Boone and Callaway County Family Courts.

SECTION I. CASES TO BE REFERRED TO HEART OF MISSOURI CASA

It is agreed that the following categories of dependency and neglect cases under the jurisdiction of the Juvenile Court are most appropriate for referral to the CASA program:

- A. Children who are at risk of emotional, physical and/or sexual harm.
- B. Children who are victims of neglect and/or suffer from failure to thrive.
- C. Children who initially will be assigned to out of home placements.

SECTION II. ROLE AND RESPONSIBILITY OF CASA VOLUNTEERS

It is agreed that the role and responsibility of the CASA volunteer are as follows:

- A. OBJECTIVE: To ensure quality representation for the best interest of the child, the partnership between The CASA Volunteer, the Caseworker and the Attorney shall be structured to facilitate communication, collaboration and a commitment to teamwork. At the same time, each is a parallel resource for the Court to consider in its decision to serve the best interest of each child.
- B. ROLE: The general role of the CASA Volunteer is outlined in Missouri Statute 210.160. A CASA Volunteer is appointed as an Officer of the Court to provide the Court with independent and objective information regarding the status of children involved in dependency and neglect cases. Duties of the CASA Volunteer complement but do not duplicate the duties of other responsible persons involved in dependency and neglect cases. Primarily, other responsible persons include the Court, The Social Worker, the Guardian Ad Litem, the Juvenile Officer and the Attorneys for respondent parents. Upon appointment, the CASA independently gathers and assesses information, develops recommendations and submits written and verbal reports, which will be considered by the Court to aid in its decisions and to protect the best interests of the child.

- C. **RESPONSIBILITY:** The mandate of the CASA Volunteer is to assist the Court in assuring that the best interests of the child are served in relations to his or her right to a safe and permanent living environment. The CASA Volunteer, in consultation with Program Staff, is responsible for reporting any information regarding the continuing safety of the child, but is not responsible for providing direct services to assure the continuing safety of the child. The CASA Volunteer reports to and is directly supervised by the CASA Program Staff. The CASA Program Staff is responsible of the CASA Volunteer's performance.

SECTION III. IMPLEMENTATION OF VOLUNTEER ACTIVITIES

- A. **TRAINING AND SUPERVISION:** The Heart of Missouri CASA Program Staff will be responsible for conducting initial and on-going in-service training for CASA Volunteers and will certify those volunteers completing the training program as being ready to begin service. The CASA Program Staff will be responsible for all volunteer management duties, i.e. recruitment, screening, training, assignment and supervision of CASA Volunteers.
- B. **APPOINTMENT:** When CASA Volunteers have been trained and certified as ready for service, the Court will conduct swearing in ceremonies, appointing the CASA Volunteers as Officers of the Court. This appointment will remain in effect until such times as the CASA Volunteer's service is terminated.
- C. **ASSIGNMENT:** The Court will identify cases for which the assignment of a CASA Volunteer is requested. Cases will be identified for referral at the earliest possible stage, at the conclusion of the initial hearing when temporary custody of a child is determined, or at such other time as the Court deems appropriate. Heart of Missouri CASA will be notified of cases identified for referral.

Contingent upon availability of a Volunteer appropriate for the case, the CASA program will assign a CASA Volunteer and will notify the Court of the assignment. The Court will issue an Order confirming assignment of the CASA Volunteer. This Order will include a reaffirmation of the Confidentiality Oath and will also include a specific order allowing the CASA Volunteer full access to any and all information and material relevant to the child's case.

The CASA Volunteer will continue in active service on the case until the CASA program management determines that the assignment should be ended, until the Volunteer is relieved of his or her appointment by the Court, or until the case is closed as set forth by Section VI.

- D. **INFORMATION GATHERING:** Once the CASA Volunteer has been assigned, the Volunteer will notify the appropriate parties and review all relevant information concerning the case. Program staff may introduce the Volunteer to the appropriate parties and may provide a letter of introduction to all parties, including a copy of the Court Order.

CASA will develop a Work Plan for gathering information for the Court. This Work Plan may include:

1. Interviews: Relevant and appropriate persons include school personnel, community social workers, medical and psychological care providers, parents, immediate family members, other relatives, foster parents and others; depending on the facts of the case. The CASA Volunteer should make arrangements to visit the child, and can be assisted in making these arrangements by the CASA Program Staff and the Social Worker.
 2. Children's Division and Family Support Team (FST) Staffing: The CASA Volunteer should be notified and may participate in Family Support Team (FST) meetings convened for informational purposes. The CASA Volunteer should be notified and may also participate in any special staffing when the child's treatment plan is affected.
 3. Access to Information: The CASA Volunteer will have access to information relevant to the child's case through the Court Order of appointment. The CASA Volunteer will have access to the Social Worker's case file at the time of the initial case consultation. If further review is requested at a later time, the CASA Volunteer will make arrangements with the Department to review the file at a mutually convenient time. Any documents or reports distributed to the parties in the case shall be distributed to the CASA Volunteer at the same time.
 4. HIPAA Rules and Access to Children's Health Care Records: The rules will allow access to children's healthcare record by CASA Volunteers who are appointed to cases under a Court Order, which specifically authorizes such access. Under HIPAA, a covered entity "may" disclose protected health information in response to a satisfactory Court Order. In addition, a covered entity "must" make a disclosure of protected health information to the extent of an enforceable Court Order requires the disclosure. To assure continued access to health care record and avoid potential objections by covered entities, CASA programs should assure that the wording of any Court Order appointing Volunteers expressly authorizes access to "protected health information."
- E. **REPORTING**: The CASA Volunteer will provide the Court with both written and oral reports, as required. In addition to reports prepared for courts hearings, written reports may be submitted whenever it is determined by the CASA Volunteer that information discovered by the Volunteer significantly impacts the welfare and safety of the child.

SECTION IV. WORKING RELATIONSHIPS

The 13th Judicial Circuit Juvenile Court and Juvenile Office, Guardian Ad Litem, The Department of Social Services Children's Division and Heart of Missouri CASA will maintain open, constructive and effective lines of communication with one another and within their own organizations to support the effective management and operations of the CASA program and, to the full extent possible, will coordinate and cooperate in all matters pertaining to the implementation and operations of the CASA program.

SECTION V. CONFLICT OF INTEREST

- A. The CASA program will follow procedures to identify potential conflicts of interest between a CASA Volunteer and a court appointment.
- B. The CASA Program Staff will notify the Court in those instances where the CASA program has determined that a potential conflict will not compromise the CASA Volunteer's ability to objectively advocate for the child.
- C. The CASA program and the Court shall refrain from potential conflict of interest of the appearance of conflict of interest.

SECTION VI. TERMINATION OF A CASA APPOINTMENT

- A. CLOSURE OF CASE: A case will be closed and the CASA Volunteer's appointment will be deemed terminated:
 - a. Upon the entry of an Order that dismisses the case or discharges a child from the continuing jurisdiction of the Court, or
 - b. Unless the entry of a final dispositional order that continues custody with the Department of Social Services due to the child not returning home, and the CASA Volunteer is Court ordered to continue to monitor the child's welfare.
- B. RESIGNATION: When a CASA Volunteer desired to be relieved of the responsibilities of the office, the CASA Volunteer should submit his/her resignation to the Program Staff. If necessary the CASA staff will select a replacement.
- C. COURT RECISSION: The Court reserves the right to rescind the appointment of a CASA Volunteer.

SECTION VII. ACCEPTANCE

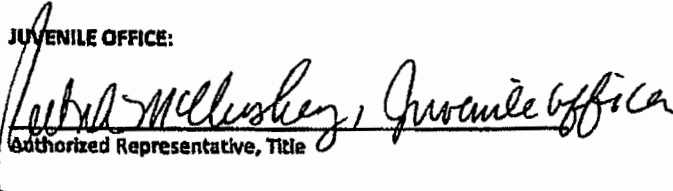
This Memorandum of Understanding has been reviewed and accepted by the management and governing bodies of the organizations indicated below.

JUVENILE COURT:


Honorable Leslie Schneider, Division X

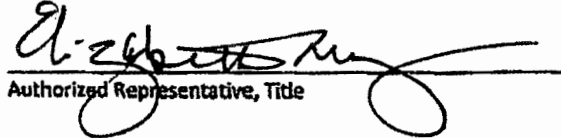
May 18, 2017
Date

JUVENILE OFFICE:


Authorized Representative, Title

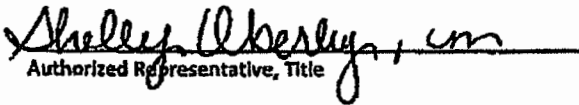
5/19/17
Date

GUARDIAN AD LITEM:


Authorized Representative, Title

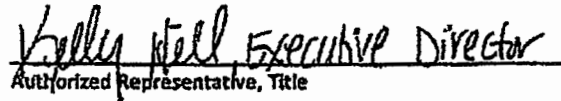
5/25/17
Date

CHILDREN'S DIVISION:


Authorized Representative, Title

5/18/17
Date

HEART OF MISSOURI CASA:


Authorized Representative, Title

5/16/17
Date

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Heart of Missouri CASA
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	CASA Child Advocacy
Amount of Request	\$90,000.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

10.9 - Advocacy (through Volunteer Coordination - 8.7)

b. Service #1 - Taxonomy Definition of Service (300 character limit)

10.9 - Provides advocacy support on behalf of individuals in exercising their rights. Children have the right to live free from abuse in a safe home. We accomplish this advocacy through 8.7 volunteer coordination, a function that coordinates and trains volunteers to provide program services.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The main role of CASA volunteers is to ensure children in the foster care system are in a safe placement protected from re-abuse, have all their medical, educational, and therapeutic needs met while under the court's jurisdiction, and obtain a safe and permanent home as soon as possible. To facilitate these outcomes, CASA volunteers independently investigate the surroundings of a case, monitor the progress and ordered services for the children and parents of the case, support progress between Family Support Team (FST) members, and advocate in court for the child's best interests. To gain a thorough, objective understanding of a child's case, the CASA volunteer examines the circumstances of the child's life including relevant history, environment, relationships, and needs, and meets with the individuals involved in the child's life, including teachers, therapists, case workers, lawyers, doctors, family members, and interested parties. While GALs rarely visit their children and case workers see them about once a month, CASA volunteers visit the children two times a month in different settings, such as their placement (foster home, relative home, residential treatment facility), school or daycare, medical appointments, or out in the community. Through the volunteer's fact-gathering efforts, training, and relationship-building, they can adequately assess the child's needs and advocate for unmet needs to be addressed. CASA volunteers attend every court hearing, providing formal written and oral reports to the judge about the status of the children, including recommendations on services, placement, and permanency plan. CASA volunteers are uniquely poised to make these recommendations due to their objectivity and extensive knowledge of the child and case. Each CASA volunteer has a professional staff person who provides guidance and supervision throughout the case. When a CASA volunteer is assigned to a case, the program staff provide an intense amount of support. The staff meet with the CASA volunteer to have an initial case planning meeting and establish a 30-day plan. The 30-day plan outlines the goals for the volunteer for the first 30 days of their service on the case. The staff will review the first 30 days with the volunteer and set additional goals for the next 60-90 days. The staff person attends the first FST meeting with the new volunteer and also attends every court hearing with the volunteer. Staff check-in with their CASA volunteers at least once a month to get an update on the case, determine if the CASA volunteer has questions or concerns, and provide direction and support. In a sense, CASA staff help smooth the way for the CASA volunteers as the staff have established relationships with our court partners. We do not expect our volunteers to be experts in the child welfare or legal systems, which is why staff provide ongoing guidance and supervision as each case is different and the issues the volunteers face will vary wildly.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One hour of volunteer child advocacy

b. Unit Rate (#1)

\$25.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

When initially developing the unit rate, we utilized National CASA Association's median cost per volunteer and divided this by average number of hours volunteers provide in a year:

2012 data: \$3,170/120 hours (10 hours/month) = \$26.41/hr

2014 data: \$3,690/120 hours = \$30.75/hr

We've evaluated this hourly rate based on our 2016 Fiscal Year financial statements and number of volunteer advocacy hours, and it is still accurate.

FY16 Program costs = \$203,532

FY16 Volunteer advocacy, training hrs = 7,969

\$203,532/7,969 = \$25.54

Unit Rate = \$25.54. We've rounded to \$25/hour for simplicity.

d. Total Number of Units of Service to be Provided (#1)

6750

e. Total Number of Unduplicated Individuals (#1)

175

f. Average Number of Units of Service per Unduplicated Individual (#1)

38.57

g. Average Cost of Service per Individual (#1)

964.29

Service #1 - Service Fee**a. Will the proposed service (#1) consumers be charged a fee?**

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

It wouldn't be appropriate to charge a fee for the consumers of our program as they are children in the foster care system.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

CASA volunteer advocacy is not an appropriate service that would be billable to a third-party payor, such as health insurance or a state subsidy of any kind.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

N/A

Service #1 - Amount Received From Other Funders**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)**

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$25.00	1a2. 3600	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$17.13	1c2. 1226	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$25.00	1e2. 590	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$90,000.00

b. Proposed Number of Units of Service (#1)

3600

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

Over the past few years, in large part through Boone County Children's Service funding, we have been able to grow our program services substantially. While we actively search for additional funding to support our mission, we are able to provide 50+ more children a CASA with this funding. Without BCCSF, we would likely have to cut our program by 1 staff person and substantially reduce the number of children served.

Service #1- Performance Measures

Outcome (1-1)

Children will remain free from re-abuse while under the court's jurisdiction.

Indicator (1-1)

95% of children with a CASA volunteer will remain free from re-abuse while in foster care.

Method of Measurement (1-1)

Data provided by Children's Division, entered into Optima by staff/volunteers

Additional Outcome (1-2)

Children will achieve permanency as quickly as possible.

Additional Indicator (1-2)

Children with a CASA volunteer will achieve permanency under 20 months (13th Circuit average).

Additional Method (1-2)

Children's Division data, OSCA data/reports provided to FCI, and Optima data/reports

Additional Outcome (1-3)

Children will achieve a permanent outcome.

Additional Indicator (1-3)

90% of children with a CASA volunteer whose case closes will achieve a permanent outcome (reunification, adoption, guardianship, APPLA plan).

Additional Method (1-3)

Children's Division data, OSCA data, and Optima data/reports

Additional Outcome (1-4)

Children will receive needed services/treatments.

Additional Indicator (1-4)

90% of volunteers' recommendations will be accepted/ordered by the Family Court Judge.

Additional Method (1-4)

CASA volunteer and staff documentation, Optima data/reports

Additional Outcome (1-5)

The Judges will be fully informed about the well-being, needs, and best interests of the children.

Additional Indicator (1-5)

CASA volunteers will submit a court report at every hearing for their assigned child(ren).

Additional Method (1-5)

CASA court reports, Optima data/reports

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

The purpose of our goal to increase the number of children we serve annually is so that children in the foster care system can have improved outcomes and the opportunity to thrive. Our outcomes focus on children being in the best possible placement, achieving a permanent outcome as soon as possible, and ensuring they receive needed services/treatments by having their CASA volunteer keep the judge thoroughly informed and advocate for appropriate recommendations.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Barriers that affect our ability to reach our outcomes include not being assigned to cases near the beginning of the case (protective custody or adjudication). We are often assigned to cases after they've been open for several months or longer because we're not able to provide a volunteer to all cases. As we continue to grow and serve more cases, this will improve as there won't be as many "waiting" cases for us. Additionally, a major factor in our achieving our outcome percentages is being placed on the most complex cases, which relates to being on 29% of the cases right now.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Through CASA volunteers' consistent visits and evaluations of the child's needs, placement, and potential permanency plans, they are able to provide objective recommendations to the Judge and team. Through these efforts, CASA volunteers positively affect the placement stability, appropriateness of the chosen permanency plan, timeliness of permanency, number of services/treatments received, and how informed judge is.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

We utilize data from three sources:

- Our own data/reports in Optima with information provided by the CASA volunteer, staff, and court documentation
- Quarterly and Annual reports provided by OSCA to our FCIP group
- Children's Division data/reports run when requested

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

b. Service #2 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

b. Unit Rate (#2)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

0

e. Total Number of Unduplicated Individuals (#2)

0

f. Average Number of Units of Service per Unduplicated Individual (#2)

0

g. Average Cost of Service per Individual (#2)

0

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$0.00

b. Proposed Number of Units of Service (#2)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

d. Provide a rationale for each method of measurement (2). (600 character limit)

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
a Boone County - Children's Services Funding (#3)	3a1. \$0.00	3a2. 0	3a3. \$0.00
b. Boone County - Community Health Funding (#3)	3b1. \$0.00	3b2. 0	3b3. \$0.00
c. City of Columbia - Social Services Funding (#3)	3c1. \$0.00	3c2. 0	3c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	3d1. \$0.00	3d2. 0	3d3. \$0.00
e. Heart of Missouri United Way Funding (#3)	3e1. \$0.00	3e2. 0	3e3. \$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

b. Service #4 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
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a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)
\$0.00

b. Proposed Number of Units of Service (#4)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)
- Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

- Service #5 - Taxonomy of Service Name (150 character limit)
- Service #5 - Taxonomy Definition of Service (300 character limit)
- Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other

activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00

b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00

b. Proposed Number of Units of Service (#5)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5
90000



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing/Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

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

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

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

- 4.2.4. **Offeror's Contacts:** Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.
- 4.3. Competitive Negotiation of Proposals:**
The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:
- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

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

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

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

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

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of _____)
 State of _____) ss

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Date _____

Printed Name _____

Subscribed and sworn to before me this day of , 20 .

Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/5/2017

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

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

PRODUCER The Insurance Shop, LLC 3809 South Providence Rd Columbia, MO 65203 5064979	CONTACT NAME: Jessica Kramer	
	PHONE (A/C No. Ext): 573.445.5535 FAX (A/C No.): 888.583.3110 E-MAIL ADDRESS: jessica@insuranceshopllc.com	
INSURED Heart of Missouri CASA 1316 Old 63 South Ste 104 Columbia, MO 65201	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Philadelphia Indemnity Ins Co	
	INSURER B: Missouri Employers Mutual	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		PHPK1713150	11/5/2017	11/5/2018	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Anyone person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1713150	11/5/2017	11/5/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
	AGGREGATE \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		MEM201466003	11/21/2017	11/21/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 100,000						
	E.L. DISEASE - EA EMPLOYEE \$ 100,000						
	E.L. DISEASE - POLICY LIMIT \$ 500,000						
A	Directors & Officers Professional Liability			PHSD1279923	09/15/2017	09/15/2018	Aggregate \$ 1,000,000
	PHPK1713150			11/5/2017	11/5/2018	Aggregate \$ 2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Boone County is listed as additional insured regarding General Liability coverage.

CERTIFICATE HOLDER

Boone County MO
613 E Ash St, Room 110
Annex Building
Columbia, MO 65201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Walt Capell



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract Pregnancy and Parenting Services

THIS AGREEMENT dated the 28th day of December 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Lutheran Family and Children's Services of Missouri** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **LFCS**.

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

WHEREAS, LFCS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

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

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

FUNDING ALLOCATION FOR SERVICES RENDERED BY LFCS

LFCS is expected to the greatest extent possible to maximize funding from all other sources. LFCS shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. LFCS shall only request reimbursement for services not reimbursable by any other source. LFCS shall not invoice the Children's Services Fund for units of service invoiced to another funding source. LFCS shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** LFCS will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and LFCS's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over LFCS's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from LFCS and LFCS agrees to furnish the **Pregnancy and Parenting Services** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in LFCS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$418,933.04** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. LFCS agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of LFCS be renewed for an **additional one (1), one-year period**. LFCS agrees and understands that the BCCSB may require supplemental information to be submitted by LFCS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Individual Therapy – Adult	15 minutes	\$31.91	4,200	\$134,022.00
Individual Therapy – Child	15 minutes	\$31.91	800	\$25,528.00
Family Therapy	15 minutes	\$31.91	480	\$15,316.80
Case Management	15 minutes	\$19.07	3,232	\$61,634.24
General Medical Care	One visit	\$40.00	30	\$1,200.00
Prescription Medication	One prescription	\$30.00	40	\$1,200.00
Home Visiting	15 minutes	\$28.13	6,400	\$180,032.00

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of LFCS, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

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

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by LFCS to monitor service delivery and program expenditures. LFCS agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by LFCS and, if so stipulated, are noted on this contract document. Payments may be withheld from LFCS if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. LFCS agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

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

9. **Monitoring.** LFCS agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect LFCS's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws

protecting client confidentiality. In addition, LFCS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

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

OTHER TERMS OF THIS CONTRACT

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

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

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

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

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

16. **Subcontracts.** LFCS may enter into subcontracts for components of the contracted service as LFCS deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, LFCS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

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

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

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

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

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

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

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

c. BCCSB may terminate this agreement should LFCS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

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

Upon receipt of notice of termination, LFCS shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the LFCS for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

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

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

24. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and LFCS. The BCCSB does not recognize any of the LFCS's employees, agents, or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or

contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** LFCS shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to LFCS shall be mailed or delivered to:

Lutheran Family & Children Services of Missouri
Heather Wall
307 Locust Street
Columbia, MO 65201

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**Lutheran Family & Children's Services
of Missouri**

By: _____

Signature

By: _____

Printed Name/ Title

APPROVED AS TO FORM:

County Counselor

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

Les Wagner, Board Chair

ATTEST:

Taylor W. Burks, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Signature

Date

Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 1, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 - Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Lutheran Family and Children's Services

Address: 307 Locust Street
Columbia, MO, 65201

Telephone: (573) 815-9955 Fax: (573) 449-4640

Federal Tax ID (or Social Security #): 43-0652650

Print Name: Heather A. Wall Title: Regional Director

Signature: Heather A. Wall Date: 11/3/17

E-mail: heatherw@lfcas.org

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Lutheran Family Children's Services of Missouri
Name of Program	Pregnancy and Parenting Services

Organization Profile	
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1. The employers are not provided for advisory board members, Vicki Hartwig, Sandy Dirks, and Robin LaBrunerie.

Action Required: Provide the employers for Vicki Hartwig, Sandy Dirks, and Robin LaBrunerie on Apricot. Provide any questions or comments in the field below.

Apricot has been updated to reflect that all three of these advisory board members do not work.

2. Sandy Dirks is listed on the Advisory Board twice.

Action Required: Remove one of the lines for Sandy Dirks on Apricot. Provide any questions or comments in the field below.

I cannot correct this in Apricot. When I look in Apricot I only see one Sandy Dirks listed as active. I do notice there are two Sandy Dirks that are inactive. The issue has been tried to be corrected by Boone County staff but has been unsuccessful.

3. The benefits field is listed at \$0.00 for the President/CEO on the Personnel table.

Action Required: Provide the benefit amount the President/CEO receives on the Personnel table.

Updated in Apricot

Program Overview Form	
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4. The Program Consumers lists 125 individuals to be served but the Consumer Demographics lists 199 individuals to be served.

Action Required: Provide clarification on the total number of unduplicated individuals to be served.

199 consumers will be served by LFCS in a year. Of those 199, we anticipate 125 of them will receive services funded by Boone County CSF.

5. The Program Services describe billing to Medicaid or insurance when available. The outputs for each service do not include units billed to Medicaid or insurance.

Action Required: Provide clarification on the total number of unduplicated individuals to be served, including those whose services will be billed to Medicaid or insurance.

199 unduplicated clients will be seen in a year. 35 of the 199 clients we anticipate being able to bill Medicaid or insurance.

6. The Consumer Demographics section lists 15 individuals from other counties will be served.
Action Required: Provide clarification on the funding source paying for residents from other counties.

The funding we receive from Alternatives to Abortion allows us to work with expectant mothers throughout the state of Missouri. We anticipate working with mothers in other counties such as Randolph, Cole, Audrain and Cooper.

7. The Collaboration narrative describes working with First Chance for Children by providing cribs and receiving training. The Letter of Support provided from FC4C also mentioned that baby bags distributed to families come from LFCS.

Action Required: Provide more information on the collaboration efforts between LFCS and FC4C. Explain which organization pays for the cribs and baby bags distributed and whether this proposal includes costs involved in providing basic need items. A formal MOU between LFCS and FC4C will need to be provided.

LFCS does not pay for the cribs and baby bags. FC4C provided them to us so we can distribute them to our Boone County families. At the time of this proposal, FC4C was writing for continued funding of their cribs and baby bags. A formal MOU is contingent on FC4C obtaining funding to continue their Boone County Cribs program.

8. The Social Worker II and Case Manager II positions need to be listed separately on the Personnel table. Qualifications were not listed for the Administrative Assistant.

Action Required: Provide information on each position in the table below.

****This is all my staff; do I just need to reflect the staff providing services for Boone County funded programs??**

Position/Title	Minimum Qualifications	FTE	Full-Time Salary Range From:	Full-Time Salary Range To:

Social Worker I	BSW with 2 years' experience with child welfare, adoption, foster care, and community resource development and/or care coordination preferred.	1	\$32,170	\$43,524
Social Worker II	MSW. Two years' experience with child welfare and adoptions and foster care.	4	\$33,305	\$49,958
Case Manager I	Bachelor's Degree in Psychology, Criminal Justice, Guidance Counseling, Drug & Alcohol Counseling or other Human Behavior Science Two years' experience with C child welfare and adoptions and foster care, community resources and/or care coordination preferred.	1	\$32,170	\$43,524
Case Manager II	Master's Degree in Psychology, Criminal Justice, Guidance Counseling, Drug & Alcohol Counseling or other Human Behavior Science. Two years' experience with child welfare and adoptions and foster care.	1	\$33,305	\$49,958
Administrative Assistant	High school diploma or equivalent <ul style="list-style-type: none"> • Implemental knowledge of office computer programs • Proficiency in secretarial. • Knowledge of statistical principals, principals of organization and program evaluation. • Familiarity with social work theory/practice, including non-profit administration. • Basic customer service principle • Ability to handle multiple tasks at one time with accuracy and detail. Effective organizational, listening, communication and presentation skills. Ability to prioritize tasks, under the direction of supervisor 	1	\$32,170	\$43,524
Director	1. Master's degree in Social Work, counseling, social work administration, or a related human services degree from an accredited school and three (3) years of experience in the management or	1	\$59,002	\$88,504

	supervision of child placing or residential care personnel and programs; or 2. Bachelor's degree in social work or a human service area of study from an accredited school and five (5) years of experience in the management or supervision of child placing or residential care personnel and programs.			

9. The Program Personnel Narrative does not provide a clear explanation on the position providing therapy and the qualifications that are required.

Action Required: Provide clarification on the personnel providing therapy and the qualifications required.

Staff providing therapy services are SW II or CM II. They are licensed social workers (LCSW) or counselors (PLPC/LPC) in the state of Missouri.

10. The Program Budget states that insurance or Medicaid will be billed for children served when possible but does not provide information when adults are served.

Action Required: Provide clarification if Medicaid and insurance will be billed for adults when receiving services.

Individual therapy for adults in the MMH program is billable to health insurance providers for those that have health insurance. LFCS's Columbia office is in the process of getting paneled with health insurance companies but it is a very long process. So until we are paneled with them, we will be unable to bill insurance.

The majority of the clients we work with either do not have insurance or have insurance that does not cover mental health counseling, i.e. Medicaid for our pregnant mothers. We have also seen clients that have insurance but are unable to cover the cost of their copay which is often full cost until they reach their deductible or they have already utilized the allotted number of sessions available to them and cannot afford full cost services.

LFCS wants to eliminate the cost of therapy as a barrier for clients accessing mental health care services.

Program Services Form (1-5)

11. Information needs to be provided for the whole program, not just the portion proposed to be funded by Boone County. Home Visiting was added to the *Taxonomy of Services* by the Boone Impact Group. Services will need to be listed in the order provided in the table. Additional

program services will need to be added if services funded through other services were not included in the proposal.

- a. Individual Therapy for adults and children and Family Therapy will be listed as separate services. The service descriptions in the proposal stated that the location of these therapies could be in the home, office, or safe community location. These units should NOT be included in Home Visiting (Service 7). Therapy provides a much higher level of service and unit rate than overall Home Visiting.
- b. Case Management will only include time spent for a client outside of home visits.
- c. Prescription Medication was listed on the City of Columbia's proposal but was listed as Medication Management for Boone County's proposal. There could be different rates for co-pays with doctor visits and the cost of the prescriptions.
- d. Home Visiting was added to the *Taxonomy of Services* by the Boone Impact Group with the following service definition:

Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the *Taxonomy of Services*, which must also be delivered in the home/residence of the program consumer(s).

Services that are being provided during Home Visiting (excluding the different types of therapies) must be listed in the Service Name. This is the only time that multiple services can be listed in the Service Name. Refer to the *Taxonomy of Services* for types of services LFCS provides during Home Visiting.

Action Required: Clarification questions have been written following the format of services listed below.

Service #	Service Name	Notes
1	Individual Therapy – Adult	Separate regardless of being provided in the home, office, or community
2	Individual Therapy – Child	Separate regardless of being provided in the home, office, or community
3	Family Therapy	Separate regardless of being provided in the home, office, or community
4	Case Management	Only time spent outside of the home
5	Medication Management	Adjust service based on clarification response
6	Prescription Medication	Add as a service based on clarification response
7	Home Visiting	Only include services provided in home excluding the different types of therapies
8	Additional Program Service	Complete 'Service Change Chart'

Service 1

12. The service description mentions subcontracting Kiessling & Associates to provide therapy for parents/caregivers that need specific attention towards attachment security. A MOU was not provided on the Program Overview for Kiessling & Associates.

Action Required: Provide more information on services that Kiessling & Associates will provide and how services are paid for through this contract. Subcontracting Kiessling & Associates was mentioned for Individual Therapy for adults and children and Family Therapy. Clarification needs to be provided for the three types of therapies subcontracted out.

LFCS is not subcontracting with Kiessling & Associates. LFCS would utilize Kiessling & Associates as a specialized provider for some of our clients (parents) being served that would need and want more specific work on their attachment security. Their services focus on parenting deficits due to insecure attachment classifications.

13. The service description is not specific on the qualification level of personnel providing Individual Therapy for adults. As mentioned earlier, therapeutic services need to be provided by a licensed professional.

Action Required: Provide clarification that personnel providing therapy are licensed. This includes Individual Therapy for adults and children and Family Therapy. Make sure the personnel position is included on the Program Personnel table.

The staff providing therapy services are SW II or CM II. They are licensed social workers (LCSW) or counselors (PLPC/LPC) in the state of Missouri.

14. The Unit Measure for Individual Therapy – Adult needs to be listed at 15 minutes.

Action Required: Adjust the unit rate and measure to be for 15 minutes of service. Provide this information in the attached 'Service Change Chart' for Service 1. Provide any questions or comments in the field below.

Unit rate was adjusted to 15 minutes of services in the "Service Change Chart".

15. The Service Fee section explains Medicaid and insurance will be billed first for services. The total number of units and unduplicated individuals to be served needs to include those funded by Medicaid or insurance.

Action Required: Make sure the Outputs Section of the 'Service Change Chart' includes the total number of units and unduplicated individuals regardless of the funding source (BCCS, City of Columbia, Medicaid, private insurance, etc.). Provide any questions or comments in the field below.

The total # of units and unduplicated individuals was updated in the "Service Change Chart".

16. The Funding Request section shows that Boone County Children's Services Fund (BCCS) will pay for all units of services to be provided. The Service Fees section states that Medicaid is discontinued after 6 weeks of postpartum and doesn't cover mental health counseling services.

Action Required: Provide clarification on whether Medicaid can cover mental health counseling for the first 6 weeks of postpartum. The Funding Request Amount may need to be adjusted if units that will be billed to Medicaid, were included in the number that will be provided by BCCS. Update the Funding Request amount and number of units in the 'Service Change Chart' for Service 1.

Mental health counseling coverage for postpartum women is dependent upon the client's Medicaid eligibility plan code. MO Health Net was not able to provide clarification beyond suggesting each plan code determining services. Our understanding is that women are eligible up to 6 weeks post-delivery, but individual coverage details are dependent upon each plan.

"Service Change Chart" was updated.

Service 2

17. The Unit Measure for Individual Therapy – Child needs to be listed at 15 minutes.

Action Required: Adjust the unit rate and measure to be for 15 minutes of service. Provide this information in the attached 'Service Change Chart' for Service 2. Provide any questions or comments in the field below.

Unit rate was adjusted to 15 minutes of services in the "Service Change Chart".

18. The Service Fee section explains Medicaid and insurance will be billed first for services. The total number of units and unduplicated individuals to be served needs to include those funded by Medicaid or insurance.

Action Required: Make sure the Outputs Section of the 'Service Change Chart' includes the total number of units and unduplicated individuals regardless of the funding source (BCCS, City of Columbia, Medicaid, private insurance, etc.). Provide any questions or comments in the field below.

The total # of units and unduplicated individuals was updated in the "Service Change Chart".

19. The number of individuals to be served lists 10 but the Consumer Demographics section on the Program Overview lists six children.

Action Required: Provide clarification on the number of children that will be served.

We initially based the six children on our past account of clients served in the Maternal Mental Health program. We anticipate serving more children in 2018 so we have increased our target is to serve 20 children (10 of which we anticipate being able to bill Medicaid).

Service 3

20. The Unit Measure for Family Therapy needs to be listed at 15 minutes.

Action Required: Adjust the unit rate and measure to be for 15 minutes of service. Provide this information in the attached 'Service Change Chart' for Service 3. Provide any questions or comments in the field below.

Unit rate was adjusted to 15 minutes of services in the "Service Change Chart".

21. The Service Fee section explains Medicaid and insurance will be billed first for services. The total number of units and unduplicated individuals to be served needs to include those funded by Medicaid or insurance.

Action Required: Make sure the Outputs Section of the 'Service Change Chart' includes the total number of units and unduplicated individuals regardless of the funding source (BCCS, City of Columbia, Medicaid, private insurance, etc.). Provide any questions or comments in the field below.

The total # of units and unduplicated individuals was updated in the "Service Change Chart".

Service 4

22. The Unit Measure for Case Management needs to be listed at 15 minutes.

Action Required: Adjust the unit rate and measure to be for 15 minutes of service. Provide this information in the attached 'Service Change Chart' for Service 4. Provide any questions or comments in the field below.

Unit rate was adjusted to 15 minutes of services in the "Service Change Chart".

23. The number of units to be provided will need to be adjusted to only include the time spent on Case Management outside of Home Visiting, regardless of the funding source.

Action Required: Make sure the Outputs Section in the 'Service Change Chart' provides the total number of units and unduplicated individuals to be served regardless of the funding source. Provide clarification below on the number of units will be funded from each source.

The total # of units and unduplicated individuals was updated in the "Service Change Chart".

24. The Performance Measures proposed need to provide clear outcomes, indicators, and method of measurements for Case Management.

Action Required: Update the performance measures in the 'Service Change Chart' for Service 4. Provide any questions or comments in the field below.

"Service Change Chart" was updated.

Service 5

25. The service description for Medication Management explains that unit measure and rate includes the co-pay for a visit to a physician and the cost for the medication. The description does not clearly explain what the co-pay amounts are for the physician office visits and cost of the prescriptions.

Action Required: Provide clarification on the cost of the co-pay and the medication they are prescribed. Provide more information whether physician visits are required for patients each time a prescription needs to be refilled.

LFCS pays the co-pay for our clients to see a physician at the Family Health Center to discuss the possibility of psychotropic medication for their depression or anxiety.

We assist each client in completing the FHC MAP application which assists with obtaining a lower co-pay for services in anticipation for the client to resume this cost once services with LFCS are concluded. A client's co-pay has ranged between 20 to 40 dollars a visit. Typically our clients meet with the doctor before their medication is refilled but that is individualized per client. For example, some clients get 90 day prescriptions and must meet with the doctor for a refill while some clients get 30 day prescriptions that their medication can be filled a couple times before having to meet with the doctor again. We only purchase behavioral health medications for our clients.

26. Medication Management includes the physician visit co-pays and cost of the prescriptions for clients.

Action Required: Prescription Medication needs to be added as Service 6 and the 'Service Change Chart' completed. Medication Management should only include the office visits with physicians. Complete the 'Service Change Chart' for Service 5 with these adjustments. Provide any questions or comments in the field below.

"Service Change Chart" completed.

27. The outputs for Medication Management include Prescription Medication.

Action Required: Update the unit measure for Medication Management to 'one office visit'. The number of units to be provided and the unit rate need to be adjusted to only cover the office visits.

"Service Change Chart" was updated.

28. The Funding Request includes Prescription Medication.

Action Required: Update the amount requested to BCCS for Medication Management on the 'Service Change Chart'. Provide any questions or comments in the field below.

"Service Change Chart" was updated.

Program Services Form (6-10)	
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Service 6

29. Prescription Medication needs to be added as Service 6 to cover the cost of prescriptions for clients.

Action Required: Complete the 'Service Change Chart' for Service 6. The outputs, funding request amount, and performance measures should only be for prescriptions and not the office visit co-pays.

"Service Change Chart" completed.

30. The Outputs need to be provided since this service was added. The unit measure should be "one prescription".

Action Required: Provide the outputs for Prescription Medication in the 'Service Change Chart'. Provide an explanation below on how the unit rates, number of units to be provided, and number of individuals to be served was determined.

The unit rate of \$30.00 was determined by looking at the past 2 years of refilled prescriptions and averaging out the total cost. Some refills were below the unit rate while others were above the unit rate. The number of units was figured at a 90 day prescription refill schedule per client served. We anticipate serving 10 clients in this program which was based on the history of the MMH program.

31. The Funding Request Amount needs to be provided for Prescription Medication.

Action Required: Complete the Funding Request section on the 'Service Change Chart' for Service 6. Provide an explanation of what will be requested to other funding sources to cover.

At this time no other funding sources are available to cover the cost of prescription medication, however once our clients are working with a physician and are trying medication, we then would enroll them in a program such as the City/County Department of Public Health and Human Services prescription-co-pay assistance program to assist with affording the cost of their medication.

32. The Performance Measures need to be provided for Prescription Medication.

Action Required: Complete the Performance Measures on the 'Service Change Chart' for Service 6. Provide information below on how the outcomes, indicators, and method of measurements were developed.

Prescription medication can be useful and support the psychotherapy process in some cases. When traditional talk therapy is not demonstrating a reduction in depression, anxiety, or other mental health conditions, then mothers may need to consider prescription medication to help stabilize their symptomology.

Timeliness when working with our clients is paramount, therefore we want to work quickly to get them into see a FHC physician to avoid any delays for those wanting to try medication to help reduce their symptomology further. It was based on this reason that we formulated our outcomes, indicators and method of measurement.

Service 7

33. Home Visiting needs to be added as service for time spent meeting with clients in their home (excluding therapeutic services). The different services within the *Taxonomy of Services* need to be listed with an overview of how those services are provided during a home visit.

Action Required: Complete the 'Service Change Chart' for Service 8. List the types of services in the Service Name field on the chart. Provide an overview below on the type of services provided during Home Visiting, excluding therapeutic services.

Home Visiting will offer one-on-one parent education, coaching and case management support to parents/caregivers for the purpose of reducing risk factors associated with child abuse, neglect or maladaptive patterns of behavior. This service will also teach the importance of self-care skills, so parents/caregivers can be at their best for their children.

We will use the Nurturing Skills model to meet the needs of parents/caregivers. Lessons are designed to help parents acquire specific knowledge and skills that will improve their overall parenting while enhancing their protective factors that reduces the likelihood of abuse and neglect.

Referrals to specialized programs may be necessary so that clients and their children get all the services they need.

34. The Outputs for Home Visiting need to be updated since this service was added. The unit measure should be "15 minutes".

Action Required: Provide the outputs for Home Visiting in the 'Service Change Chart'. Provide an explanation below on how the unit rates, number of units to be provided, and number of individuals to be served was determined.

The unit rates was based on the St. Louis County Children Services Fund's rate for non-therapeutic counseling (home). This type of service was deemed similar to the type of home visiting service LFCS will be providing here in Boone County. It includes the one-on-one coaching designed to educate or reinforce lessons learned for the purpose of reducing risk factors associated with child abuse, neglect or maladaptive patterns of behavior.

The number of units provided and the number of individuals to be served were determined based on the history and growth of the Nurturing Network program.

35. The Funding Request Amount needs to be provided for Home Visiting.

Action Required: Complete the Funding Request section on the 'Service Change Chart' for Service 8. Provide an explanation of what will be requested to other funding sources to cover.

Since the home visiting services is a brand new service we did not request funding from other sources. There is a high possibility that our proposal to the City of Columbia may utilize this service and if they do we will try to incorporate it in revisions if a contract is recommended.

36. The Performance Measures need to be provided for Home Visiting.

Action Required: Complete the Performance Measures on the 'Service Change Chart' for Service 8. Provide information below on how the outcomes, indicators, and method of measurements were developed.

Home visiting (one-on-one coaching and education) can build protective factors, parenting skills and attitudes and reduce risk factors such as parent depression, caregiver drug use, caregiver stress, maladaptive behavior, and children's behavioral problems. It is an individualized family intervention and aims to increase protective factors, correct maladaptive patterns of behavior, decrease risk factors, and target child safety and well-being outcomes. It was based on this that we formulated our outcomes, indicators and method of measurement.

Service 8

37. The services need to be provided for the whole program, regardless of the funding source.

Action Required: Complete the additional 'Service Change Charts' for program services not provided. Enter \$0.00 for the funding request amount and 0 for units to be provided in the Funding Request section.

"Service Change Chart" completed for group therapy- adult.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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38. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #1 – Taxonomy of Service Name: Individual Therapy – Adult			
Service #1 – Taxonomy Definition of Service: Provides therapeutic treatment for an adult in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
<p>Provide a detailed description of the proposed service:</p> <p>Our staff use a culturally-competent, multi-faceted treatment approach. The therapies used emphasize trauma-focused care and are evidence based.</p> <p>Therapy will be held face to face in the office, client's home or in a confidential community space. The location will be decided by the client based on their preference. By encouraging mobility and flexibility among our counselors to provide services in the client's home, in the office or a confidential community location, LFCS believes this will decrease any delays to receiving help. For older children and adults, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Therapy (CBT) therapies will be utilized.</p> <p>Depression and anxiety do not discriminate based on one's age, race, income, marital status or area of residence. It does have a higher prevalence in those dealing with financial hardship or social isolation for various traumatic exposures such as sexual abuse but even with the various characteristics it again does not differentiate one over the other. Anyone can experience depression/anxiety or strained parent-child relationships.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes of service	\$31.91	6000	100
Funding Request			
Amount Requested to Boone County: \$134,022		Proposed Number of Units of Service: 4200	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Clients (mothers, fathers & caregivers) will demonstrate coping skills to manage mental health symptoms and stressors	80% of mothers, fathers & caregivers will have a reduction in depressive/anxiety symptoms	Burns Depression checklist (Revised) - Pre/Post tests Burns Anxiety Inventory (Revised) - Pre/Post tests	

Clients (mothers, fathers & caregivers) will increase their parenting knowledge.	After participating in at least two hours of Nurturing Skills module(s), 90% of clients will demonstrate an increase in their parenting knowledge.	Nurturing Skills Competency Scale (NSCS) – administered at regular intervals
Service Change Chart		
Organization Name: Lutheran Family and Children's Services of Missouri		
Program Name: Pregnancy and Parenting Services		
Service #2 – Taxonomy of Service Name: Individual Therapy – Child		
Service #2 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.		
<p>Provide a detailed description of the proposed service:</p> <p>Our staff use a culturally-competent, multi-faceted treatment approach. The therapies used emphasize trauma-focused care and are evidence based.</p> <p>Childhood mental health therapies to be used include, but are not limited to, Child Parent Psychotherapy (CPP) and Play therapy. For older children Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Therapy (CBT).</p> <p>Therapy will be held face to face in the office, client's home or in a confidential community space. The location will be decided by the client and client's parents based on their preference. By encouraging mobility and flexibility among our counselors to provide services in the client's home, in the office or a confidential community location, LFCS believes this will decrease any delays to receiving help.</p> <p>The children who are old enough to participate in individual therapy will have their own therapist, different from the therapist working with their caregiver in the Maternal Mental Health program.</p>		
Outputs		
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:
15 minutes of service	\$31.91	1600
		Total Number of Unduplicated Individuals:
		20
Funding Request		
Amount Requested to Boone County: \$25,528		Proposed Number of Units of Service: 800
Performance Measures		
Outcome:	Indicator:	Method of Measurement:

<p>Clients (children) will demonstrate coping skills to manage mental health symptoms and stressors</p>	<p>80% of children will have reduced trauma symptoms</p>	<p>Pediatric Symptom Checklist (PSC) self-report and parent-report - Pre/Post tests</p> <p>Trauma Symptom Checklist for Children (TSCC; ages 8-16) – Pre/Post tests</p> <p>Trauma Symptom Checklist for Young Children (TSCYS; ages 3-12) – Pre/Post tests</p>
<p>Service Change Chart</p>		
<p>Organization Name: Lutheran Family and Children's Services of Missouri</p>		
<p>Program Name: Pregnancy and Parenting Services</p>		
<p>Service #3 – Taxonomy of Service Name: Family Therapy</p>		
<p>Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.</p>		
<p>Provide a detailed description of the proposed service:</p> <p>Our staff use a culturally-competent, multi-faceted treatment approach. The therapies used emphasize trauma-focused care and are evidence based.</p> <p>Therapy will be held face to face in the office, client's home or in a confidential community space. The location will be decided by the family based on their preference. By encouraging mobility and flexibility among our counselors to provide services in the family's home, in the office or a confidential community location, LFCS believes this will decrease any delays to receiving help.</p> <p>Family therapy will be utilized with the caregivers and children in the Maternal Mental Health program to re-establish a healthy parent-child relationship. It will give them the opportunity to work through the things that are hindering the attachment and bonding process.</p>		
<p style="text-align: center;">Outputs</p>		
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:
15 minutes of service	\$31.91	800
		Total Number of Unduplicated Individuals:
		40
<p style="text-align: center;">Funding Request</p>		
Amount Requested to Boone County: \$15,316.80		Proposed Number of Units of Service: 480

Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Clients (mothers, fathers, caregivers and children) will demonstrate parenting & life skills to promote self-sufficiency.	80% of families will demonstrate an increased parent-child relationship (attachment/bonding)	Self-report Therapist observation Crowell Assessment (with children ages 5 and younger) -Pre/Post tests
Service Change Chart		
Organization Name: Lutheran Family and Children's Services of Missouri		
Program Name: Pregnancy and Parenting Services		
Service #4 – Taxonomy of Service Name: Case Management		
Service #4 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.		
<p>Provide a detailed description of the proposed service:</p> <p>Comprehensive, individual case management includes direct and indirect services such as parenting education (informed by Nurturing Parent Programs), support with emotional difficulties, and education about ways to cope with stress and to mitigate distress, financial assistance and making referrals to community resources. Referrals to specialized programs may be necessary so that clients and their children get all the services they need.</p> <p>Though the use of case management, workers are able to connect caregivers with health providers and address issues that may be barriers to the health and well-being of parent and child. Clients will recognize risks associated with the increased likelihood of abuse and neglect and will build protective factors toward prevention.</p> <p>Services take place in community-based settings, and/or in the office, based on the needs of the client.</p>		
<u>Intake and Assessment</u>		

Clients will speak with a worker who provides information regarding our services and collects the initial data for eligibility. The worker sets up a time to meet with them. One of the first activities is to get to know the caregiver and to begin assessing what strengths and needs are present in their life.

Service Plan and Continued Intervention

Caregivers and LFCS workers work together to devise a service plan that accounts for the immediate safety of the children and the needs and strengths of the family. The service planning process is one of client-centered decision-making. The plan specifies available services and support systems that will allow for the maintenance of stable parenting. The service plan is reviewed regularly and updated until the objectives have been achieved.

Curriculum

Workers use the Nurturing Parenting Program which provides an evidence-based, family-centered, prevention curriculum that helps parents/caregivers build protective factors that will lead to safe and healthy parenting and child rearing practices.

Collaboration

First Chance for Children provides our client's cribs and has trained our social workers to educate the recipient of the crib on safe sleep practices.

LFCS has cooperative referral agreements with many community agencies including Columbia Public Schools, Parents as Teachers, True North, Voluntary Action Center, Women & Children's Health, Boone Hospital, Family Health Center, Boone County Health Department and First Chance for Children which helps clients receive needed services.

Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes of service	\$19.07	8032	199
Funding Request			
Amount Requested to Boone County: \$61,634.24		Proposed Number of Units of Service: 3232	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Parents/Caregivers will demonstrate progress towards the reduction or elimination of key risk factors that lead to child abuse and neglect.	After a minimum of three case management meetings with a case manager, 80% of clients will have a reduction of risk factors that lead to child abuse/neglect (CA/N)		Protective Risk Factors Survey – administered at regular intervals.

Clients (mothers, fathers & caregivers) will increase their parenting knowledge.	After participating in at least two hours of Nurturing Skills module(s), 90% of clients will demonstrate an increase in their parenting knowledge.	Nurturing Skills Competency Scale (NSCS) – administered at regular intervals	
Increase care management on behalf of the client’s needs (treatment/service plan).	80% of mothers, fathers & caregivers will have a reduction in depressive/anxiety symptoms	Burns Depression checklist (Revised) - Pre/Post tests Burns Anxiety Inventory (Revised) - Pre/Post tests	
Service Change Chart			
Organization Name: Lutheran Family and Children’s Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #5 – Taxonomy of Service Name: Medication Management			
Service #5 – Taxonomy Definition of Service: Monitors therapeutic levels of a prescribed medication.			
Provide a detailed description of the proposed service: LFCS pays the co-pay for our clients to see a physician at the Family Health Center to discuss the possibility of psychotropic medication for their depression or anxiety. We assist each client in completing the FHC MAP application which assists with obtaining a lower co-pay for services in anticipation for the client to resume this cost once services with LFCS are concluded.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One office visit	\$40.00	30	10
Funding Request			
Amount Requested to Boone County: \$1,200		Proposed Number of Units of Service: 30	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increase access to medication management	80% of mothers/caregivers seen for medication management will have a reduction in depressive symptoms.		Burns Depression checklist (Revised) - Pre/Posttests

		Burns Anxiety Inventory (Revised) -Pre/Post tests
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Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #6 – Taxonomy of Service Name: Prescription Medication			
Service #6 – Taxonomy Definition of Service: Provision of prescription medication			
Provide a detailed description of the proposed service: The Family Health Care physicians will send the prescriptions to one of two local pharmacies where LFCS will pay for the medication for each client. LFCS connects each client with a pharmacy where the cost is low enough so they can resume it when services with LFCS conclude.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One prescription fill	\$30.00	40	10
Funding Request			
Amount Requested to Boone County: \$1,200		Proposed Number of Units of Service: 40	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase access to prescription medication	80% of mothers/caregivers will have a reduction in depressive and/or anxiety symptoms.	Burns Depression checklist (Revised) - Pre/Posttests Burns Anxiety Inventory (Revised) -Pre/Post tests	

Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #7 – Taxonomy of Service Name: Home Visiting (one-on-one parent education, coaching and case management)			
Service #7 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the <i>Taxonomy of Services</i> , which must also be delivered in the home/residence of the program consumer(s).			
<p>Provide a detailed description of the proposed service:</p> <p>Home Visiting will offer one-on-one parent education, coaching and case management support to parents/caregivers for the purpose of reducing risk factors associated with child abuse, neglect or maladaptive patterns of behavior. This service will also teach the importance of self-care skills, so parents/caregivers can be at their best for their children.</p> <p><u>Intake and Assessment</u></p> <p>Clients will speak with a worker who provides information regarding our services and collects the initial data for eligibility. The worker sets up a time to meet with them. One of the first activities is to get to know the caregiver and to begin assessing what strengths and needs are present in their life.</p> <p><u>Service Plan and Continued Intervention</u></p> <p>Caregivers and LFCS workers work together to devise a service plan that accounts for the immediate safety of the children and the needs and strengths of the family. The service planning process is one of client-centered decision-making. The plan specifies available services and support systems that will allow for the maintenance of stable parenting. The service plan is reviewed regularly and updated until the objectives have been achieved.</p> <p><u>Curriculum</u></p> <p>Workers use the Nurturing Parenting Program which provides an evidence-based, family-centered, prevention curriculum that helps parents/caregivers build protective factors that will lead to safe and healthy parenting and child rearing practices.</p> <p>Referrals to specialized programs may be necessary so that clients and their children get all the services they need.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes of service	\$28.13	6400	100

Funding Request		
Amount Requested to Boone County: \$180,032		Proposed Number of Units of Service: 6400
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Parents/Caregivers will demonstrate progress towards the reduction or elimination of key risk factors that lead to child abuse and neglect.	After a minimum of three home visit meetings with a case manager, 80% of clients will have a reduction of risk factors that lead to child abuse/neglect (CA/N)	Protective Risk Factors Survey – administered at regular intervals
Clients (mothers, fathers & caregivers) will increase their parenting knowledge.	After participating in at least two hours of Nurturing Skills module(s), 90% of clients will demonstrate an increase in their parenting knowledge.	Nurturing Skills Competency Scale (NSCS) – administered at regular intervals

Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #8 – Taxonomy of Service Name: Group Therapy - Adult			
Service #8 – Taxonomy Definition of Service: Provides therapeutic treatment for adults with a related problem arranged in a group format with a qualified mental health professional. Group Therapy places focus on all group members.			
Provide a detailed description of the proposed service: Each group consists of 30 minutes for dinner when the mentors, parents and their children can all interact in an informal way, then 30 minutes of education and 45-60 minutes of the facilitated group by a licensed clinician. Group work for our parents (female and male) will encourage social connections and peer sharing.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Per client, per group hour	\$18.63	240	30

Funding Request		
Amount Requested to Boone County: \$0.00		Proposed Number of Units of Service: 0
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Young parents will demonstrate increased education and progress towards the reduction of elimination of key risk factors that lead to child abuse and neglect.	80% of clients will have documented progress towards addressing risk factors that lead to child abuse and neglect	Protective Factors Survey -Pre/Post tests Group therapy pre/post tests

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Lutheran Family and Children's Services				
Program Name: Pregnancy and Parenting Services				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Individual therapy – Adult	15 minutes of service	\$31.91	6000	100
Individual therapy – Child	15 minutes of service	\$31.91	1600	20
Family therapy	15 minutes of service	\$31.91	800	40
Case Management	15 minutes of service	\$19.07	8032	199
Medication Management	One office visit	\$40.00	30	10
Prescription Medication	One prescription fill	\$30.00	40	10
Home Visiting	15 minutes of service	\$28.13	6400	100
Group therapy - Adult	Per client, per group hour	\$18.63	240	30
Funding Request to Boone County:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Individual therapy – Adult	\$134,022		4200	
Individual therapy – Child	\$25,528		800	
Family therapy	\$15,316.80		480	
Case Management	\$61,634.24		3232	
Medication Management	\$1,200		30	
Prescription Medication	\$1,200		40	
Home Visiting	\$180,032		6400	
Total Amount Requested to Boone County:	418,933.04			

Pregnancy and Parenting

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110

Columbia, MO 65201

Phone: (573) 886-4391

Fax: (573) 886-4390

E-mail: mbobbitt@boonecountymo.org

October 26, 2017

Lutheran Family and Children's Services of Missouri
Attn: Heather Wall, Regional Director
307 Locust Street
Columbia, MO 65201
heatherw@lfcs.com

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Wall:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 8, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Lutheran Family Children's Services of Missouri
Name of Program	Pregnancy and Parenting Services

Organization Profile	
-----------------------------	--

1. The employers are not provided for advisory board members, Vicki Hartwig, Sandy Dirks, and Robin LaBrunerie.

Action Required: Provide the employers for Vicki Hartwig, Sandy Dirks, and Robin LaBrunerie on Apricot. Provide any questions or comments in the field below.

--

2. Sandy Dirks is listed on the Advisory Board twice.

Action Required: Remove one of the lines for Sandy Dirks on Apricot. Provide any questions or comments in the field below.

--

3. The benefits field is listed at \$0.00 for the President/CEO on the Personnel table.

Action Required: Provide the benefit amount the President/CEO receives on the Personnel table.

--

Program Overview Form	
------------------------------	--

4. The Program Consumers lists 125 individuals to be served but the Consumer Demographics lists 199 individuals to be served.

Action Required: Provide clarification on the total number of unduplicated individuals to be served.

--

5. The Program Services describe billing to Medicaid or insurance when available. The outputs for each service do not include units billed to Medicaid or insurance.

Action Required: Provide clarification on the total number of unduplicated individuals to be served, including those whose services will be billed to Medicaid or insurance.

--

6. The Consumer Demographics section lists 15 individuals from other counties will be served.

Action Required: Provide clarification on the funding source paying for residents from other counties.

--

7. The Collaboration narrative describes working with First Chance for Children by providing cribs and receiving training. The Letter of Support provided from FC4C also mentioned that baby bags distributed to families come from LFCS.

Action Required: Provide more information on the collaboration efforts between LFCS and FC4C. Explain which organization pays for the cribs and baby bags distributed and whether this proposal includes costs involved in providing basic need items. A formal MOU between LFCS and FC4C will need to be provided.

--

8. The Social Worker II and Case Manager II positions need to be listed separately on the Personnel table. Qualifications were not listed for the Administrative Assistant.

Action Required: Provide information on each position in the table below.

Position/Title	Minimum Qualifications	FTE	Full-Time Salary Range From:	Full-Time Salary Range To:
Social Work II				
Case Manager II				
Administrative Assistant				
Director				

9. The Program Personnel Narrative does not provide a clear explanation on the position providing therapy and the qualifications that are required.

Action Required: Provide clarification on the personnel providing therapy and the qualifications required.

--

10. The Program Budget states that insurance or Medicaid will be billed for children served when possible but does not provide information when adults are served.

Action Required: Provide clarification if Medicaid and insurance will be billed for adults when receiving services.

--

Program Services Form (1-5)	
------------------------------------	--

11. Information needs to be provided for the whole program, not just the portion proposed to be funded by Boone County. Home Visiting was added to the *Taxonomy of Services* by the Boone Impact Group. Services will need to be listed in the order provided in the table. Additional program services will need to be added if services funded through other services were not included in the proposal.

- a. Individual Therapy for adults and children and Family Therapy will be listed as separate services. The service descriptions in the proposal stated that the location of these therapies could be in the home, office, or safe community location. These units should NOT be included in Home Visiting (Service 7). Therapy provides a much higher level of service and unit rate than overall Home Visiting.
- b. Case Management will only include time spent for a client outside of home visits.
- c. Prescription Medication was listed on the City of Columbia's proposal but was listed as Medication Management for Boone County's proposal. There could be different rates for co-pays with doctor visits and the cost of the prescriptions.
- d. Home Visiting was added to the *Taxonomy of Services* by the Boone Impact Group with the following service definition:

Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the *Taxonomy of Services*, which must also be delivered in the home/residence of the program consumer(s).

Services that are being provided during Home Visiting (excluding the different types of therapies) must be listed in the Service Name. This is the only time that multiple services

can be listed in the Service Name. Refer to the *Taxonomy of Services* for types of services LFCS provides during Home Visiting.

Action Required: Clarification questions have been written following the format of services listed below.

Service #	Service Name	Notes
1	Individual Therapy – Adult	Separate regardless of being provided in the home, office, or community
2	Individual Therapy – Child	Separate regardless of being provided in the home, office, or community
3	Family Therapy	Separate regardless of being provided in the home, office, or community
4	Case Management	Only time spent outside of the home
5	Medication Management	Adjust service based on clarification response
6	Prescription Medication	Add as a service based on clarification response
7	Home Visiting	Only include services provided in home excluding the different types of therapies
8	Additional Program Service	Complete ‘Service Change Chart’

Service 1

12. The service description mentions subcontracting Kiessling & Associates to provide therapy for parents/caregivers that need specific attention towards attachment security. A MOU was not provided on the Program Overview for Kiessling & Associates.

Action Required: Provide more information on services that Kiessling & Associates will provide and how services are paid for through this contract. Subcontracting Kiessling & Associates was mentioned for Individual Therapy for adults and children and Family Therapy. Clarification needs to be provided for the three types of therapies subcontracted out.

--

13. The service description is not specific on the qualification level of personnel providing Individual Therapy for adults. As mentioned earlier, therapeutic services need to be provided by a licensed professional.

Action Required: Provide clarification that personnel providing therapy are licensed. This includes Individual Therapy for adults and children and Family Therapy. Make sure the personnel position is included on the Program Personnel table.

--

14. The Unit Measure for Individual Therapy – Adult needs to be listed at 15 minutes.

Action Required: Adjust the unit rate and measure to be for 15 minutes of service. Provide this information in the attached 'Service Change Chart' for Service 1. Provide any questions or comments in the field below.

15. The Service Fee section explains Medicaid and insurance will be billed first for services. The total number of units and unduplicated individuals to be served needs to include those funded by Medicaid or insurance.

Action Required: Make sure the Outputs Section of the 'Service Change Chart' includes the total number of units and unduplicated individuals regardless of the funding source (BCCS, City of Columbia, Medicaid, private insurance, etc.). Provide any questions or comments in the field below.

16. The Funding Request section shows that Boone County Children's Services Fund (BCCS) will pay for all units of services to be provided. The Service Fees section states that Medicaid is discontinued after 6 weeks of postpartum and doesn't cover mental health counseling services.

Action Required: Provide clarification on whether Medicaid can cover mental health counseling for the first 6 weeks of postpartum. The Funding Request Amount may need to be adjusted if units that will be billed to Medicaid, were included in the number that will be provided by BCCS. Update the Funding Request amount and number of units in the 'Service Change Chart' for Service 1.

Service 2

17. The Unit Measure for Individual Therapy – Child needs to be listed at 15 minutes.

Action Required: Adjust the unit rate and measure to be for 15 minutes of service. Provide this information in the attached 'Service Change Chart' for Service 2. Provide any questions or comments in the field below.

18. The Service Fee section explains Medicaid and insurance will be billed first for services. The total number of units and unduplicated individuals to be served needs to include those funded by Medicaid or insurance.

Action Required: Make sure the Outputs Section of the 'Service Change Chart' includes the total number of units and unduplicated individuals regardless of the funding source (BCCS, City of Columbia, Medicaid, private insurance, etc.). Provide any questions or comments in the field below.

19. The number of individuals to be served lists 10 but the Consumer Demographics section on the Program Overview lists six children.

Action Required: Provide clarification on the number of children that will be served.

Service 3

20. The Unit Measure for Family Therapy needs to be listed at 15 minutes.

Action Required: Adjust the unit rate and measure to be for 15 minutes of service. Provide this information in the attached 'Service Change Chart' for Service 3. Provide any questions or comments in the field below.

21. The Service Fee section explains Medicaid and insurance will be billed first for services. The total number of units and unduplicated individuals to be served needs to include those funded by Medicaid or insurance.

Action Required: Make sure the Outputs Section of the 'Service Change Chart' includes the total number of units and unduplicated individuals regardless of the funding source (BCCS, City of Columbia, Medicaid, private insurance, etc.). Provide any questions or comments in the field below.

Service 4

22. The Unit Measure for Case Management needs to be listed at 15 minutes.

Action Required: Adjust the unit rate and measure to be for 15 minutes of service. Provide this information in the attached 'Service Change Chart' for Service 4. Provide any questions or comments in the field below.

23. The number of units to be provided will need to be adjusted to only include the time spent on Case Management outside of Home Visiting, regardless of the funding source.

Action Required: Make sure the Outputs Section in the 'Service Change Chart' provides the total number of units and unduplicated individuals to be served regardless of the funding source.

Provide clarification below on the number of units will be funded from each source.

24. The Performance Measures proposed need to provide clear outcomes, indicators, and method of measurements for Case Management.

Action Required: Update the performance measures in the 'Service Change Chart' for Service 4. Provide any questions or comments in the field below.

Service 5

25. The service description for Medication Management explains that unit measure and rate includes the co-pay for a visit to a physician and the cost for the medication. The description does not clearly explain what the co-pay amounts are for the physician office visits and cost of the prescriptions.

Action Required: Provide clarification on the cost of the co-pay and the medication they are prescribed. Provide more information whether physician visits are required for patients each time a prescription needs to be refilled.

26. Medication Management includes the physician visit co-pays and cost of the prescriptions for clients.

Action Required: Prescription Medication needs to be added as Service 6 and the 'Service Change Chart' completed. Medication Management should only include the office visits with physicians. Complete the 'Service Change Chart' for Service 5 with these adjustments. Provide any questions or comments in the field below.

--

27. The outputs for Medication Management include Prescription Medication.

Action Required: Update the unit measure for Medication Management to 'one office visit'. The number of units to be provided and the unit rate need to be adjusted to only cover the office visits.

--

28. The Funding Request includes Prescription Medication.

Action Required: Update the amount requested to BCCS for Medication Management on the 'Service Change Chart'. Provide any questions or comments in the field below.

--

Program Services Form (6-10)	
-------------------------------------	--

Service 6

29. Prescription Medication needs to be added as Service 6 to cover the cost of prescriptions for clients.

Action Required: Complete the 'Service Change Chart' for Service 6. The outputs, funding request amount, and performance measures should only be for prescriptions and not the office visit co-pays.

--

30. The Outputs need to be provided since this service was added. The unit measure should be "one prescription".

Action Required: Provide the outputs for Prescription Medication in the 'Service Change Chart'. Provide an explanation below on how the unit rates, number of units to be provided, and number of individuals to be served was determined.

--

31. The Funding Request Amount needs to be provided for Prescription Medication.

Action Required: Complete the Funding Request section on the 'Service Change Chart' for Service 6. Provide an explanation of what will be requested to other funding sources to cover.

--

32. The Performance Measures need to be provided for Prescription Medication.

Action Required: Complete the Performance Measures on the 'Service Change Chart' for Service 6. Provide information below on how the outcomes, indicators, and method of measurements were developed.

--

Service 7

33. Home Visiting needs to be added as service for time spent meeting with clients in their home (excluding therapeutic services). The different services within the *Taxonomy of Services* need to be listed with an overview of how those services are provided during a home visit.

Action Required: Complete the 'Service Change Chart' for Service 8. List the types of services in the Service Name field on the chart. Provide an overview below on the type of services provided during Home Visiting, excluding therapeutic services.

--

34. The Outputs for Home Visiting need to be updated since this service was added. The unit measure should be "15 minutes".

Action Required: Provide the outputs for Home Visiting in the 'Service Change Chart'. Provide an explanation below on how the unit rates, number of units to be provided, and number of individuals to be served was determined.

--

35. The Funding Request Amount needs to be provided for Home Visiting.

Action Required: Complete the Funding Request section on the 'Service Change Chart' for Service 8. Provide an explanation of what will be requested to other funding sources to cover.

--

36. The Performance Measures need to be provided for Home Visiting.

Action Required: Complete the Performance Measures on the 'Service Change Chart' for Service 8. Provide information below on how the outcomes, indicators, and method of measurements were developed.

--

Service 8

37. The services need to be provided for the whole program, regardless of the funding source.

Action Required: Complete the additional 'Service Change Charts' for program services not provided. Enter \$0.00 for the funding request amount and 0 for units to be provided in the Funding Request section.

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

38. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #1 – Taxonomy of Service Name: Individual Therapy – Adult			
Service #1 – Taxonomy Definition of Service: Provides therapeutic treatment for an adult in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #2 – Taxonomy of Service Name: Individual Therapy – Child			
Service #2 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #3 – Taxonomy of Service Name: Family Therapy			
Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #4 – Taxonomy of Service Name: Case Management			
Service #4 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #5 – Taxonomy of Service Name: Medication Management			
Service #5 – Taxonomy Definition of Service: Monitors therapeutic levels of a prescribed medication.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #6 – Taxonomy of Service Name: Prescription Medication			
Service #6 – Taxonomy Definition of Service: Provision of prescription medication			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #7 – Taxonomy of Service Name: Home Visiting			
Service #7 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the <i>Taxonomy of Services</i> , which must also be delivered in the home/residence of the program consumer(s).			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Lutheran Family and Children's Services of Missouri			
Program Name: Pregnancy and Parenting Services			
Service #8 – Taxonomy of Service Name:			
Service #8 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Funding Request to Boone County:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Total Amount Requested to Boone County:				

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Lutheran Family and Children's Services of Missouri

DBA:

Federal EIN Number:

43-0652650

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

9666 Olive Boulevard

Suite 400

City

Saint Louis

State

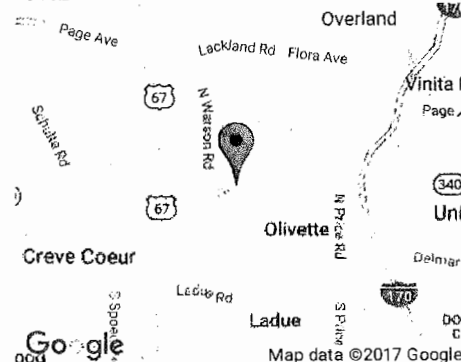
Missouri

County

St Louis County

Zip

63132



Organization Phone Number:

314-787-5100

Address

9666 Olive Boulevard

Suite 400

City

Saint Louis

State

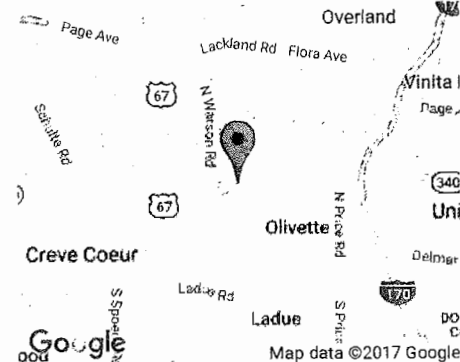
Missouri

County

St Louis County

Zip

63132



Organization Fax Number:

314-292-8542

Website:

<http://www.lfcsmo.org>

Head of Organization

Mike Duggar

Head of Organization Phone:

314-754-2729

Email:**Head of Organization Title (e.g. Director, President, CEO)**

President/CEO

Head of Organization Email:

miked@LFCS.org

Local Organization Contact Information (If there is a local office with differen**Local Organization Name:**

Lutheran Family and Children's Services Mid-Missouri Office

Address

307 Locust Street

City

Columbia

State

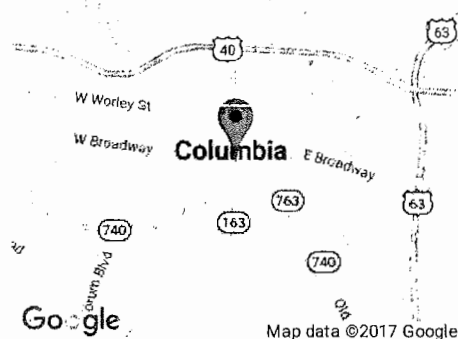
Missouri

County

Boone County

Zip

65201

**Local Contact Name:**

Heather A. Wall

Local Contact Email:

heatherw@lfcs.org

Local Organization Fax:

573-449-4640

Address

307 Locust Street

City

Columbia

State

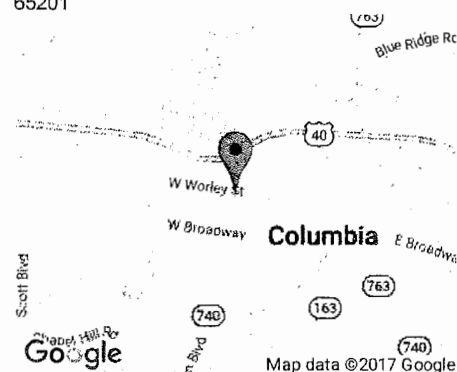
Missouri

County

Boone County

Zip

65201

**Local Contact Title:**

Regional Director

Local Contact Phone:

573-815-9955

General Information**Organization****Mission Statement****(Purpose):****Provide your organization's mission statement. (600 character limit)**

God's love in Jesus Christ empowers Lutheran Family and Children's Services of Missouri to help families, children and individuals experience greater hope and wholeness of life.

Organization**History:****Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**

Lutheran Family and Children's Services of Missouri (LFCS) traces its history back to 1868, with the establishment of an "orphan's home" outside of St. Louis. Ninety-nine years later, the orphanage was sold, but the commitment to the welfare of children and families continued in the form of a non-residential agency. Today, LFCS offers an array of programs and social services for children and families across the state of Missouri.

Brief Statement of**Organization's****Major Goals:****Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**

LFCS programs specialize in crisis pregnancy assistance, foster care, adoption, child care, youth development and tutoring services, counseling, school counseling, and disaster recovery services. Goals include

- stabilizing families in crisis,
- placing and supporting children in nurturing families,
- preparing young children for a lifetime of learning,
- promoting healthy decision-making and life skills in youth,
- alleviating mental and emotional suffering,
- maintaining all accreditation standards as set by Council on Accreditation.

Articles of
Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1431364813_30405_ArticlesofAgreement-CertificateofIncorporation1964.pdf/

**Provide a copy of
the
organization's
Articles of
Incorporation.**

**Bylaws: Provide
a copy of the
organization's
Bylaws.**

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1465581817_34051_LFCSBylaws11-02.doc/

Organizational
Chart
(must be for the
entire
organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1500384693_30406_LFCSOrganizationalChartMarch29%2C2017.pdf/

Strategic Plan:

Strategic Plan (MUST BE IN PDF FORMAT)

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Lutheran Family and Children's Services of Missouri has regional offices in St. Louis, St. Charles, Cape Girardeau, Columbia, and Springfield. From these offices, LFCS serves children and families throughout Missouri.

Population
Served:

Briefly describe the population(s) served by your organization. (600 character limit)

LFCS specializes in serving women experiencing crisis pregnancy and families with young children across Missouri. LFCS also serves children and families through emergency assistance, foster care placement and case management, and a full range of adoption services.

Our St. Louis child care center serves children aged 2 to 5 years old. School-based after school and school counseling programs are available for youth ages 6-17 in the St. Louis area. Mental health counseling services are available for individuals of all ages in the St. Louis area.

Conflict of
Interest Policy:

Does your organization have a written Conflict of Interest policy?

yes

Whistleblower
Policy:

Does your organization have a written Whistleblower policy?

yes

Business
Continuity Plan:

Does your organization have a written Business Continuity plan?

yes

Records
Retention
Policy:

Does your organization have a written Records Retention policy?

yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

Three years and renewable two (2) times

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Showing 1 - 30 of 77 Links

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Matthew Goebel	Member	06/06/2017	06/09/2020	16 Conway Springs Drive Chesterfield, MO 63017	✓	Added on 05/13/2015
Suresh Fernando	Member	06/06/2017	06/09/2020	4754 Alma Avenue St. Louis, MO 63116	✓	Added on 05/13/2015
Robin Houston	Member	06/06/2017	06/09/2020	1029 Pleasant Meadow Drive Lake St. Louis, MO 63367	✓	Added on 05/13/2015
David Pennington	Member	06/06/2017	06/09/2020	4448 Olive Street, Apt. 103 St. Louis, MO, 63131	✓	Added on 05/13/2015
Tera Roberts	Member	06/06/2017	06/09/2020	2048 Coleridge Drive St. Louis, MO 63136	✓	Added on 05/13/2015
Timothy Trudo	Finance Chair	06/06/2017	06/09/2020	5860 Black Walnut Road St. Charles, MO 63301	✓	Added on 05/13/2015
MATTHEW BRICKLER	Member	09/20/2016	09/20/2019	485 Flanders Drive St. Louis, MO 63122	✓	Added on 05/13/2015
Tiffany Khang	Member	06/08/2016	06/07/2019	204 LeBeau Lane St. Charles, MO, 63303	✓	Added on 05/13/2015
Christina Dancy	Secretary	06/09/2015	06/05/2018	5907 Etzel, Apt. B St. Louis, MO 63112	✓	Added on 05/13/2015
Carole Vierling	Member	06/09/2015	06/05/2018	4612 Sienna Oaks Court St. Louis, MO 63128	✓	Added on 01/07/2016
Keith Spears	Member	06/09/2015	06/05/2018	2113 Alexandria Row O'Fallon, MO 63368	✓	Added on 05/13/2015
Travis Scholl	Member	06/08/2016	06/11/2019	7237 Cornell Avenue University City, MO, 63130	✓	Added on 07/13/2016
Steven Schneider	Member (Statewide)	06/09/2015	06/05/2018	2437 Bainbridge Jackson, MO 63755	✓	Added on 01/07/2016
Aaron Pawlitz	Member	03/10/2015	03/13/2018	12827 Westledge Lange St. Louis, MO 63131	✓	Added on 01/07/2016
Elouise Mintz	Member	06/09/2015	06/05/2018	2011 Freemantle Court Saint Louis University Florissant, MO 63031	✓	Added on 01/07/2016
Sarah Maguffee	Member (Statewide)	06/08/2016	06/04/2019	3705 Dublin Avenue Columbia, MO, 65203	✓	Added on 07/11/2016
Matthew Masiel	Member	03/10/2015	03/06/2018	11759 Fawnridge Drive St. Louis, MO 63131	✓	Added on 01/07/2016
Larry Lemke	Member	06/08/2016	06/04/2019	1562 Dietrich Chase Lane Ballwin, MO 63021	✓	Added on 05/13/2015
Vernon Kasten Jr.	Member (Statewide)	06/09/2015	06/05/2018	1315 Broadridge Drive Jackson, MO 63755	✓	Added on 05/13/2015
Laura Hollingsworth	Vice Chair	06/09/2015	06/05/2018	230 McDonald Place Webster Groves, MO 63119	✓	Added on 05/13/2015
Jim Haertling	Member	06/08/2016	06/04/2019	739 The Hamptons Lane Town and Country, MO, 63017	✓	Added on 07/11/2016
ERIC GUTBERLET	Member	06/08/2016	06/04/2019	185 Hickory Tree Court Ballwin, MO 63011	✓	Added on 05/13/2015

Governing Board Member**Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Jerry Ebest	Member	06/08/2016	06/04/2019	16028 Clarkson Woods Drive Chesterfield, MO, 63017	✓	Added on 07/11/2016
Tom Dankenbring	Member	06/09/2015	06/05/2018	10 S. Moreland Avenue St. Louis, MO 63122	✓	Added on 05/13/2015
MARK BOSSI	Chair	06/08/2016	06/05/2019	17101 Bluffview Ridge Court Chesterfield, MO 63017	✓	Added on 05/13/2015
KEVIN BALLENTINE	Member	06/09/2015	06/07/2018	3843 Grand National Drive Florissant, MO 63034	✓	Added on 05/11/2015
TIFFANY WANG	Member			15623 Heathercroft Drive Chesterfield, MO 63017	✓	Added on 07/08/2016

Total Active Links:27, Total Deactivated Links:50, Current Active Links:27, Current Deactivated Links:3

| Next

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")**

Three years and renewable two (2) times

Describe the function of the Advisory Board as it relates to the work of your organization:

Advisory Board Members:

Serve as a link for LFCS to the Church community and the community at large
 Contribute to the financial stability of the agency
 Open doors for personal, business, corporate, or foundation-building
 Advocate for the agency and LFCS clients with our legislators and in the community
 Help to ensure that the Agency has a strong and positive presence within the region
 Spread the word about LFCS programs and activities within the region

Advisory Board Members accomplish this by:

- *Being well-informed about Lutheran Family and Children's Services: its history, mission, strategic plan, and current operation
- *Personally speaking on behalf of the agency at church-related functions or other public gatherings
- *Introducing LFCS staff to those who may be interested in being involved with our mission
- *Contributing financially to the organization
- *Connecting the region's development officer with potential donors or supporters of the agency
- *Supporting and participating in our regions' special event(s) by: attending, hosting a table, inviting others, or volunteering your time on an event committee or at the event.
- *Regularly attending board meetings, committee meetings, and other board activities
- *Volunteering your time at community events as a representative of LFCS
- *Suggesting possible nominees to the board, committees, or volunteers who can make an impact to the organization
- *Attending LFCS Lobby Days
- *Speaking one-on-one to legislators about LFCS and its programs
- *Contacting legislators by phone or email regarding specific bills affecting LFCS and its clients
- *Referring questions or concerns about the agency to the Regional Director
- *Advising the agency of community developments that may impact the welfare of our clients or the agency as a whole*
- *Offering input in the development of a strategic agency plan for its region
- *Suggesting opportunities for further ministry in the region

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Showing 1 - 30 of 33 Links

Advisory Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Active	Date
Donna Duncan	Member	02/14/2017	02/11/2020		✓	Added on 07/18/2017
Vicki Hartwig	Member	01/01/2017	12/31/2019	1802 Muirfield Drive Columbia, MO 65203	✓	Added on 05/14/2015

Advisory Board Member**Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Active	Date
Jayne Young	Chair	01/01/2017	12/31/2019	1601 Mills Drive, Columbia, MO 65203	✓	Added on 05/14/2015
Sandy Dirks	Member	01/01/2015	12/31/2017	2595 South Winding Trail Dr. Columbia, MO, 65203	✓	Added on 01/05/2017
Carolyn Pruel	Member	10/03/2016	12/31/2019	8001 N. Marigold Court Columbia, MO, 65201	✓	Added on 01/05/2017
Sandy Dirks	Member	01/01/2015	12/31/2017	2595 South Winding Trail Dr. Columbia, MO 65201	✓	Added on 08/02/2016
Emily Bange	Member	01/01/2015	12/31/2017	240 Morningside Lane Fayette, MO 65248	✓	Added on 07/11/2016
Sarah Maguffee	Member	01/01/2016	12/31/2018	3705 Dublin Ave Columbia, MO, 65203	✓	Added on 06/10/2016
Deb Valvo	Member	06/14/2016	12/31/2018	1217 Bradshaw Avenue Columbia, MO 65203	✓	Added on 06/10/2016
Robin LaBrunerie	Member	04/12/2016	12/31/2018	611 S. Greenwood Ave. Columbia, MO 65203	✓	Added on 06/10/2016

Total Active Links:10, Total Deactivated Links:23, Current Active Links:10, Current Deactivated Links:20

| Next

Financial Information**Organization Fiscal Year:**

January 1 - December 31

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1431364948_29953_2015LFCSAgencyIRSDeterminationLetter.PDF/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1465583190_29954_2015LFCSAgencyAudit.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1487714911_29955_29955_2015LFCSAgency990PublicCopy.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Financial audits and budgets are reviewed by the finance committee of the board and approved by the board. Monthly financial statements are given to the finance committee of the board. The finance committee of the board meets at least four times a year and sets and reviews financial policies of the agency.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation				Link Info		
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Vice President of Programs	MSW or equivalent. Ten years management experience. Professional Licensure.	1.00	\$126,991.00	\$7,924.80	✓	Added on 07/15/2015
Vice President of Finance	CPA License with ten years not-profit experience or equivalent	1.00	\$126,900.00	\$7,924.80	✓	Added on 07/15/2015
Vice President of Development	BA/BS, Fundraising licensure/accreditation, seven to ten years experience	1.00	\$126,900.00	\$8,344.80	✓	Added on 07/15/2015
Director Human Resources	Bachelors in Human Resource Management or equivalent degree with 5 years supervisory and previous experience.	1.00	\$102,400.08	\$7,983.36	✓	Added on 07/15/2015
Director Regional Operations	Master of Social Work degree. Training and Compliance with the Hague treaty factors when working in intercountry adoption. Five years management experience.	1.00	\$102,170.12	\$7,951.44	✓	Added on 07/15/2015
Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0						

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Council on Accreditation, through October 17, 2017; The COA standards process was applied to 14 different service domains and programs of LFCS. It involves an in-depth self-review of an organization or program against currently accepted best practice standards, an onsite visit by an evaluation team comprised of experts, and a subsequent review and decision by the accrediting body.

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as

amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1472224605_32839_16-17Budget%28UnitedWay%29.pdf/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1472220107_32678_2016-2017InsuranceRenewalCertificates.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1474996955_32841_LFCS.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1474996955_32847_LFCS.pdf/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)


Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Lutheran Family and Children's Services of Missouri	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/08/2017
2017 Health RFP (Review ends 03/24/2017 5:00 PM CDT)	Lutheran Family and Children's Services of Missouri	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018	✓	Added on 01/17/2017
Children's Services Fund - POS RFP #27-10JUN14 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	Lutheran Family and Children's Services of Missouri	Children's Services Fund - POS	Boone County	RFP #27-10JUN14	✓	Added on 06/26/2015

Proposal Cover Sheet**Link Info**

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS RFP #25-15JUN15 (Modified Interim POS Report ends 08/01/2017 12:00 PM CDT)	Lutheran Family and Children Services of Missouri	Children's Services Fund - POS	Boone County	RFP #25-15JUN15		Added on 05/11/2015

Total Active Links:4, Total Deactivated Links:0, Current Active Links:4, Current Deactivated Links:0

System Fields**Record ID**

15297

Modification Date

07/18/2017 9:08 AM CDT

Modified By

Lutheran Family Children Services ORG

Creation Date

05/08/2015 2:45 PM CDT

Created By

The Community Montessori AutoLogin

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Lutheran Family and Children's Services of Missouri

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Pregnancy and Parenting Services

Amount of Request

\$427,908.24

County-Children's Services - Service Type (check all that apply)

Unmarried parent services

Home-based and community-based family intervention programs

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Individual, group, or family professional counseling and therapy services

Program Information

Program Website (will default to Organization website)

<http://www.lfcsmo.org>

Address

307 Locust Street

City

Columbia

State

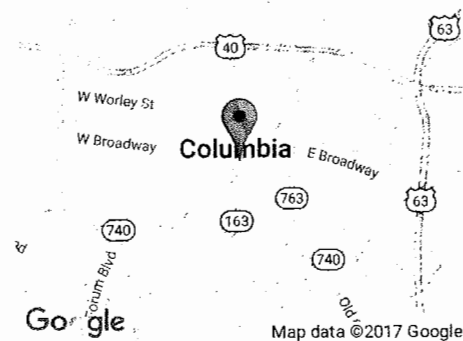
Missouri

County

Boone County

Zip

65201



Program Administrator Name

Heather A Wall

Phone Number

573-815-9955

Address

307 Locust Street

City

Columbia

State

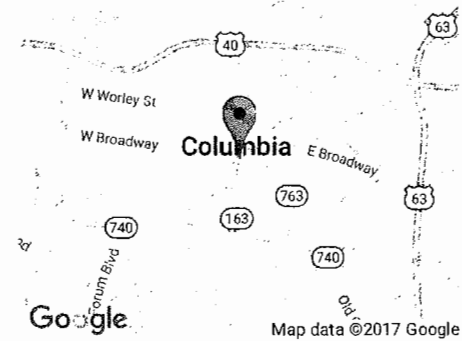
Missouri

County

Boone County

Zip

65201



Program Administrator Title

Regional Director

Email

heatherw@lfcs.com

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500312338_30421_SKMBT_C28017071711290.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500312338_30420_SKMBT_C28017071711291.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500312338_30419_SKMBT_C28017071711300.pdf/

Signed Addendums


/document/download/filename/1500312338_30418_SKMBT_C28017071711301.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Lutheran Family and Children's Services of Missouri	9666 Olive Boulevard	Mike Duggar		Added on 06/08/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-0652650

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Charles M. Duggar
Printed Name - Organization Executive Director/President/CEO

7/13/17
Date

[Signature]
Signature - Organization Executive Director/President/CEO

7/13/17
Date

Mark Bossi
Printed Name - Organization Board Chair

7/13/17
Date

[Signature]
Signature - Organization Board Chair

7/13/17
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Heather A. Wall - Regional Director
Name and Title of Authorized Representative

Heather A. Wall
Signature

7/17/17
Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

MICHELE J. TOWNS
My Commission Expires
February 19, 2019
Boone County
Commission #15011317

Page 14 of 14

By:

Melinda B. Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: Lutheran Family Children's Services
Address: 307 Locust Street, Columbia, MO, 65201

Phone Number: 573-815-9955 Fax Number: 573-449-4040

E-mail: heatherw@lfcs.org

Authorized Representative Signature: Heather A. Wall Date: 7/17/17

Authorized Representative Printed Name: Heather A. Wall

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Lutheran Family Children's Services

Address:

307 Locust Street, Columbia, MO 65201

Phone Number: 573-815-9955

Fax Number: 573-449-4640

E-mail: heatherw@lfcs.org

Authorized Representative Signature:

Heather A. Wall

Date:

7/17/17

Authorized Representative Printed Name:

Heather A. Wall



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name:

Lutheran Family & Children's Services

Address:

307 Locust Street, Columbia, MO, 65201

Phone Number: 573-815-9955

Fax Number: 573-449-4640

E-mail: heatherw@lfcas.org

Authorized Representative Signature:

Heather A. Wall Date: 7/17/17

Authorized Representative Printed Name:

Heather A. Wall

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Lutheran Family and Children's Services of Missouri
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Pregnancy and Parenting Services
Amount of Request	\$427,908.24
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The need to prevent child abuse and neglect applies not only to the physical scars of maltreatment but extends to the prevention of serious, negative, and long-term psychological, emotional and cognitive effects of abuse and neglect. According to Child Welfare Information Gateway (July 2013), children who have been abused and neglected are more likely to be involved in the criminal justice system, abuse substances, and have mental and emotional health challenges than non-abused children.

Through our continuum of services from parent education, counseling and case management, we are tackling the highest risk factors linked to child abuse and neglect such as poverty and untreated mental illness. 16.6% of children under the age of 5 in Boone County were living in poverty. (Boone County Indicators). Untreated mental illness can have long-term financial costs as well as social impacts on the community including, increase in suicides, substance use, court involvement, need for state assistance, homelessness, school difficulties and risks of child abuse and neglect. According to the Children's Defense Fund – Minnesota (April 2011), children of depressed parents are more likely to fall behind their peers across an array of developmental areas, including cognition, social, emotional, physical and mental health. They are at higher risk for needing special education, being involved in juvenile justice in adolescence, and developing mental health and health problems.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

LFCS serves children living in poverty and who are at greatest risk for child abuse and neglect, serious issues in our community. According to the BID, in 2015, 9.6% of Boone County and 14.3% of the City of Columbia family households with children were living in poverty. According to the 2016 Kids Count Report, 106,067 children were involved in hotline calls with 20,284 children in the custody of the State due to abuse and neglect. Boone County accounts for 2,210 of those calls.

These statistics are only the beginning. Studies have found abused and neglected children are more likely to experience problems that include delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems. Child abuse and behavioral, mental, and emotional health are inextricably linked. An infant or young child's exposure to violence or other trauma can over stimulate the brain's fear response, leaving other regions of the brain less able to process complex and/or abstract thought, have less impulse control, or fine motor control, as stated by Bruce Perry, M. D. (2000) in "The neuroarcheology of childhood maltreatment." Each of these negative consequences points to the benefit that prevention of child abuse and neglect has on the mental health of the children.

LFCS effectively addresses the risk factors of child abuse and neglect by addressing immediate needs and stabilizing the family environment by using evidence-based parenting and counseling services.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Our goal is to increase families receiving timely access to pregnancy, parenting and mental health services. Early and effective counseling and case management reduces the risk factors associated with child abuse and neglect, improve the parent-child relationship, and build stable families.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

Nurturing Skills for Families is an evidence-based, family-centered, prevention curriculum that helps parents build protective factors that will lead to safe and healthy parenting. Childhood mental health therapies used in the program include Child Parent Psychotherapy (CPP) and Play therapy, while for older children and adults, the program will provide Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Therapy (CBT). All therapies are evidence-based practices.

The family environment is stabilized by addressing risk factors related to child abuse and neglect. Staff take a culturally competent, multi-faceted approach to assessment, treatment planning, counseling, case management, discharge planning and aftercare. Services take place in the office, client's home, or community.

Screening and assessment identify the presenting issue(s) and determine program eligibility; our programs include Pregnancy Maintenance Network (PMN), Resource Parents, Nurturing Network and Maternal Mental Health. An assessment addressing presenting problems is completed along with the Protective Risk Factors Survey and Bums Depression Checklist & Anxiety Inventory.

Treatment/service planning is done with the client including their strengths, needs, and goals and is designed to address and resolve client concerns in concrete, practical and measurable ways.

Discharge is done once goals have been achieved. Aftercare and resource referrals are provided.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Consumers served in the pregnancy and parenting services program are residents of Boone County who are pregnant or are parenting children. Parents, caregivers and their children receive counseling, parenting education and case management services. In 2016, 147 parent/ caregivers, ages 15-65 were served and 6 children, ages 4-11, were served.

The majority of clients served are single parents and their children, experiencing broken family relationships, health and mental health complications and other risk factors such as being uninsured, under-insured, or living in unstable housing. Our families also tend to exhibit the individual factors that lead to a greater likelihood of child abuse and neglect, including but not limited to poverty, mental health, substance misuse and lack of social supports.

In the past year, over 50% of the clients served were African American. The remaining racial composition is Caucasian. Of the families served, 99% were at or below 200% of the federal poverty level. Our staff members met 90% of the clients we served in their homes or out in the community, eliminating the barriers of accessing services for families who lack transportation.

b. Why will these particular consumers be served? (1500 character limit)

Our target population faces barriers that increase the likelihood of abuse and neglect who are struggling with issues related to single parenthood, low income, few social supports, broken family relationships, unstable housing, mental illness, raising young children, and insufficient information on healthy child-rearing practices. Frequently, they are also suffering the effects of abuse or neglect in their own childhood, and are ill-prepared to model appropriate and safe patterns of behavior with their children.

In many cases, they may not be able to recognize the broader sources of stress that are at work in their lives. Sometimes immediate, urgent crises (eviction, loss of income, acute illness) overshadow larger issues (lack of parenting skills, chronic depression, unhealthy relationships). Many consumer families demonstrate a lack of self-confidence and lack basic parenting and child development knowledge.

Serious depression in mothers/caregivers can affect far more than the adults who are ill. It also influences the well-being of the children in their care. According to the Center on the Developing Child at Harvard University (2009), when mothers are unable to be sensitive and responsive to a young child's signals, the child's brain may not form as it should which can lead to learning, behavior and health difficulties.

Our case management, parent education, and counseling services make positive impacts on the lives of this vulnerable population.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Families consistently experience social and logistical barriers to accessing and receiving care in a timely manner. We eliminate the primary barrier of lack of transportation by providing services in the home and community. The stigma of utilizing counseling services is often decreased through providing the service in the privacy of the family's home.

Another challenge faced is often families are uninsured or under insured. Boone County Children Service's Fund is crucial to ensure that LFCS and the community are able to provide these needed services to families.

d. Total number of unduplicated individuals to be served by the proposed program:

125

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

5090.55

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. **No individual should be counted twice under any sub-section.**

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)	City of Columbia	Other Counties
184	170	15
Residence Total		
199		
Record Lock		
0		

Race

White (alone)	Black or African American (alone)
79	102
Native American Indian or Alaskan Native	Asian (alone)
0	0
Native Hawaiian or other Pacific Islander (alone)	Multiple Races
0	10
Some Other Race	
8	
Race Total	
199	

Ethnicity

Hispanic or Latino (of any race)
6

Not Hispanic or Latino

193

Ethnicity Total

199

Gender**Female**

193

Male

6

Other

0

Gender Total

199

Income**At or below 200% of Federal Poverty Level**

197

Over 200% of Federal Poverty Level

2

Income Total

199

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

1

School Age (6 years – 11 years)

5

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

40

Parent/Guardian (age 20 and over)

153

Age Total

199

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

n/a

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the

proposed program. (600 character limit)

Services will be held either in the office (307 Locust Street, Columbia, MO, 65201) or in the client's home or in a confidential community space. Services will be provided Monday – Friday, 8:30 AM – 5 PM and Saturdays and evening hours per request.

By encouraging mobility and flexibility among our workers, LFCS will meet the needs of families by providing services where it is most practical for them- in the home, at the office or a confidential community location.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

The only requirements for the pregnancy and parenting services program are that clients are residents of Boone County and are parenting their children. Counseling services are provided to children ages 4-14 living in Boone County and who's mother/caregiver is being seen already for counseling.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)**If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)**

The majority of our clients meet the federal poverty guidelines and often are either uninsured or under insured. A service fee would be a barrier to engagement in needed services, as they do not have the means to pay. Under insured clients do not have the resources to pay their co-pays or full payment of the service until their deductible is met for insurance. If they do have resources, we will bill them first. However, this applies to only 10% of our clients, and typically it is only on a temporary basis. Medicaid is discontinued for pregnant women at 6 weeks post-partum.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

Bachelor's degree in counseling, social work or a mental health related field; A Master's degree is preferred, with license or license eligibility from the State of Missouri in Professional Counseling (LPC) or Social Work (LCSW).

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

If Yes - Provide the name of the accreditation agency. (300 character limit)

The Council on Accreditation (COA)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

Current accreditation period: December 2015-December 2019

If Yes - Provide a description of the accreditation process: (600 character limit)

The Council on Accreditation (COA) mission is to partner with human service organizations worldwide to improve service delivery outcomes. The formal evaluation of an organization or program involves an in-depth self-review against currently accepted best practice standards, an onsite visit by an evaluation team comprised of experts, and a subsequent review and decision by the accrediting body. Accreditation signifies that an organization or program is effectively managing its resources and providing the best possible services to all of its stakeholders.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Nurturing Skills for Families and for Teen Parents is an evidence-based, family-centered, prevention curriculum that helps parents build protective factors that will lead to safe and healthy parenting and child rearing practices.

Childhood mental health therapies used in the program include but are not limited to Child Parent Psychotherapy (CPP) and Play therapy, while for older children and adults, the program will provide Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Therapy (CBT). All therapies are evidence-based practices.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

LFCS staff use a culturally-competent, trauma-informed treatment approach. The comprehensive service array will include direct and indirect services such as parenting education, counseling to address emotional difficulties, and education about ways to cope with stress and to mitigate distress, financial assistance, and making referrals to community resources. All services are delivered in an individualized manner and have measurable goals.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

The Nurturing Parenting Programs are evidence-based, family centered prevention curricula that help families build protective factors that reduce the likelihood of abuse and neglect. A study conducted by Children and Youth Services Review (2011) followed participants for 2 years after completing the Nurturing Program and found that they were significantly less likely to have a substantiated maltreatment incidence.

Cognitive-Behavioral Therapy (CBT) is an empirically supported treatment that focuses on patterns of thinking that are maladaptive and the beliefs that underlie such thinking. Studies of CBT have demonstrated its usefulness for a wide variety of problems, including mood disorders, anxiety disorders, personality disorders, eating disorders, substance abuse disorders, and psychotic disorders (Warman & Beck 2003)."

According to the Substance Abuse and Mental Health Services Administration, "Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents. Developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences."

Child-Parent Psychotherapy (CPP) is an intervention model for children 0-5 who have experienced traumatic events and/or are experiencing mental health, attachment and or behavioral problems.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

The Pregnancy and Parenting Services program aligns naturally with our organizational goals and strategic priorities. Our unique approach is family centered and individualized to the presenting issues of the parents and/or children. As a result, parents create stable homes for their children with help from professional case management, education and counseling.

LFCS recognizes the need to work with both the mother and the children, as maternal mental health does not only affect the mother. LFCS will insure that not only the mother is getting the help she needs but that the children's trauma response is also being addressed. A child receiving mental health counseling will have his or her own therapist to confide in versus having to see the therapist his or her mother/caregiver is seeing. Besides working with parent and child individually, LFCS will focus on the parent-child relationship in family therapy which is proven to expedite the healing process for both.

Encouraging mobility and flexibility among our staff to provide services in the client's home, in the office or a confidential community location, will decrease any delays to receiving help.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

LFCS follows a structured assessment design: recording intervention methodology, using measurement surveys/tools entering data electronically, and generating reports from that data in the Apricot client database, and assessing quality. Quality assessment is supervised by departmental teams and senior staff members. Outputs and outcomes are tracked and include the number and demographics of clients, types of services and time spent on service delivery, results or scores from measurement tools administered for clients, staff and collateral observations, and self-reports (including Client Satisfaction Surveys).

Decisions made about LFCS performance goals and client outcomes are based on best practice/policy standards issued by licensing or accreditation organizations or the expectations of funders. Information is gathered and analyzed for short-term impact as well as assessing trends in client outcomes and community-wide change. The Director of Child Welfare completes an annual operational plan outlining goals (which complement the agency's long-range strategic plan) and actions steps/targets to support those goals. The Director's year-end report describes resources, activities, results of activities, financial results, quality improvement actions and results of those actions. Both documents are used by senior staff for operational planning as well as strategic implementation for both programs and agency wide operations.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Satisfaction surveys are collected two times each year from parents and caregivers. Surveys measure counselor responsiveness, accessibility to services, staff empathy, perceived benefit, child improvement, and willingness to recommend services. Surveys are compiled by the quality assurance staff and results are distributed to regional and program managers. Results are analyzed by senior management who identifies training themes, service delivery and staff issues and policy implications and are utilized to guide policies and practices across programs. A comprehensive consumer feedback plan is reviewed and updated annually.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

LFCS collaborates with the Family Health Center to provide medication management and medications for our uninsured clients in need. Our clients are seen in a timely manner, and then we pay for the co-pay and prescription. Prescriptions are filled at either Kilgore's or Hy-Vee.

First Chance for Children provides our clients cribs and has trained our Social Workers to educate the recipient of the crib on safe sleep practices

LFCS works closely with Parents as Teachers in Columbia and Centralia, First Chance for Children, Hospitals, Schools, FACE, Boone County Health Department to share referrals in the areas of pregnancy counseling, child abuse and neglect prevention, and other family-strengthening services. Cross-referrals are made among agencies for specialized programming. Through our collaboration, we are able to offer clients multiple access points to services. Our collaboration also allows us to remain more agile and responsive to the needs of children and families allowing us the opportunity to make cross-referrals to complementary programming.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF

format (1):

/document/download/filename/1500312439_40691_SKMBT_C28017071711302.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1500312439_40764_SKMBT_C28017071711303.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Social Worker II/ Case Manager II	MQ1 Bachelor's degree in counseling, social work or a mental health related field; A Master's degree is preferred, with license or license eligibility	FTE1 6.00	SR1 FROM \$33,305.00	SR1 TO \$49,958.00
P2 Administrative Assistant	MQ2	FTE2 0.75	SR2 FROM \$29,245.00	SR2 TO \$40,000.00
P3 Director	MQ3 Licensed	FTE3 0.75	SR3 FROM \$59,002.00	SR3 TO \$88,504.00
P4	MQ4	FTE4 0.00	SR4 FROM \$0.00	SR4 TO \$0.00
P5	MQ5	FTE5 0.00	SR5 FROM \$0.00	SR5 TO \$0.00
P6	MQ6	FTE6 0.00	SR6 FROM \$0.00	SR6 TO \$0.00
P7	MQ7	FTE7 0.00	SR7 FROM \$0.00	SR7 TO \$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The Social Worker II or Case Manager II position will be providing the counseling, education and case management to the clients served in the Pregnancy and Parenting Services program.

The Administrative assistance position makes sure that the office never goes without what is needed for it to run efficiently. They anticipate staff needs and does things that makes their jobs easier.

The Director position clinically supervises all staff, manages the budget, maintains effective relations with community and church constituencies, directs outreach efforts with other organizations, hospitals and non-profits. As well as monitors funding source requirements.

Regarding salary range LFCS paid an outside consultant two years ago to review all positions and wages against the market for the entire agency. LFCS made changes based on this market study so that we can remain competitive.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
Resource Parent Program: Case Mgmt. \$51,489 + Group therapy \$4,471	\$55,960.00	9
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Fundraising to offset the deficit	\$32,451.00	5
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Funding to support counseling, case management and medication management services for parents/caregivers taking care of their children in Boone County.	\$427,908.24	67
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Anticipated funding in 2018 for the Resource Parents Program which provides case management services to pregnant clients who are 22 years of age or younger	\$36,000.00	6
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %

J. Federal (Medicaid, Title III, etc.) (300 character limit)

Insurance (Medicaid) will be billed when possible for children served

\$0.00 0

2J 2J %

\$10,000.00 2

K. State (Purchase of Service, Grants, etc.) (300 character limit)

State of Mo contract funding for Pregnancy Maintenance Network (PMN) program

2K 2K %

\$65,000.00 10

L. Other (Schools, Courts, etc.) (300 character limit)**2L 2L %**

\$0.00 0

3. Program Service Fees (300 character limit)**3. 3 %**

\$0.00 0

4. Investment Income (realized & unrealized) (300 character limit)**4. 4 %**

\$0.00 0

5. Other Revenue Items (300 character limit)

Children's Trust Fund

5. 5 %

\$9,000.00 1

TOTAL REVENUE

636319.24

TOTAL PROGRAM REVENUE**PROGRAM EXPENSES****1. Personnel****1. 1. %**

\$386,558.00 61

Personnel Narrative (300 character limit)

Salaries and insurance

2. Non-Personnel**2. 2. %**

\$249,761.24 39

Non-Personnel Narrative (300 character limit)

Occupancy, supplies, postage, equipment, insurance, staff travel, program administration, printing, advertising and communications

TOTAL EXPENSES

636319.24

TOTAL PROGRAM EXPENSES**Yearly Amount Request from Children's Services Fund****Year 1 Total Request**

\$427,908.24

Year 2 Total Request

\$427,908.24

Total Amount Request from CSF

855816.48

Program Budget Narrative**Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)**

LFCS revenues is a combination of grants, tax credit contributions, state contracts, United Way, general fundraising, and CSF support. Our diversification strategy begins with reviewing new local, state, & federal contract announcements & private foundation priorities. We submit bids & applications when funding priorities match our core competency goals & services. One example of our efforts to secure other funding sources is a recent bid on a state contract for home visiting services.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

1Poverty Rate Ages 0-5 (2015). Retrieved from: <http://BooneIndicators.org/IndicatorView.aspx?id=821>

2Child Welfare Information Gateway ((July 2013). Long-Term Consequences of Child Abuse and Neglect. Retrieved from: https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm

3Children's Defense Fund – Minnesota (April 2011). Zero to three research to policy project: Maternal Depression and Early Childhood Full Report. Retrieved from www.cdf-mn.org

4 Family Households with Children in Poverty (2015). Retrieved from: <http://BooneIndicators.org/IndicatorView.aspx?id=805>

5Missouri Department of Social Services (2016). Children's Division Annual Report -Fiscal Year 2016. Retrieved from: <http://dss.mo.gov/re/pdf/cs/2016-missouri-childrens-division-annual-report.pdf>

6 Perry, B. D. (2000a). The neuroarcheology of childhood maltreatment: The neurodevelopmental costs of adverse childhood events. Child Trauma Academy.

7 Center on the Developing Child at Harvard University (2009). Maternal Depression Can Undermine the Development of Young Children: Working Paper No.8. Retrieved from <http://developingchild.harvard.edu>

8Warman, Ph. D., D., & Beck, MD, A. (June 2003) National Alliance on Mental Illness, Cognitive Behavioral Therapy Fact Sheet

9Substance Abuse and Mental Health Services Administration. National Registry of Evidence-based Programs and Practices. Retrieved from <http://www.nrepp.samhsa.gov/index.asp>.

MEMORANDUM OF UNDERSTANDING

between

Lutheran Family and Children's Services of Missouri (LFCS)

and

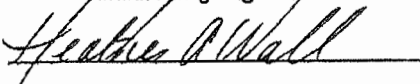
Family Health Center of Boone County (FHC)

Roles and Responsibilities of Lutheran Family & Children's Services:

- Provide counseling and intervention services to women and children who are referred from other community agencies
- Identify clients who have not established primary medical care with a community provider
- Refer potential primary care patients to FHC using a referral form developed for this purpose.
- Clients may be low-income, uninsured and/or covered under MO HealthNet or other commercial insurance
- Provide the uninsured patient with a "voucher" for payment of services which the patient will present to FHC
- Pay invoices for primary care services within 30 days of receipt
- Obtain an information release form signed by the patient prior to any request for protected health information from FHC
- Execute a HIPAA Business Associates Agreement
- Identify a contact person at LFCS for communication from FHC
- Ensure ongoing communication with Family Health Center

Roles and Responsibilities of the Family Health Center:

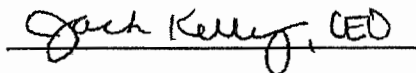
- Create a patient referral form for LFCS
- Collect LFCS voucher from uninsured LFCS client
- Obtain required income documentation
- Schedule patient appointment with a primary care provider
- Create an invoice to LFCS for service fees on uninsured patient referrals on at least a monthly basis
- Provide protected health information to LFCS upon receipt of an information release form signed by the patient
- Execute a HIPAA Business Associates Agreement
- Identify a contact person for LFCS referrals
- Ensure ongoing communication with Lutheran Family & Children's Services



Heather Wall, MS, LPC
Director, Lutheran Family & Children's Services

7/7/17

Date



Jack Kelly, LNHA, MBA, CHCEF
CEO, Family Health Center of Boone County

7/7/17

Date



PO Box 1101
Columbia, MO 65205
(573) 777-1815
www.firstchanceforchildren.org

Dear Boone County Children's Services Board,

I am writing today to express my support in a collaborative relationship between First Chance for Children and Lutheran Family Children's Services. We have had a strong partnership for several years that goes beyond referring families to one another and I wanted to highlight a few of the ways in which we plan to continue supporting one another.

Lutheran has historically delivered cribs and baby bags full of material supports and resources provided by First Chance to families with children ages birth to 12 months who are exhibiting significant risk factors. They follow up on these deliveries for several months providing relevant resources and age appropriate child development information while monitoring the family's stability and trouble shooting concerns.

We are proud to continue supporting this work by providing cribs and baby bags for Lutheran Family Children's Services as well as periodic training on best practice on our CRIBS program model as we are able.

By delivering these supports to families in mid-Missouri, LFCS is working with us to help reduce instances of child abuse and neglect and improve resiliency in families. Because of the relationship with LFCS, these families have access to our crisis closet, family events, and our Lend & Learn Library. Reversely, we work to refer families into LFCS programs as is appropriate, strive to participate in training opportunities they provide, and we actively participate in conversations with them on how to improve services for families in this community.

We anticipate this growing partnership to support the needs of children in mid-MO and look forward to putting a formal MOU in place should funding be awarded.

Thank you for your time in learning about this collaboration, please don't hesitate to call with any questions!

Sincerely,

Christina Gilbert
Executive Director
First Chance for Children

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Lutheran Family and Children's Services of Missouri
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Pregnancy and Parenting Services
Amount of Request	\$427,908.24
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Individual therapy - Adult

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for an adult in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Our staff use a culturally-competent, multi-faceted treatment approach. The therapies used emphasize trauma-focused care and are evidence based.

Childhood mental health therapies to be used include, but are not limited to, Child Parent Psychotherapy (CPP) and Play therapy. For older children and adults, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Therapy (CBT)

For parents/caregivers the innovative Nurturing Skills for Families model of the Nurturing Programs will be utilized to provide flexibility. Lessons are designed to help parents/caregivers acquire specific knowledge and skills that will improve their overall parenting. It will enhance their protective factors that will reduce the likelihood of abuse and neglect.

Therapy will be held face to face in the office, client's home or in a confidential community space. The location will be decided by the client based on their preference. By encouraging mobility and flexibility among our counselors to provide services in the client's home, in the office or a confidential community location, LFCS believes this will decrease any delays to receiving help.

The children who are old enough to participate in individual therapy will have their own therapist, different from the therapist working with their caregiver.

Depression and anxiety do not discriminate based on one's age, race, income, marital status or area of residence. It does have a higher prevalence in those dealing with financial hardship or social isolation for various traumatic exposures such as sexual abuse but even with the various characteristics it again does not differentiate one over the other. Anyone can experience depression/anxiety or strained parent-child relationships.

While there are home visiting and case management resources for the targeted population, therapy services are very scarce, particularly for the uninsured and/or underinsured. In addition, in-home or community therapy services are virtually nonexistent.

LFCS will work with Kiessling & Associates Psychological Group for parents/caregivers who need more specific work on their attachment security. Kiessling & Associates provides services focused on deficits in parenting connected to insecure attachment classification of the parent(s).

LFCS has cooperative agreements and referral relationships with community agencies including Columbia Public Schools, Boone County Health Department, Parents as Teachers, University of Missouri School of Social Work and Health Sciences, Office of Service Learning, True North, Voluntary Action Center, Women and Children's Health, Boone Hospital, Family Health Center, Central Missouri Community Action (CMCA) and First Chance for Children. For example, we receive referrals from Parents as Teachers routinely—parents who have mental health or parenting needs greater than PAT addresses.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

Per hour but can be broken down into 15 minute increments.

b. Unit Rate (#1)

\$127.64

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

This rate is the same rate utilized by the St. Louis County Children's Services Fund.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

d. Total Number of Units of Service to be Provided (#1)

2530

e. Total Number of Unduplicated Individuals (#1)

115

f. Average Number of Units of Service per Unduplicated Individual (#1)

22

g. Average Cost of Service per Individual (#1)

2808.08

Service #1 - Service Fee**a. Will the proposed service (#1) consumers be charged a fee?**

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)**If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.****If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)**

The majority of our clients are either uninsured or under insured which keeps them from accessing the services they need. Under insured clients often do not have the resources to pay their co-pays or full payment of the service until their deductible is met for insurance to cover any cost of the service. If they do have resources we will bill them first however this will only be 10% of our clients and typically it is only on a temporary basis and does not cover mental health services. Medicaid is discontinued for pregnant women at 6 weeks post-partum.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)**If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)****If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)**

Medicaid is discontinued for pregnant women at 6 weeks post-partum, and this type of insurance does not cover mental health counseling/services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

No fee payment option will be required. Boone County Children Service's Fund will ensure that LFCS and the community are able to provide these needed mental health services at a reduced or free rate.

Service #1 - Amount Received From Other Funders**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)**

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$127.64	1a2. 2578	1a3. \$329,055.92
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$322,929.20

b. Proposed Number of Units of Service (#1)

2530

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

There are not enough home visiting, case management and therapy services for the targeted population. Services provided in the home or community are scarce. By supporting this program, Boone County CSF is filling the gaps for the most vulnerable Boone County residents.

We based our requested level of funding on the demand for services that we experienced in the previous contract period; in fact, we had to request supplemental funding to meet the demand. The demand has presented itself in the increased number of referrals of new clients and increased number of sessions to existing clients.

Service #1- Performance Measures

Outcome (1-1)

Clients (mothers, fathers & caregivers) will demonstrate coping skills to manage mental health symptoms and stressors

Indicator (1-1)

80% of mothers, fathers & caregivers will have a reduction in depressive/anxiety symptoms

Method of Measurement (1-1)

Burns Depression checklist (Revised) -Pre/Post tests

Burns Anxiety Inventory (Revised) -Pre/Post tests

Additional Outcome (1-2)

Clients (mothers, fathers & caregivers) will increase their parenting knowledge.

Additional Indicator (1-2)

After participating in at least two hours of Nurturing Skills module(s), 90% of clients will demonstrate an increase in their parenting knowledge.

Additional Method (1-2)

Nurturing Skills Competency Scale (NSCS) – administered at regular intervals

Additional Outcome (1-3)

Additional Indicator (1-3)

Additional Method (1-3)

Additional Outcome (1-4)

Additional Indicator (1-4)

Additional Method (1-4)

Additional Outcome (1-5)

Additional Indicator (1-5)

Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Through mental health intervention and counseling, LFCS clients will experience a reduction of symptoms that impede them from functioning at their capacity. Clients will improve their quality of life, demonstrate reduced trauma symptoms and improved coping skills. Addressing depression with mothers helps restore parent-child caring relationships and helps children learn wellness-promoting skills needed for proper emotional development and educational success. This increases the likelihood that children of depressed mothers will grow into healthy, capable members of society.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Families consistently experience social and logistical barriers to accessing care and to receiving care in a timely manner. A delay in receiving help lowers the likelihood that services will be accessed. By encouraging mobility and flexibility among our counselors to provide services in the client's home or in the office LFCS believes this will decrease any delays to receiving help. Often families are uninsured or under insured. Boone County Children Service's Fund is will ensure that LFCS and the community are able to provide these needed mental health services at a reduced or free rate.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

An 80% of clients will demonstrate that the methods utilized are making an impact on their depression and on their children's well-being. A goal of 80% allows for adjustments to be made as needed so caregiver's depression/anxiety and the affects it has on their children can continue showing a reduction.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Burns Depression checklist (Revised) is a widely used and well researched self-report scale for measuring depression. It is easy to administer and is an effective screening tool with established reliability & validity.

Burns Anxiety Inventory (Revised) is a widely used and well researched self-report scale for measuring anxiety. It is easy to administer and is an effective screening tool with good reliability & validity.

The Nurturing Skills Competency Scale (NSCS) is designed to gather demographic data of the family and measure knowledge & utilization of Nurturing Parenting practices.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Individual therapy - Child

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Our staff use a culturally-competent, multi-faceted treatment approach. The therapies used emphasize trauma-focused care and are evidence based.

Childhood mental health therapies to be used include, but are not limited to, Child Parent Psychotherapy (CPP) and Play therapy. For older children and adults, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Therapy (CBT)

For parents/caregivers the innovative Nurturing Skills for Families model of the Nurturing Programs will be utilized to provide flexibility. Lessons are designed to help parents/caregivers acquire specific knowledge and skills that will improve their overall parenting. It will enhance their protective factors that will reduce the likelihood of abuse and neglect.

Therapy will be held face to face in the office, client's home or in a confidential community space. The location will be decided by the client based on their preference. By encouraging mobility and flexibility among our counselors to provide services in the client's home, in the office or a confidential community location, LFCS believes this will decrease any delays to receiving help.

The children who are old enough to participate in individual therapy will have their own therapist, different from the therapist working with their caregiver.

Depression and anxiety do not discriminate based on one's age, race, income, marital status or area of residence. It does have a higher prevalence in those dealing with financial hardship or social isolation for various traumatic exposures such as sexual abuse but even with the various characteristics it again does not differentiate one over the other. Anyone can experience depression/anxiety or strained parent-child relationships.

While there are home visiting and case management resources for the targeted population, therapy services are very scarce, particularly for the uninsured and/or underinsured. In addition, in-home or community therapy services are virtually nonexistent.

LFCS will work with Kiessling & Associates Psychological Group for parents/caregivers who need more specific work on their attachment security. Kiessling & Associates provides services focused on deficits in parenting connected to insecure attachment classification of the parent(s).

LFCS has cooperative agreements and referral relationships with community agencies including Columbia Public Schools, Boone County Health Department, Parents as Teachers, University of Missouri School of Social Work and Health Sciences, Office of Service Learning, True North, Voluntary Action Center, Women and Children's Health, Boone Hospital, Family Health Center, Central Missouri Community Action (CMCA) and First Chance for Children. For example, we receive referrals from Parents as Teachers routinely—parents who have mental health or parenting needs greater than PAT addresses.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

Per hour but can be broken down into 15 minute increments.

b. Unit Rate (#2)

\$127.64

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

This rate is the same rate utilized by the St. Louis County Children's Services Fund.

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

200

e. Total Number of Unduplicated Individuals (#2)

10

f. Average Number of Units of Service per Unduplicated Individual (#2)

20

g. Average Cost of Service per Individual (#2)

2552.8

Service #2 - Service Fee**a. Will the proposed service (#2) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)**If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.****If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)**

The majority of our clients are either uninsured or under insured which keeps them from accessing the services they need. Under insured clients often do not have the resources to pay their co-pays or full payment of the service until their deductible is met for insurance to cover any cost of the service. If they do have resources we will bill them first however this will only be 10% of our clients and typically it is only on a temporary basis and does not cover mental health services. Medicaid is discontinued for pregnant women at 6 weeks post-partum.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

Yes

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

The majority of the children seen in this program qualify for Medicaid or Managed Care (Medicaid) which covers mental health services. Medicaid will be billed first in these cases. Once LFCS completes staff paneling with Managed Care, they then will be billed.

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

No fee payment option will be required. Boone County Children Service's Fund will ensure that LFCS and the community are able to provide these needed mental health services at a reduced or free rate.

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)**c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)****Service #2 - Amount Received From Other Funders****Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)**

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$127.64	2578	\$329,055.92
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$25,528.00

b. Proposed Number of Units of Service (#2)

200

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

There are not enough home visiting, case management and therapy services for the targeted population. Services provided in the home or community are scarce. By supporting this program, Boone County CSF is filling the gaps for the most vulnerable Boone County residents.

We based our requested level of funding on the demand for services that we experienced in the previous contract period; in fact, we had to request supplemental funding to meet the demand. The demand has presented itself in the increased number of referrals of new clients and increased number of sessions to existing clients.

Service #2 - Performance Measures

Outcome (2-1)

Clients (children) will demonstrate coping skills to manage mental health symptoms and stressors

Indicator (2-1)

80% of children will have reduced trauma symptoms

Method of Measurement (2-1)

Pediatric Symptom Checklist (PSC) self-report and parent-report - Pre/Post tests

Trauma Symptom Checklist for Children (TSCC; ages 8-16) – Pre/Post tests

Trauma Symptom Checklist for Young Children (TSCYS; ages 3-12) – Pre/Post tests

Additional Outcome (2-2)

Additional Indicator (2-2)

Additional Method (2-2)

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

Through mental health intervention and counseling, LFCS clients will experience a reduction of symptoms that impede them from functioning at their capacity. Clients will improve their quality of life, demonstrate reduced trauma symptoms and improved coping skills. Addressing depression with mothers helps restore parent-child caring relationships and helps children learn wellness-promoting skills needed for proper emotional development and educational success. This increases the likelihood that children of depressed mothers will grow into healthy, capable members of society.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Families consistently experience social and logistical barriers to accessing care and to receiving care in a timely manner. A delay in receiving help lowers the likelihood that services will be accessed. By encouraging mobility and flexibility among our counselors to provide services in the client's home or in the office LFCS believes this will decrease any delays to receiving help.

Often families are uninsured or under insured. Boone County Children Service's Fund is will ensure that LFCS and the community are able to provide these needed mental health services at a reduced or free rate.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

An 80% of clients will demonstrate that the methods utilized are making an impact on their depression and on their children's well-being. A goal of 80% allows for adjustments to be made as needed so caregiver's depression/anxiety and the affects it has on their children can continue showing a reduction.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Pediatric Symptom Checklist (PSC) is a brief screening questionnaire that is used to improve the recognition and treatment of psychosocial problems in children. There are two versions, the parent-completed version (PSC) and the youth self-report(Y-PSC). The Y-PSC can be administered to adolescents ages 11 and up.

The TSCC measures posttraumatic stress and related psychological symptomatology in children ages 8-16 who have experienced traumatic events. The TSCYC evaluates acute and chronic posttraumatic symptomatology and other psychological sequelae of traumatic events in children ages 3-12.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Family therapy

Service #3 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Our staff use a culturally-competent, multi-faceted treatment approach. The therapies used emphasize trauma-focused care and are evidence based.

Childhood mental health therapies to be used include, but are not limited to, Child Parent Psychotherapy (CPP) and Play therapy. For older children and adults, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Therapy (CBT)

For parents/caregivers the innovative Nurturing Skills for Families model of the Nurturing Programs will be utilized to provide flexibility. Lessons are designed to help parents/caregivers acquire specific knowledge and skills that will improve their overall parenting. It will enhance their protective factors that will reduce the likelihood of abuse and neglect.

Therapy will be held face to face in the office, client's home or in a confidential community space. The location will be decided by the client based on their preference. By encouraging mobility and flexibility among our counselors to provide services in the client's home, in the office or a confidential community location, LFCS believes this will decrease any delays to receiving help.

The children who are old enough to participate in individual therapy will have their own therapist, different from the therapist working with their caregiver.

Depression and anxiety do not discriminate based on one's age, race, income, marital status or area of residence. It does have a higher prevalence in those dealing with financial hardship or social isolation for various traumatic exposures such as sexual abuse but even with the various characteristics it again does not differentiate one over the other. Anyone can experience depression/anxiety or strained parent-child relationships.

While there are home visiting and case management resources for the targeted population, therapy services are very scarce, particularly for the uninsured and/or underinsured. In addition, in-home or community therapy services are virtually nonexistent.

LFCS will work with Kiessling & Associates Psychological Group for parents/caregivers who need more specific work on their attachment security. Kiessling & Associates provides services focused on deficits in parenting connected to insecure attachment classification of the parent(s).

LFCS has cooperative agreements and referral relationships with community agencies including Columbia Public Schools, Boone County Health Department, Parents as Teachers, University of Missouri School of Social Work and Health Sciences, Office of Service Learning, True North, Voluntary Action Center, Women and Children's Health, Boone Hospital, Family Health Center, Central Missouri Community Action (CMCA) and First Chance for Children. For example, we receive referrals from Parents as Teachers routinely—parents who have mental health or parenting needs greater than PAT addresses.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

Per hour but can be broken down into 15 minute increments.

b. Unit Rate (#3)

\$127.64

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

This rate is the same rate utilized by the St. Louis County Children's Services Fund.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

120

e. Total Number of Unduplicated Individuals (#3)

40

f. Average Number of Units of Service per Unduplicated Individual (#3)

3

g. Average Cost of Service per Individual (#3)

382.92

Service #3 - Service Fee**a. Will the proposed service (#3) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)**If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.****If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)**

The majority of our clients are either uninsured or under insured which keeps them from accessing the services they need. Under insured clients often do not have the resources to pay their co-pays or full payment of the service until their deductible is met for insurance to cover any cost of the service. If they do have resources we will bill them first however this will only be 10% of our clients and typically it is only on a temporary basis and does not cover mental health services. Medicaid is discontinued for pregnant women at 6 weeks post-partum.

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)**If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)**

Medicaid is discontinued for pregnant women at 6 weeks post-partum, and this type of insurance does not cover mental health counseling/services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

No fee payment option will be required. Boone County Children Service's Fund will ensure that LFCS and the community are able to provide these needed mental health services at a reduced or free rate.

Service #3 - Amount Received From Other Funders**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)**

Yes (complete the Other Funder's Chart below)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$127.64	2578	\$329,055.92
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$15,316.80

b. Proposed Number of Units of Service (#3)

120

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

There are not enough home visiting, case management and therapy services for the targeted population. Services provided in the home or community are scarce. By supporting this program, Boone County CSF is filling the gaps for the most vulnerable Boone County residents.

We based our requested level of funding on the demand for services that we experienced in the previous contract period; in fact, we had to request supplemental funding to meet the demand. The demand has presented itself in the increased number of referrals of new clients and increased number of sessions to existing clients.

Service #3 - Performance Measures

Outcome (3-1)

Clients (mothers, fathers, caregivers and children) will demonstrate parenting & life skills to promote self-sufficiency.

Indicator (3-1)

80% of families will demonstrate an increased parent-child relationship (attachment/bonding)

Method of Measurement (3-1)

Self-report

Therapist observation

Crowell Assessment (with children ages 5 and younger)
-Pre/Post tests

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

Through mental health intervention and counseling, LFCS clients will experience a reduction of symptoms that impede them from functioning at their capacity. Clients will improve their quality of life, demonstrate reduced trauma symptoms and improved coping skills. Addressing depression with mothers helps restore parent-child caring relationships and helps children learn wellness-promoting skills needed for proper emotional development and educational success. This increases the likelihood that children of depressed mothers will grow into healthy, capable members of society.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Families consistently experience social and logistical barriers to accessing care and to receiving care in a timely manner. A delay in receiving help lowers the likelihood that services will be accessed. By encouraging mobility and flexibility among our counselors to provide services in the client's home or in the office LFCS believes this will decrease any delays to receiving help.

Often families are uninsured or under insured. Boone County Children Service's Fund is will ensure that LFCS and the community are able to provide these needed mental health services at a reduced or free rate.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

An 80% of clients will demonstrate that the methods utilized are making an impact on their depression and on their children's well-being. A goal of 80% allows for adjustments to be made as needed so caregiver's depression/anxiety and the affects it has on their children can continue showing a reduction.

d. Provide a rationale for each method of measurement (#3). (600 character limit)

The therapist will assess and document observations and client self-report during each individual session.

A Crowell assessment is completed to structurally capture the interaction between child and caregiver (with children ages 5 and younger)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

Case Management

b. Service #4 - Taxonomy Definition of Service (300 character limit)

A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective int

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Comprehensive, individual case management includes direct and indirect services such as parenting education (informed by Nurturing Parent Programs), support with emotional difficulties, and education about ways to cope with stress and to mitigate distress, financial assistance and making referrals to community resources. Referrals to specialized programs may be necessary so that clients and their children get all the services they need. Though the use of case management, workers are able to connect caregivers with health providers and address issues that may be barriers to the health and well-being of parent and child. Clients will recognize risks associated with the increased likelihood of abuse and neglect and will build protective factors toward prevention.

Services take place in community-based settings, and/or in the homes of the caregiver, based on the needs of the client.

The specific target population for the proposed case management services include parents/caregivers (including parenting teens) who are pregnant or actively parenting their children that are at risk of child abuse and neglect and who are residents of Boone County. We anticipate they will have at least one child under the age of five, can be single parents, be experiencing broken family relationships, health and mental health complications and other risk factors such as being uninsured or under insured and unstable housing.

Intake and Assessment

Clients will speak with a worker who provides information regarding our services and collects the initial data for eligibility. The worker sets up a time to meet with them. One of the first activities is to get to know the caregiver and to begin assessing what strengths and needs are present in their life.

Service Plan and Continued Intervention

Caregivers and LFCS workers work together to devise a service plan that accounts for the immediate safety of the children and the needs and strengths of the family. The service planning process is one of client-centered decision-making. The plan specifies available services and support systems that will allow for the maintenance of stable parenting. The service plan is reviewed regularly and updated until the objectives have been achieved.

Curriculum

Workers use the Nurturing Parenting Program which provides an evidence-based, family-centered, prevention curriculum that helps parents/caregivers build protective factors that will lead to safe and healthy parenting and child rearing practices.

Collaboration

First Chance for Children provides our client's cribs and has trained our social workers to educate the recipient of the crib on safe sleep practices.

LFCS has cooperative referral agreements with many community agencies including Columbia Public Schools, Parents as Teachers, True North, Voluntary Action Center, Women & Children's Health, Boone Hospital, Family Health Center, Boone County Health Department and First Chance for Children which helps clients receive needed services

Service #4 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)**

Per hour but can be broken down into 15 minute increments.

b. Unit Rate (#4)

\$76.28

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

This rate is the same rate utilized by the St. Louis County Children's Services Fund.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

808

e. Total Number of Unduplicated Individuals (#4)

125

f. Average Number of Units of Service per Unduplicated Individual (#4)

6.46

g. Average Cost of Service per Individual (#4)

493.07

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

Case Management is not a service funded by insurance companies and the clients needing this service most do not have resources to pay for such a needed service. Having a fee for this service would greatly impact their ability to access services.

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

Insurance companies do not recognize comprehensive case management as a reimbursable service.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

No fee payment option will be required. Boone County Children Service's Fund will ensure that LFCS and the community are able to provide these needed case management services at a reduced or free rate.

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Yes (complete the Other Funder's Chart below)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
	4a1.	4a2.	4a3.
a. Boone County - Children's Services Funding (#4)	\$76.28	583	\$44,471.24
	4b1.	4b2.	4b3.
b. Boone County - Community Health Funding (#4)	\$0.00	0	\$0.00
	4c1.	4c2.	4c3.
c. City of Columbia - Social Services Funding (#4)	\$60.00	800	\$48,000.00
	4d1.	4d2.	4d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	\$0.00	0	\$0.00
	4e1.	4e2.	4d4.
e. Heart of Missouri United Way Funding (#4)	\$76.28	675	\$51,489.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$61,634.24

b. Proposed Number of Units of Service (#4)

808

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

This funding will fill the gaps of what our other funding sources do not cover. We estimate that gap to be 808 units of service. We are basing our projection on our long track record of providing these services.

Services #4 - Performance Measures

Outcome (4-1)

Caregivers of young children (including teen parents) will demonstrate progress toward the reduction or elimination of key risk factors that lead to child abuse and neglect

Indicator (4-1)

After a minimum of three case management meetings with a case manager, 80% of clients will have documented progress toward addressing risk factors that lead to Child Abuse/Neglect

Method of Measurement (4-1)

Protective Risk Factors Survey which will be administered at regular intervals.

Additional Outcome (4-2)

Increase care management on behalf of the client's needs (treatment/service plan).

Additional Indicator (4-2)

80% of mothers, fathers & caregivers will have a reduction in depressive/anxiety symptoms

Additional Method (4-2)

Burns Depression checklist (Revised) - Pre/Post tests

Burns Anxiety Inventory (Revised) -Pre/Post tests

Additional Outcome (4-3)

Additional Indicator (4-3)

Additional Method (4-3)

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Additional Outcome (4-5)

Additional Indicator (4-5)

Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

Comprehensive case management can build protective factors—parenting skills and attitudes—and reduce risk factors such as parent depression/anxiety, caregiver drug use, caregiver stress, maladaptive behavior, and children's behavioral problems.

LFCS case management is an individualized family intervention and aims to increase protective factors, correct maladaptive patterns of behavior, decrease risk factors, and target child safety and well-being outcomes

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Families consistently experience social and logistical barriers to accessing care and to receiving care in a timely manner. A delay in receiving help lowers the likelihood that services will be accessed. By encouraging mobility and flexibility among our counselors to provide services in the client's home or in the office LFCS believes this will decrease any delays to receiving help.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

80% of clients will demonstrate that the methods utilized are making an improvement on their depression/anxiety and on their children's well-being. They will be addressing and improving the risk factors that can lead to CAN. A goal of 80% allows for adjustments to be made as needed to continue to improve family functioning, relationship and stability.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Protective Factors Survey is used with caregivers receiving child abuse prevention services. It measures protective factors in 5 areas: family functioning/resiliency, social emotional support, concrete support, nurturing and attachment, & knowledge of parenting/child development. Burns Depression checklist (Revised) is a widely used, well researched self-report scale for measuring depression. We have found it to be effective and reliable. Burns Anxiety Inventory (Revised) is a widely used, well researched self-report scale for measuring anxiety. We have found it to be effective and reliable.

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

Medication Management

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Monitors therapeutic levels of a prescribed medication.

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Medication management can be useful and support the psychotherapy process in some cases. When traditional talk therapy is not demonstrating a reduction in depression, anxiety, or other mental health conditions, then mothers may need to consider medication management to help stabilize their

symptomology.

If client expresses an interest in trying medication, LFCS will assist them with the paperwork to be seen at the Family Health Center (FHC). LFCS will also write up information for the physician to review prior to their scheduled appointment. The FHC has agreed to prioritize LFCS referrals, getting mothers seen as soon as possible. LFCS will pay the co-pay and for their medication if they are prescribed medication. LFCS has billing arrangements with Kilgore's and HyVee's Pharmacies to cover the cost of the medication prescribed.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

Per clinic visit or filled prescription

b. Unit Rate (#5)

\$50.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

After searching to find a parallel public reimbursement rate we were unable to find one. LFCS will collaborate with Family Health Clinic to provide medication management and medications for our uninsured clients in need. The unit rate reflects an average cost for the client's co-pay and prescription.

d. Total Number of Units of Service to be Provided (#5)

50

e. Total Number of Unduplicated Individuals (#5)

10

f. Average Number of Units of Service per Unduplicated Individual (#5)

5

g. Average Cost of Service per Individual (#5)

250

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

The majority of our clients are either uninsured or under insured which keeps them from accessing the services they need. Under insured clients often do not have the resources to pay their co-pays or full payment of the service until their deductible is met for insurance to cover any cost of the service. If they do have resources we will bill them first however this may only be 10% of our clients and typically it is only on a temporary basis and does not cover mental health services.

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

Clients without insurance or the ability to pay for their co-pay will be sent to Family Health Center (FHC) to receive medication management. The cost of their co-pay at FHC and the cost of their prescription will be paid for by LFCS and acquired funding for this service.

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

No fee payment option will be required. Boone County Children Service's Fund will ensure that LFCS and the community are able to provide these needed mental health services at a reduced or free rate.

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Yes (complete the Other Funder's Chart below)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$50.00	5a2. 120	5a3. \$6,000.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$2,500.00

b. Proposed Number of Units of Service (#5)

50

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

While there are home visiting and case management resources for the targeted population, medication management services are very scarce, particularly for uninsured and/or under-insured parent/caregivers. In addition, quick access to this type of service is quite difficult.

Service #5 - Performance Measures

Outcome (5-1)

Increase clients access to medication management and medication if traditional mental health interventions are not helping decrease symptoms of depression

Indicator (5-1)

80% of mothers/caregivers will have a reduction in depressive symptoms

Method of Measurement (5-1)

Bums Depression checklist (Revised) -Pre/Post tests

Bums Anxiety Inventory (Revised) -Pre/Post tests

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Additional Outcome (5-3)

Additional Indicator (5-3)

Additional Method (5-3)

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Additional Outcome (5-5)

Additional Indicator (5-5)

Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

Clients not experiencing a reduction in symptoms of depression/anxiety with the use of traditional therapy may need an additional intervention such as medication management. By referring to the Family Health Clinic, their assessment and possible prescription of medication may assist in the reduction of depressive and anxiety symptoms so caregivers are able to function at their capacity which will positively affect the well-being of their children.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

Families consistently experience social and logistical barriers to accessing care and to receiving care in a timely manner. By encouraging mobility and flexibility among our counselors to provide services in the client's home or in the office LFCS believes this will decrease any delays to receiving help.

Often families are uninsured or under insured. Boone County Children Service's Fund is will ensure that LFCS and the community are able to provide these needed mental health services at a reduced or free rate.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

80% of clients will demonstrate that the methods utilized are making an improvement on their depression/anxiety and on their children's well-being. They will be addressing and improving the risk factors that can lead to CAN. A goal of 80% allows for adjustments to be made as needed to continue to improve family functioning, relationship and stability.

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Burns Depression checklist (Revised) is a widely used and well researched self-report scale for measuring depression. It is easy to administer and is an effective screening tool with established reliability & validity.

Burns Anxiety Inventory (Revised) is a widely used and well researched self-report scale for measuring anxiety. It is easy to administer and is an effective screening tool with good reliability & validity.

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

427908.24



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing/Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

3.8.1. Boone County Insurance Requirements: The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.
- 4.3. Competitive Negotiation of Proposals:**
- The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:
- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

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LUTHFAM-01

JWADDOCK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/15/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lutheran Trust, Inc. 1500 Wall St. Saint Charles, MO 63303		CONTACT NAME: PHONE (A/C, No, Ext): (800) 200-7257 FAX (A/C, No): (866) 608-0600 E-MAIL ADDRESS:		
INSURED Lutheran Family & Childrens Services of MO 9666 Olive Saint Louis, MO 63132		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : GuideOne Mutual Insurance Company		15032
		INSURER B : Evanston Insurance Company		35378
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			1260-502	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			3873-690	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 2,500			9619-951	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ Aggregate \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	00-1281-787	08/01/2017	08/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property			1260-502	01/01/2017	01/01/2018	Blanket Limit 7,826,900
B	Professional Liabili			SM9146630	07/01/2017	07/01/2018	\$1M/\$3M LMT 2.5K Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: The General Liability provides liability for all employed social workers & counselors employed by the insured for \$1,000,000 per occ./ \$3,000,000 aggregate limit.(Form PCG7550-04/09)

Wrongful acts, errors or omissions resulting from counseling services that are performed by a psychologist, counselor or social worker, but only while providing counseling services at your direction, and within the scope of his or her duties for you. (Form PCG5510-04/09)

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Service Contract
Healthy Habits

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Mary Lee Johnston Community Learning Center** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **MLJCLC**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, MLJCLC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

WHEREAS, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY MLJCLC

MLJCLC is expected to the greatest extent possible to maximize funding from all other sources. MLJCLC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. MLJCLC shall only request reimbursement for services not reimbursable by any other source. MLJCLC shall not invoice the Children's Services Fund for units of service invoiced to another funding source. MLJCLC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** MLJCLC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and MLJCLC's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over MLJCLC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from MLJCLC and MLJCLC agrees to furnish the **Healthy Habits** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in MLJCLC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$73,487.50** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. MLJCLC agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB. This contract may at the sole discretion of the BCCSB and with the agreement of MLJCLC be renewed for **an additional one (1), one-year period**. MLJCLC agrees and understands that the BCCSB may require supplemental information to be submitted by MLJCLC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Health Education	One hour	\$32.20	1,040	\$33,488.00
Case Management	15 minutes	\$12.50	2,560	\$32,000.00
Public Awareness/Education	One individual	\$53.33	150	\$7,999.50

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of MLJCLC, the BCCSB agrees to pay interest at a

rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by MLJCLC to monitor service delivery and program expenditures. MLJCLC agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by MLJCLC and, if so stipulated, are noted on this contract document. Payments may be withheld from MLJCLC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. MLJCLC agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** MLJCLC also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of MLJCLC's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from MLJCLC, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** MLJCLC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect MLJCLC's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, MLJCLC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event MLJCLC requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from MLJCLC may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with MLJCLC's policies and procedures and in accordance with any local/state/federal regulations. MLJCLC agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. MLJCLC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** MLJCLC will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** MLJCLC agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to MLJCLC's provision of such services.

14. **Accreditation/Licensure/Certifications.** MLJCLC must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** MLJCLC agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and MLJCLC, and this shall include any transaction in which MLJCLC is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** MLJCLC may enter into subcontracts for components of the contracted service as MLJCLC deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, MLJCLC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring

requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** MLJCLC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. MLJCLC shall require each subcontractor to affirmatively state in its Agreement with the MLJCLC that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide MLJCLC a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** MLJCLC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against MLJCLC or any individual acting on the MLJCLC's behalf, including subcontractors, which seek to enjoin or prohibit MLJCLC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If MLJCLC ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if MLJCLC no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, MLJCLC will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event MLJCLC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to MLJCLC as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should MLJCLC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, MLJCLC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the MLJCLC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, MLJCLC agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Mary Lee Johnston Community Learning Center** (meaning anyone, including but not limited to consultants having a contract with MLJCLC or subcontractor for part of the services), or anyone directly or indirectly employed by MLJCLC, or of anyone for whose acts MLJCLC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Organization.** MLJCLC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. MLJCLC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. MLJCLC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. MLJCLC agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and MLJCLC. The BCCSB does not recognize any of the MLJCLC's employees, agents, or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** MLJCLC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of

this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:


Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to MLJCLC shall be mailed or delivered to:

Mary Lee Johnston Community Learning Center
Gay Litteken, Executive Director
1509 Hinkson Avenue
Columbia, MO 65201

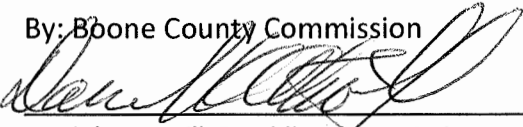
IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

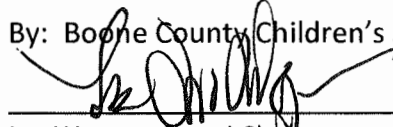
Mary Lee Johnston Community Learning Center

By: 
Signature

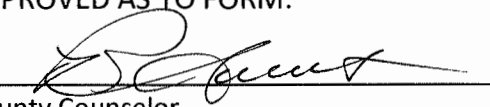
By: Ilona Gay Litteken, Executive Dir
Printed Name/ Title

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

Les Wagner, Board Chair

APPROVED AS TO FORM:


County Counselor

ATTEST:


Taylor W. Burks, County Clerk DKB

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Gunn Ritchford by jz 12/20/17 (2161/71106/\$73,487.50)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



110

613 E. Ash Street, Room

Columbia, MO 65201

Phone: (573) 886-4391

Fax: (573) 886-4390

E-mail: mbobbitt@boonecountymo.org

Melinda Bobbitt, CPPO, CPPB**Director of Purchasing**

11/9/2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 - Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name:

Mary Lee Johnston Community Learning Center

Address:

1509 Hinkson Ave Columbia, MO 65201

Telephone: (573) 449-5600

Fax: (573) 815-1535

Federal Tax ID (or Social Security #):

43-0662462

Print Name:

Gay Littleken

Title:

Executive Director

Signature:

Gay Littleken

Date:

11/9/17

E-mail:

Gay@mljc.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Mary Lee Johnston Community Learning Center
Name of Program	Healthy Habits

Organization Profile	
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1. Mary Ellen Muller and Laura Peiter are listed as Board Members on the Organizational Chart but are not listed on the Board Member table.
Action Required: Update the Organizational Chart or Board Member Table to reflect all current members.

Completed

Proposal Cover Sheet	
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2. The signed addendums are not uploaded on the Proposal Cover Sheet.
Action Required: Provide copies of the signed addendums with all three pages with required signatures.

Program Overview Form

3. The Program Goal is not written in a complete sentence and is difficult to understand.
Action Required: Rewrite the Program Goal. The goal is often used for Boone County Community Services reporting purposes and needs to be clearly stated and a complete sentence.

Mary Lee Johnston Community Learning Center will address poverty by providing high quality, affordable care for children, promoting healthy eating habits and nutrition education, providing opportunities for nutritious and fresh meals, allow opportunities for physical activity and education, and family support through case management services, referrals and parent support groups.

4. The Consumer Demographics section is not fully completed. The information on residency is the only field provided.

Action Required: Provide information for all fields on the Consumer Demographics.

Residence	
Boone County (includes City of Columbia residents):	278
City of Columbia:	268
Other Counties:	
Residence Total:	278
Race:	
White (alone)	100
Black or African American (alone)	100
Multiple Races	61
Asian (alone)	4
Native American Indian or Alaskan Native (alone)	0
Native Hawaiian or other Pacific Islander (alone)	0
Some other Race	13
Race Total:	278
Ethnicity:	
Hispanic or Latino (of any race)	13
Not Hispanic or Latino	265
Ethnicity Total:	278
Gender	
Female	142
Male	136
Other	
Gender Total:	278
Income	
At or below 200% of Federal Poverty Level	218
Over 200% of Federal Poverty Level	60
Income Total:	278

Age	
Infant/Toddler (birth – 2 years)	59
Preschool (3 years – 5 years)	53
School Age (6 years – 11 years)	0
Middle School (12 years – 14 years)	0
High School (15 years – 19 years)	0
Parent/Guardian (19 years and younger)	2
Parent/Guardian (age 20 and over)	164
Age Total:	278

5. The sliding scale provided under Program Access is difficult to understand. Household size does not appear to be accounted for in the sliding scale.

Action Required: Provide clarification on how the sliding fee schedule is utilized and if household size is taken into consideration.

The sliding scale fee is based solely on household income. We do not factor household size into the sliding fee. If a family earns gross monthly income under \$1640 per month they will pay \$125 per week for an Infant/Toddler, \$104 per week for an Early Learner and \$76 per week for a Preschooler. If a family earns gross monthly income under \$2185 per month they will pay \$179 per week for an Infant/Toddler, \$149 per week for an Early Learner and \$122 per week for a preschooler. If a family earns gross monthly income under \$3275 they will pay \$195 per week for an Infant/Toddler, \$160 per week for an Early Learner, and \$143 per week for a Preschooler. If a family earns gross monthly income over \$3276 they will pay the full price of tuition. Currently, that would be \$217 per week for an Infant/Toddler, \$180 per week for an Early Learner, and \$165 per week for a Preschooler.

Upon initial enrollment, we verify total household income and let the parent know how much they will be responsible for paying. We provide tuition assistance to supplement what they do not pay. We reverify household income annually.

6. After reviewing the State of Missouri Department of Health and Senior Services license, there were several complaint investigations and it is noted MLJCLC is under close supervision.

Action Required: Provide an explanation of these events and efforts to correct these issues.

We are currently under close supervision and have a probationary license. The situation that led to this was a child was missing for four to five minutes. He was hiding from his mother under a tarp in the sandbox. We believed it was important to self-report the situation. An investigation was completed, and we accepted the terms of probation for 12 months and later mediated that into nine months. We are on our second month of probation. We pride ourselves on being transparent and having integrity. We knew that reporting the situation could lead to dire consequences but did so because we knew it was the right thing to do. Unfortunately, we lost a very good employee because we have a no tolerance policy for lack of supervision. Prior to any decision made we immediately placed into effect corrective action measures. We have specific procedures during transitions and we have the names and pictures of each child on all clipboards. These corrective actions included updated name to face forms, installing a security system at our center which included locks on all doors with code entry, security cameras inside and outside, and remote access to those cameras. We work with the Department very closely and since this last situation we have had excellent visits and no violations. Our licensing representative would gladly be a reference if needed.

7. The maximum salary ranges are not provided for program personnel.

Action Required: provide salary ranges for program personnel, including base and maximum ranges.

There is not set salary range for Administrative staff. The starting pay for a teacher is \$8.75 and goes up to \$14 dependent upon experience and education. All our teachers must have a minimum of some college or be working toward their CDA to be employed due to MO Accreditation standards.

8. MLJCLC currently receives funds from the Community Health Fund (CHF). Will any of these CHF funds be utilized in this proposed Children's Services Fund program in 2018?

Action Required: Provide clarification on if any of the CHF funds will be used in this program.

The CHF funds will continue to be used to provide fresh fruits and vegetables for each meal that we serve each child. We will also continue to have parent inclusion events for our families. The funds will only be used to enhance the program.

9. The Program Budget does not list funds received through USDA to reimburse for food.

Action Required: Provide the amount and clarification on if USDA funds will continue in 2018.

We do expect our USDA funding to continue. For 2018 we have budgeted \$70,0000 to be received.

10. Service 1 will remain 'Health Education' and will include nutritional education and activities with Columbia Center for Urban Agriculture (CCUA). The service description and lack of unit measurement makes it unclear if BCCS will be purchasing meals for the children at MLJCLC. *Action Required:* Provide clarification on if any meals will be funded through BCCS. If so, 'Congregate Meals' (1.2) needs to be added as Service 5.

To clarify this service, meals will not be included. The funding we currently receive through BCCS allow us to provide fresh fruits and vegetables for each meal. We will, however attempt to procure the freshest of everything served including lean meats and unprocessed foods. This will come at a cost, but we believe our budget will be able to handle this as an enhancement to our program. We would like to include taste testing and experiencing a variety of different foods within this program and that would be at a cost for this program.

11. The service description discusses a collaboration with CCUA however does not state what costs are involved with the collaboration and if funding is being requested to BCCS to cover these costs. *Action Required:* Provide clarification on the costs involved for collaborating with CCUA. Also, provide clarification on if MLJCLC will be subcontracting with CCUA and if funds from BCCS will be distributed to CCUA for their services.

As of now, there would be no cost associated with collaborating with CCUA. At this time, we will not need to sub contract with CCUA for these services.

12. The unit measure is not provided for Service 1. The provision of nutritional meals should not be calculated into the unit measure or unit rate if Congregate Meals are added as a service. *Action Required:* Provide the unit measure for Health Education on the attached 'Service Change Chart' for Service 1.

The unit measure will be hours of service for overall Health Education.

13. The unit rate of \$59.74 is extremely high to provide nutrition education and gardening activities.

Action Required: Provide an updated unit rate that is based on a public funding rate, if possible and give justification on how the rate was determined in the field below. Provide the updated unit rate on the 'Service Change Chart' for Service 1.

There is not a public funding rate for nutrition education. Nutritionists provide nutrition therapy. This can include a variety of activities include a variety of activities. In our program, they will work toward creating nutritional programs based on the health needs of children and families on how to lead a healthier lifestyle. On average, based on average hourly consultant rates nutrition education can cost between \$50 and \$100 per hour. Based on the average salary of a nutritionist, they earn between \$27.90 and \$32.20 per hour. Because most of families we work with qualify for the free and reduced lunch program and are at risk of poverty this would not be traditional consultation and therefore the unit rate should be a minimum of \$32.20 per hour for nutrition education and gardening activities. This would encompass the entire nutritional education aspect of this program.

14. The total number of units to be provided may need to be adjusted if meals being provided is listed under a different service.

Action Required: Provide an updated number of units to be provided that relates to the unit measure for providing nutritional education and gardening activities. Provide this number in the 'Service Change Chart' for Service 1.

Meals are not provided.

15. A response was not provided regarding why the proposed service is not billable to a third-party payor.

Action Required: Provide a response stating why the proposed service is not billable to a third-party payor.

We will have an on-staff individual provide nutrition education services and will not be contracting with a third party.

16. The amount requested needs to be updated with unit rate, number of units to be provided and Congregate Meals being added as a service

Action Required: Provide an updated funding request amount and total number of units to be requested for BCCS to fund in the 'Service Change Chart'.

Updated amount requested. Congregate meals will not be added as a service.

Service 2

17. The description for physical activity lacks specific information on why physical activities for the children should be funded through BCCS.

Action Required: Provide clarification on why BCCS should fund physical activity as a service and how this exceeds the funds received through tuition fees.

For this program and service, we want to be able to provide activities that children will not normally have access to. This includes yoga, gymnastics, sport basics, infant massage, and other activities used to express physical movement. Most of our families are low income and we are not able to provide these services as part of our tuition on a regular basis and continue to provide tuition assistance to supplement tuition. Teachers incorporate physical activity in the classroom, however we would be able to use an individual with a level of expertise that can provide these variety of activities. Again, this would allow children that would not normally be afforded the opportunity to participate in these types of activities the chance to do so. This can provide them the skills they need, social interaction, structure, coordination, and confidence. We want this to be able to give the children and families a desire for physical activity so that it becomes a habit and part of their lifestyle.

18. The unit measure was not provided for Service 2.

Action Required: Provide a unit measure for Physical Activity in the 'Service Change Chart'.

Based on half hour sessions or .5

19. The unit rate is extremely high to provide physical activities for children. The justification claims that this rate is appropriate for specialists in exercise, however, the narrative does not specifically state that specialists will be providing this service. The unit rate needs to be lowered for the activities that were described for Service 2.

Action Required: Adjust the unit rate to reflect the qualifications of personnel leading the activities and provide information on how the updated unit rate was established. Provide the proposed update on the 'Service Change Chart' for Service 2.

The individual providing the services for our center would need to be certified and experienced in their field. On average, a Yoga instructor will charge between \$20 and \$50 per session. This averages to \$35 per session. On average, a soccer instructor charges between \$55 and \$130 per session for instruction. A gymnastics session costs a child on average \$23.75. Infant massage is generally \$30 per half hour session. The level of planning and number of children our instructors will have must be factored in to the equation. Based on all this information, we have adjusted our unit rate to \$30.

20. The total number of units to be provided seems low for the number of individuals participating in Physical Activity throughout a year of services.

Action Required: Provide clarification on the number of times physical activity is provided for the whole program.

The total number of units to be provided for 128 unduplicated individuals is 768. The average number of units of service per unduplicated individual would be 6. These units of service are in half hour sessions or .5 hours.

21. The amount requested and number of units to be provided needs to be updated to reflect changing the unit rate and number of units to be provided.

Action Required: Provide the updated funding request and number of units to be funded by BCCS on the 'Service Change Chart' for Service 2.

Adjusted.

22. Indicator (2-1) needs to be changed by eliminating the word "enjoy". The indicator will be easier to report and be less subjective.

Action Required: Provide the performance measures on the 'Service Change Chart' for Service 2.

75% of children will voluntarily incorporate physical activity into their day.

Service 3

23. The description of Case Management lacks information on how the Healthy Habits Coordinator will assist families with additional resources and the when this may occur. The Healthy Habits Coordinator appears to need knowledge in nutrition and meal planning in addition to social work skills.

Action Required: Provide specific information on the additional services that will be coordinated for families and the personnel providing case management.

The proposed service will include individual assessments of each child's specific nutritional needs. This includes meeting with the family to identify any nutritional deficiencies, allergies, alternative food requests. This may take more time with one family compared to another. Meal planning would include ensuring all menus are nutritionally sound in coordination with our cook and certifying all allergies were addressed in doing so. If there are nutritional deficits or allergies, this individual can assist the family in understanding what these are, ensure they know the severity of these and know how to navigate the medical system to address medical needs. 42% of our families do not have a primary physician for their children and utilize urgent care. Encouraging them to obtain consistent services and a primary care physician would be included in our program and we can help them navigate that system. If it was determined the family required greater resources than we could provide appropriate referrals would be made. Again, some families would require more case management than others.

24. The unit measure is not provided for Case Management.

Action Required: Provide a unit measure for Case Management that can be utilized per individual receiving case management. 15 minutes may be the best unit measure for the type of activities being provided for each child. Provide the unit measure in the 'Service Change Chart' for Service 3.

Originally the unit was based on one hour of service, but it is more logical to be in 15-minute increments.

25. The narrative does not provide a clear explanation on whether an established public funding rate was utilized in determining the unit rate. The unit rate seems high compared to other organizations providing a similar level of case management.

Action Required: Provide an updated unit rate and provide a clear explanation on if it's tied to an established public funding rate. Provide the updated rate in the 'Service Change Chart' for Service 3.

The rate has been adjusted to \$12.50 per unit. This is not tied to an established public funding rate but rather an average of case management services.

26. A response was not provided regarding why the proposed service is not billable to a third-party payor.

Action Required: Provide an explanation on why the proposed service is not billable to a third-party payor.

We will be providing this service in house so that we can address the whole family needs, therefore will not be utilizing a third party. We want to provide a continuity of care for our families.

27. The Funding Request for BCCS is not correct according to the unit rate and proposed number of units to be provided.

Action Required: Provide the correct funding request amount for BCCS with the adjusted unit rate in the 'Service Change Chart' for Service 3.

Corrected.

28. The Method of Measurement (3-1) states that a pre-post evaluation tool for stress will be developed. There are currently tools available that are free and/or evidence-based.

Action Required: Provide a method of measurement for measuring stress that is evidence-based instead of developing a new tool.

We will utilize the Parenting Stress Index to assess pre-and post program.

29. Indicator (3-1) seems high for providing families with referrals to additional resources.

Action Required: Provide clarification on how this percentage of families needing this aspect of the service was determined.

76.8% of our families qualify for free and reduced lunches, therefore knowing that lower income families may have higher needs we estimate being able to provide at least 75% of participating families with a referral or a resource.

30. The performance measures could include additional outcomes, indicators, and method of measurements for nutrition planning since it's the main service for Case Management.

Action Required: Provide additional outcomes, indicators, and method of measurements that include nutrition and meal planning.

Service 4

31. Service 4 needs to be renamed 'Public Awareness/Education' since events are open to the public.

Action Required: Complete the 'Service Change Chart' for Service 4.

Corrected.

32. The parent events that have been provided in the past through the Community Health Fund appeared to have good turnouts and enjoyed by parents. These events seem to be less interactive for the parents and children.

Action Required: Provide an explanation on changing the type of parent events.

We want to be able to provide health education which can include physical health, mental health, social and emotional health and prevention. This does not mean we would not include events that are interactive for parents and children. We would vary these presentations so that they are informative yet interactive. We do believe it is important, particularly for our not for profit centers to be able to come together and be able to network and share support and resources with one another.

33. The narrative lacks specific information on the topics that will be discussed.

Action Required: Provide clarification on the topics MLJCLC anticipate providing for the presentations and the how you will promote these events.

We anticipate the events will include the following topics:

Keeping relationships strong while raising a family

Healthy Active Families/Staying Active with your Children

Promoting Responsible Fatherhood/Celebrating Dads

Staying Sane as a Single Mom

Managing Stress

Why is mental health important?

Is My Child Okay?

Low Cost Meals you can cook for your family!

How to Raise Boys into Men

These are just a few of the topics we have considered. We would market these within the not for profit centers and for profit centers in the community. We would collaborate with the United Way so that it is distributed community wide. Word of mouth is always helpful and promoting all the events throughout the year is important. We would approach media and news outlets to advertise our events. Churches may be very interested in partnering or promoting events. If we could get a "big name" to come to Columbia it would be important to have sponsors. We do have relationships with people that would be interested in sponsoring events.

34. The unit measure needs to be changed to 'one individual' since training is provided in a group setting.

Action Required: Update the unit measure to 'one individual' in the 'Service Change Chart'. The number of units to be provided will need to be adjusted to reflect the number of events and anticipated number of individuals attending each presentation.

Completed.

35. Six sessions in one year are a lot of events to plan. The description lacks details on the type and expert level that will be brought in for presentations. The narrative also lacks information on how events will be promoted and encourage parents to give up an evening for a presentation.

There is concern that attendance will be low compared to the type of events that are currently provided for parents. The cost for each presentation is high if attendance is low.

Action Required: Provide clarification on the type of 'experts' that will be sought out to lead presentations. Provide details on how the events will be promoted and ways parents will be encouraged to attend the presentations.

After much debate, we have adjusted our units to reflect 3 sessions. 3 sessions will be easier to promote, and we would need to recruit someone well versed on the topic to present. We would seek an expert in the topic that we want to promote. Early childhood encompasses all those proposed topics in one way or another so through national and local organizations we would be able to secure presenters. The event will be promoted throughout the community in the not for profit sector as well as for profit sector. Again, there could be churches that would sponsor or host events too. Food is always a big draw for anyone so that does entice many people. I believe the topics peak interest in a variety of ways and we would have to market it as such.

36. The Performance Measures do not track the number of MLJCLC families that attend the presentations. There is the potential to calculate the percentage of MLJCLC families attending the events.

Action Required: Provide outcomes, indicators, and method of measurements that track family attendance throughout the year in the 'Service Change Chart' for Service 4.

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Service 5

37. 'Congregate Meals' needs to be added as Service 5 if it is a part of the Healthy Habits program.

Action Required: Provide clarification on the funding source covering nutritious meals. This service needs to be listed regardless of the funding source. Also, include information on USDA reimbursements.

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38. The unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals receiving the service needs to be provided in the 'Service Change Chart' for Service 5.

Action Required: Provide the outputs for Service 5 in the 'Service Change Chart'. The current unit rate for the Boone County Community Health Fund is \$0.21 per meal.

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39. The funding request amount and number of units to be funded through the Children's Services Fund needs to be provided. Other funding sources paying for meals needs to be provided.

Action Required: Provide clarification on the funding request amount for the Boone County Children's Services Fund. Provide information on any other funders contributing towards purchasing nutritious meals. Provide the funding request amount and number of units to be purchased by the Boone County Children's Services Fund in the 'Service Change Chart' for Service 5.

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40. Performance measures need to be provided for Congregate Meals that follow the logic model.

Action Required: Provide performance measures that follow the logic model in the 'Service Change Chart' for Service 5.

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41. The performance measures provided for Congregate Meals need to be attributable to the Program Goal, account for any external factors that may affect the proposed outcomes, have a rationale for the measurement level proposed for the indicator(s), and have a rationale for the method of measurement.

Action Required: Describe how each outcome is attributable to the Program Goal, describe any external factors that may affect the proposed outcome(s), provide a rationale for the measurement level(s) for each indicator, and provide a rationale for each method of measurement for Service 5.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
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42. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Mary Lee Johnston Community Learning Center			
Program Name: Healthy Habits			
Service #1 – Taxonomy of Service Name: Health Education			
Service #1 – Taxonomy Definition of Service: Provides information to maintain or improve physical and mental health and overall wellbeing.			
<p>Provide a detailed description of the proposed service: This service will provide children ages 6 weeks through 6 years of age opportunities to be informed, educated and experience Healthy Habits. The service will include age appropriate nutritional education using the Eat Smart guidelines, providing nutritionally balanced menu plans and incorporating while grains, fresh fruits or vegetables into each meal. Children will be provided a diverse array of foods incorporated into their meals. We will collaborate with the Columbia Center for Urban Agriculture for an outdoor classroom and continue to expand our own center garden. Infant classrooms will focus on the importance of breast feeding, introduction of foods, fine and gross motor activities, developmental stages and infant massage. Toddlers will be able to experience a variety of fresh and whole foods, incorporate nutrition education through song and dance, and develop healthy habits. Preschool classrooms will participate in outdoor classroom activities, research based nutrition curriculum (Eat Smart), gross motor play, enrichment activities such as yoga, soccer, dance to give options for physical activity these children may never have otherwise and to provide outlets and supports for mental health.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour	32.20	1040	128
Funding Request			
Amount Requested to Boone County: \$33,488		Proposed Number of Units of Service: 1040	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Children will receive nutrition education, experience nutrition education by participating in outdoor classrooms.	75% of children will increase their knowledge of healthy choices and options.		Pre-and post assessments will be provided for each age group.
Only whole grain breads and pastas, locally procured fresh, frozen or no sugar added fruits and vegetables are served.	70% of children broaden their "like" of nutritious foods.		Children's evaluations track their "likes" every six months to measure broadening choices.

Children will receive nutritional education utilizing the Eat Smart program guidelines.	75% of children will enhance their knowledge of healthy eating choices.	Evaluations will track knowledge every six months.
Children will enhance their gross and fine motor skills through physical activity options.	75% of all children will meet appropriate development milestones.	We will administer the Ages and Stages Questionnaire annually. If there is a concern in any area of development, we will administer bi-annually.

Service Change Chart			
Organization Name: Mary Lee Johnston Community Learning Center			
Program Name: Healthy Habits			
Service #2 – Taxonomy of Service Name: Physical Activity			
Service #2 – Taxonomy Definition of Service: Provides opportunities and/or instruction for physical activities.			
<p>Provide a detailed description of the proposed service: This service will provide education about movement and physical activity. It will also include opportunities for physical movement for each of our children in the center whether that be yoga, soccer, basketball or infant massage. Not only is this beneficial to develop lifelong habits in children ages 0-5, exercise also has some direct stress-busting benefits. Physical activity helps bump up the production of your brain's feel-good neurotransmitters, called endorphins. It's meditation in motion. It can help connect children to their bodies instead of focusing on their daily worries. As they begin to regularly shed their daily tensions through movement and physical activity, they can find energy and optimism and it can help them remain calm and clear in everything they do. It will help to improve their mood. Regular exercise can increase self-confidence, it can relax children, and it can lower the symptoms associated with mild depression and anxiety. Exercise can also improve sleep, which is often disrupted by stress, depression and anxiety.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
.5 (1/2 hour)	30.00	768	128
Funding Request			
Amount Requested to Boone County: \$23040		Proposed Number of Units of Service: 416	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Children will participate in weekly physical activity.	75% of children will voluntarily incorporate physical activity into their day.	After a baseline is established an evaluation will be done bi-annually.
Through physical activity, children will be able to develop their motor skills.	80% of children at the center will be proficient and developmentally on target in large motor skills.	We will administer the Ages and Stages Questionnaire annually. If there is a concern in any area of development, we will administer bi-annually.

Service Change Chart			
Organization Name: Mary Lee Johnston Community Learning Center			
Program Name: Healthy Habits			
Service #3 – Taxonomy of Service Name: Case Management			
Service #3 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service: This will include individual assessment of each child's specific nutritional needs, meal planning for each child's specific nutritional needs, and individual meetings with families regarding whole health and resources, assist with navigating the medical system and helping to address any barriers families may have. Initially it will take time to assess each child individually but as the service takes off, the Coordinator will meet individually with families at enrollment to address any specific health issues and provide an overview of the Healthy Habits program.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
.25	12.50	2560	128

Funding Request		
Amount Requested to Boone County: \$32000		Proposed Number of Units of Service: 2560
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
We will provide referrals and resources to families based on what they identify as their need.	We will successfully assist 75% of participating families with a resource or referral.	We will provide evaluations to each family participant and document all referrals made. We will use the Parent Stress Indicator post and
Parents will be able to identify a primary care physician for their family to provide continuity of care.	We will successfully assist at least 50% of our families who do not have a primary care physician in identifying one for their family.	An applicant questionnaire will be completed upon enrollment or re-enrollment and updates will be documented every other month.
Service Change Chart		
Organization Name: Mary Lee Johnston Community Learning Center Program Name: Healthy Habits		
Service #4 – Taxonomy of Service Name: Public Awareness/Education		
Service #4 – Taxonomy Definition of Service: Increases the public's level of understanding of a particular issue.		
Provide a detailed description of the proposed service: This service will provide a variety of health education for parents and others in the community. We will provide 6 sessions of health-related presentations at our center. We will focus on physical health, nutrition, and mental health. These presentations will be offered by experts in their field and provide practical information that target at risk families. Child care will be provided for parents of the center to promote attendance. We will also provide a meal for those in attendance. Our parent advisory committee, a parent led leadership group will participate in the planning of presentations dependent on parent surveys and needs. By inviting other parents from not for profit early learning centers, we are able to increase attendance, reach more people in the same at-risk category, share resources and collaborate.		
Outputs		

Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
3	2666.66	3	150
Funding Request			
Amount Requested to Boone County: \$8000		Proposed Number of Units of Service: 3	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Parents and community members will be provided 3 sessions of information regarding a variety of topics including mental health, wellness and nutrition.	80% of attendees will indicate they learned something helpful that will enhance their overall health.	Evaluation tool provided to all attendees and to be used at the event.	
Mary Lee Johnston families will be provided 3 sessions of information regarding a variety of topics including mental health, wellness and nutrition.	25% of MLJCLC families will attend at least one session of information.	Evaluation tool and sign in at event	

Service Change Chart
Organization Name: Mary Lee Johnston Community Learning Center
Program Name: Healthy Habits
Service #5 – Taxonomy of Service Name: Congregate Meals
Service #5 – Taxonomy Definition of Service: Provision of a nutritional meal in a group setting.
Provide a detailed description of the proposed service:

Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Mary Lee Johnston Community Learning Center				
Program Name: Healthy Habits				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Health Education	1 hour	32.20	1040	128
Physical Activity	.5 (Half hour)	30.00	768	128
Case Management	.25	12.50	2560	128
Public Awareness/Education	3	2666.66	3	150

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Health Education	33488.00	1040
Physical Activity	23040.00	768
Case Management	32000.00	2560
Public Awareness	8000.00	3
Development/Start Up Service Funding		
Total Amount Requested to Boone County:	96528.00	



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 - Purchase of Service Contracts was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto. Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:
<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to be one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name:

Mary Lee Johnston Community Learning Center

Address:

1509 Hinkson Ave Columbia Mo 65201

Phone Number: 573.449.5600

Fax Number: 573.875-1535

E-mail:

Gay L @ mljclc.org

Authorized Representative Signature:

Gay Lee

Date: 11-2-17

Authorized Representative Printed Name:

Gay Litten

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMD	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Time Arttag	U of Mo CFPR	882-2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LECS	573-815-9955	
14.	Kelsey Lucke	Rainbow House	573-473-2963	
15.	Ron Rome	YC2	573-554-7041	
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21.				

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Barbara King	Tree Top LLC	886-4390	
3.	Jarrestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klosterm	CMCA BRIDGE	573 427 7897	
5.	Mernell King	CMCA Bridge	573-999-4179	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A'	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573 884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vikki Dawett	EGPBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Luke Kiessling	Lake Kiessling & Assoc.	573-554-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Baling	SOAR	573-884-6324	
17.	Carole Schuck	BRIDGE	573-245-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(777) 677-1215	
19.	Becky Markt	CHA Low-Income Svcs	573-443-2556	0551
20.	Gay Litzken	MLJ CLC	573 449-5600	573 875 1535
21.	Miniam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017
Application.

22.	Mary Eppony	13 th Circuit	886-4058	886-4070
23.	Cheryl	WV Bridge	265-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Patrice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys Girls Club	268 8549	
28.	Mark Brackel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dinn	H Fletcher, ZPPS	573-574-3677	
31.	Laine Bang-Waller	Rep of Ryd	884-6136	
32.	Michelle Shiller	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Nelly Hill	Heart of MO CHSA	442-4670	N/A
23.	Janie Thurst	Grade A Plus	573-268-4172	
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following question and is providing a response:

a. You included the following requested attachments:

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "ProgramOverview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 - *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name:

Many Lee Johnston Community Learning Center

Address:

1509 Hinkson Ave Columbia MO 65201

Phone Number:

573.879.5600

Fax Number:

573.875.1535

E-mail:

GayL@mljclc.org

Authorized Representative Signature:

[Signature]

Date:

11-2-17

Authorized Representative Printed Name:

Gay Litteren



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*


ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*, receipt of which is hereby acknowledged:

Company Name: Manlyee Johnston Community Learning Center
Address: 1509 Hinkson Ave Columbia MO 65201

Phone Number: 573.449.5600 Fax Number: 573-815.1535

E-mail: Gay L @ mcljclc.org

Authorized Representative Signature:  Date: 11-2-17

Authorized Representative Printed Name: Gay Littleker

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Jim Arttag	U of Mo CFRP	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Lucke	Rainbow House	573-473-2963	
15.	Ron Rone	YC2	573-554-7041	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
3.	Ernestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klostermann	CMCA BRIDGE	573 427 7897	
5.	Merrell King	CMCA Bridge	573-999-4119	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8644
7.	Philip Peters	Grade A'	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	036-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573 884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vikki Dawett	EG-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Anne Kiessling	Kiessling & Assoc.	513-554-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Boring	SOAR	573-884-6384	
17.	Carole Schuck	BRIDGE	573-265-4921	884-1070
18.	Whitney Jones	St. Raymonds Society	(777) 677-1215	
19.	Becky Markt	CHA Low-Income Sres	573-443-2556	0551
20.	Gay Littleton	MLJ CLC	573 449-5600	573 875 1535
21.	Miniam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017
Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Charles	WV Bridge	265-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Bernice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Megladol	Boys Girls Clubs	268 8549	
28.	Mark Brandel	The Food Bank	494-1020	
29.	Jason Beard	PCHA S	314-9899727	
30.	Heather Dinnitt	Fletcher BBS	573-574-3677	
31.	Laine' bang-Waller	Rep to of Ryck	884-6136	
32.	Michelle Shiller	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017
Application.

22.	Nelly H71	Heart of MO CATSA	442-4670	N/A
23.	Joan Trust	Grade A Plus	573-268-4372	
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Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 24, 2017

Mary Lee Johnston Community Learning Center
Attn: Gay Litteken, Executive Director
1509 Hinkson Avenue
Columbia, MO 65201
gayl@mljclc.org

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Litteken:

In accordance with section 4.3, Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda Bobbitt", with a stylized flourish at the end.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Mary Lee Johnston Community Learning Center
Name of Program	Healthy Habits

Organization Profile	
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1. Mary Ellen Muller and Laura Peiter are listed as Board Members on the Organizational Chart but are not listed on the Board Member table.

Action Required: Update the Organizational Chart or Board Member Table to reflect all current members.

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Proposal Cover Sheet	
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2. The signed addendums are not uploaded on the Proposal Cover Sheet.

Action Required: Provide copies of the signed addendums with all three pages with required signatures.

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Program Overview Form	
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3. The Program Goal is not written in a complete sentence and is difficult to understand.

Action Required: Rewrite the Program Goal. The goal is often used for Boone County Community Services reporting purposes and needs to be clearly stated and a complete sentence.

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4. The Consumer Demographics section is not fully completed. The information on residency is the only field provided.

Action Required: Provide information for all fields on the Consumer Demographics.

Residence	
Boone County (includes City of Columbia residents):	
City of Columbia:	
Other Counties:	
Residence Total:	
Race:	
White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native (alone)	
Native Hawaiian or other Pacific Islander (alone)	
Some other Race	
Race Total:	
Ethnicity:	
Hispanic or Latino (of any race)	
Not Hispanic or Latino	
Ethnicity Total:	
Gender	
Female	
Male	
Other	
Gender Total:	
Income	
At or below 200% of Federal Poverty Level	
Over 200% of Federal Poverty Level	
Income Total:	
Age	
Infant/Toddler (birth – 2 years)	
Preschool (3 years – 5 years)	
School Age (6 years – 11 years)	
Middle School (12 years – 14 years)	
High School (15 years – 19 years)	
Parent/Guardian (19 years and younger)	
Parent/Guardian (age 20 and over)	
Age Total:	

5. The sliding scale provided under Program Access is difficult to understand. Household size does not appear to be accounted for in the sliding scale.

Action Required: Provide clarification on how the sliding fee schedule is utilized and if household size is taken into consideration.

6. After reviewing the State of Missouri Department of Health and Senior Services license, there were several complaint investigations and it is noted MLJCLC is under close supervision.
Action Required: Provide an explanation of these events and efforts to correct these issues.

7. The maximum salary ranges are not provided for program personnel.
Action Required: provide salary ranges for program personnel, including base and maximum ranges.

8. MLJCLC currently receives funds from the Community Health Fund (CHF). Will any of these CHF funds be utilized in this proposed Children's Services Fund program in 2018?
Action Required: Provide clarification on if any of the CHF funds will be used in this program.

9. The Program Budget does not list funds received through USDA to reimburse for food.
Action Required: Provide the amount and clarification on if USDA funds will continue in 2018.

Program Services Form (1-5)	
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10. Service 1 will remain 'Health Education' and will include nutritional education and activities with Columbia Center for Urban Agriculture (CCUA). The service description and lack of unit measurement makes it unclear if BCCS will be purchasing meals for the children at MLJCLC.
Action Required: Provide clarification on if any meals will be funded through BCCS. If so, 'Congregate Meals' (1.2) needs to be added as Service 5.

11. The service description discusses a collaboration with CCUA however does not state what costs are involved with the collaboration and if funding is being requested to BCCS to cover these costs.

Action Required: Provide clarification on the costs involved for collaborating with CCUA. Also, provide clarification on if MLJCLC will be subcontracting with CCUA and if funds from BCCS will be distributed to CCUA for their services.

12. The unit measure is not provided for Service 1. The provision of nutritional meals should not be calculated into the unit measure or unit rate if Congregate Meals are added as a service.

Action Required: Provide the unit measure for Health Education on the attached 'Service Change Chart' for Service 1.

13. The unit rate of \$59.74 is extremely high to provide nutrition education and gardening activities.

Action Required: Provide an updated unit rate that is based on a public funding rate, if possible and give justification on how the rate was determined in the field below. Provide the updated unit rate on the 'Service Change Chart' for Service 1.

14. The total number of units to be provided may need to be adjusted if meals being provided is listed under a different service.

Action Required: Provide an updated number of units to be provided that relates to the unit measure for providing nutritional education and gardening activities. Provide this number in the 'Service Change Chart' for Service 1.

15. A response was not provided regarding why the proposed service is not billable to a third-party payor.

Action Required: Provide a response stating why the proposed service is not billable to a third-party payor.

16. The amount requested needs to be updated with unit rate, number of units to be provided and Congregate Meals being added as a service

Action Required: Provide an updated funding request amount and total number of units to be requested for BCCS to fund in the 'Service Change Chart'.

Service 2

17. The description for physical activity lacks specific information on why physical activities for the children should be funded through BCCS.

Action Required: Provide clarification on why BCCS should fund physical activity as a service and how this exceeds the funds received through tuition fees.

18. The unit measure was not provided for Service 2.

Action Required: Provide a unit measure for Physical Activity in the 'Service Change Chart'.

19. The unit rate is extremely high to provide physical activities for children. The justification claims that this rate is appropriate for specialists in exercise, however, the narrative does not specifically state that specialists will be providing this service. The unit rate needs to be lowered for the activities that were described for Service 2.

Action Required: Adjust the unit rate to reflect the qualifications of personnel leading the activities and provide information on how the updated unit rate was established. Provide the proposed update on the 'Service Change Chart' for Service 2.

20. The total number of units to be provided seems low for the number of individuals participating in Physical Activity throughout a year of services.

Action Required: Provide clarification on the number of times physical activity is provided for the whole program.

21. The amount requested and number of units to be provided needs to be updated to reflect changing the unit rate and number of units to be provided.

Action Required: Provide the updated funding request and number of units to be funded by BCCS on the 'Service Change Chart' for Service 2.

22. Indicator (2-1) needs to be changed by eliminating the word "enjoy". The indicator will be easier to report and be less subjective.

Action Required: Provide the performance measures on the 'Service Change Chart' for Service 2.

Service 3

23. The description of Case Management lacks information on how the Healthy Habits Coordinator will assist families with additional resources and the when this may occur. The Healthy Habits Coordinator appears to need knowledge in nutrition and meal planning in addition to social work skills.

Action Required: Provide specific information on the additional services that will be coordinated for families and the personnel providing case management.

24. The unit measure is not provided for Case Management.

Action Required: Provide a unit measure for Case Management that can be utilized per individual receiving case management. 15 minutes may be the best unit measure for the type of activities being provided for each child. Provide the unit measure in the 'Service Change Chart' for Service 3.

25. The narrative does not provide a clear explanation on whether an established public funding rate was utilized in determining the unit rate. The unit rate seems high compared to other organizations providing a similar level of case management.

Action Required: Provide an updated unit rate and provide a clear explanation on if it's tied to an established public funding rate. Provide the updated rate in the 'Service Change Chart' for Service 3.

26. A response was not provided regarding why the proposed service is not billable to a third-party payor.

Action Required: Provide an explanation on why the proposed service is not billable to a third-party payor.

27. The Funding Request for BCCS is not correct according to the unit rate and proposed number of units to be provided.

Action Required: Provide the correct funding request amount for BCCS with the adjusted unit rate in the 'Service Change Chart' for Service 3.

28. The Method of Measurement (3-1) states that a pre-post evaluation tool for stress will be developed. There are currently tools available that are free and/or evidence-based.

Action Required: Provide a method of measurement for measuring stress that is evidence-based instead of developing a new tool.

29. Indicator (3-1) seems high for providing families with referrals to additional resources.

Action Required: Provide clarification on how this percentage of families needing this aspect of the service was determined.

30. The performance measures could include additional outcomes, indicators, and method of measurements for nutrition planning since it's the main service for Case Management.

Action Required: Provide additional outcomes, indicators, and method of measurements that include nutrition and meal planning.

Service 4

31. Service 4 needs to be renamed 'Public Awareness/Education' since events are open to the public.

Action Required: Complete the 'Service Change Chart' for Service 4.

32. The parent events that have been provided in the past through the Community Health Fund appeared to have good turnouts and enjoyed by parents. These events seem to be less interactive for the parents and children.

Action Required: Provide an explanation on changing the type of parent events.

33. The narrative lacks specific information on the topics that will be discussed.

Action Required: Provide clarification on the topics MLJCLC anticipate providing for the presentations and the how you will promote these events.

34. The unit measure needs to be changed to 'one individual' since training is provided in a group setting.

Action Required: Update the unit measure to 'one individual' in the 'Service Change Chart'. The number of units to be provided will need to be adjusted to reflect the number of events and anticipated number of individuals attending each presentation.

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35. Six sessions in one year are a lot of events to plan. The description lacks details on the type and expert level that will be brought in for presentations. The narrative also lacks information on how events will be promoted and encourage parents to give up an evening for a presentation. There is concern that attendance will be low compared to the type of events that are currently provided for parents. The cost for each presentation is high if attendance is low.

Action Required: Provide clarification on the type of 'experts' that will be sought out to lead presentations. Provide details on how the events will be promoted and ways parents will be encouraged to attend the presentations.

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36. The Performance Measures do not track the number of MLJCLC families that attend the presentations. There is the potential to calculate the percentage of MLJCLC families attending the events.

Action Required: Provide outcomes, indicators, and method of measurements that track family attendance throughout the year in the 'Service Change Chart' for Service 4.

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Service 5

37. 'Congregate Meals' needs to be added as Service 5 if it is a part of the Healthy Habits program.

Action Required: Provide clarification on the funding source covering nutritious meals. This service needs to be listed regardless of the funding source. Also, include information on USDA reimbursements.

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38. The unit measure, unit rate, total number of units of service to be provided, and total number of unduplicated individuals receiving the service needs to be provided in the 'Service Change Chart' for Service 5.

Action Required: Provide the outputs for Service 5 in the 'Service Change Chart'. The current unit rate for the Boone County Community Health Fund is \$0.21 per meal.

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39. The funding request amount and number of units to be funded through the Children's Services Fund needs to be provided. Other funding sources paying for meals needs to be provided.

Action Required: Provide clarification on the funding request amount for the Boone County Children's Services Fund. Provide information on any other funders contributing towards purchasing nutritious meals. Provide the funding request amount and number of units to be purchased by the Boone County Children's Services Fund in the 'Service Change Chart' for Service 5.

--

40. Performance measures need to be provided for Congregate Meals that follow the logic model.

Action Required: Provide performance measures that follow the logic model in the 'Service Change Chart' for Service 5.

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41. The performance measures provided for Congregate Meals need to be attributable to the Program Goal, account for any external factors that may affect the proposed outcomes, have a rationale for the measurement level proposed for the indicator(s), and have a rationale for the method of measurement.

Action Required: Describe how each outcome is attributable to the Program Goal, describe any external factors that may affect the proposed outcome(s), provide a rationale for the measurement level(s) for each indicator, and provide a rationale for each method of measurement for Service 5.

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Program Outputs and Funding Request Table	See attachment (REQUIRED)
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42. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Mary Lee Johnston Community Learning Center			
Program Name: Healthy Habits			
Service #1 – Taxonomy of Service Name: Health Education			
Service #1 – Taxonomy Definition of Service: Provides information to maintain or improve physical and mental health and overall wellbeing.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Mary Lee Johnston Community Learning Center			
Program Name: Healthy Habits			
Service #2 – Taxonomy of Service Name: Physical Activity			
Service #2 – Taxonomy Definition of Service: Provides opportunities and/or instruction for physical activities.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Mary Lee Johnston Community Learning Center			
Program Name: Healthy Habits			
Service #3 – Taxonomy of Service Name: Case Management			
Service #3 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Mary Lee Johnston Community Learning Center			
Program Name: Healthy Habits			
Service #4 – Taxonomy of Service Name: Public Awareness/Education			
Service #4 – Taxonomy Definition of Service: Increases the public's level of understanding of a particular issue.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Mary Lee Johnston Community Learning Center			
Program Name: Healthy Habits			
Service #5 – Taxonomy of Service Name: Congregate Meals			
Service #5 – Taxonomy Definition of Service: Provision of a nutritional meal in a group setting.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Mary Lee Johnston Community Learning Center

DBA:**Federal EIN Number:**

43-0662462

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

1509 Hinkson Avenue

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Phone Number:

573-449-5600

Website:

<http://www.mljclc.org>

Head of Organization

Gay Litteken

Head of Organization Phone:

573-449-5600

Address

1509 Hinkson Avenue

City

Columbia

State

Missouri

County

Boone

Zip

65201

Organization Fax Number:

573-875-1535

Email:

mljclcxecdir@gmail.com

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

gayl@mljclc.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Mary Lee Johnston Community Learning Center

573-875-1535

Address

1509 Hinkson Avenue

Address

1509 Hinkson Avenue

City

Columbia

City

Columbia

State

Missouri

State

Missouri

County

Boone

County

Boone

Zip

65201

Zip

65201

Local Contact Name:

Gay Litteken

Local Contact Title:

Executive Director

Local Contact Email:

gayl@mljclc.org

Local Contact Phone:

573-449-5600

General Information

Organization **Provide your organization's mission statement. (600 character limit)**
Mission MLJCLC is committed to providing high quality safe, affordable care, and educational programs based on the needs of the
Statement community for children from six weeks to six years of age and their families.
(Purpose):

Organization **Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**
History: MLJCLC has provided high quality care and education programs to Columbia for 81 years. Ripley Children's Center was the original facility. The Hinkson Children's Center acquired in 1968, with the Hinkson Infant Toddler Center in 1987. In 2001 the original building was sold and a new one built on the Hinkson campus. Our three building campus currently houses 88 children for six weeks to six years of age. Care is offered on a sliding fee based on income. Currently 85% of enrolled children are receiving tuition assistance. 78% of our families qualify for free or reduced lunches.

Brief Statement **Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**
of Organization's Our goal is that all children who attend MLJCLC receive high quality care and educational opportunities to enter kindergarten ready to
Major Goals: succeed. Children who enter kindergarten ready for learning increase the probability of success throughout their educational experience with higher graduation and higher education pursuits. The success of kindergarten readiness in future community economic effect is as great as any child's potential.

Articles of **Articles of Incorporation (MUST BE IN PDF FORMAT)**
Incorporation: /document/download/filename/1488487167_30405_Articles.pdf/

Provide a copy of the organization's Articles of Incorporation.

Bylaws: **Bylaws (MUST BE IN PDF FORMAT)**
Provide a copy of the organization's Bylaws. /document/download/filename/1471982941_34051_MLJCLCBy-Laws-2009Revisions5.pdf/

Organizational **Organizational Chart (MUST BE IN PDF FORMAT)**
Chart /document/download/filename/1488487267_30406_Organizationalchart03.02.2017.pdf/
(must be for the entire organization):

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic
Plan:

Service Area: Briefly describe the geographic area in which your organization provides services. (600 character limit)
Care is offered in central Columbia with the majority of current clientele living within Columbia and a small percentage who work in Columbia and reside throughout Boone County.

Population Served: Briefly describe the population(s) served by your organization. (600 character limit)
We serve families who have children. Children are a part of a family unit and not served alone. Connection is extended to the family and their unique dynamic that encompasses the whole child. Care is provided to children from 6 weeks of age through six years and their families.

Conflict of Interest Policy: Does your organization have a written Conflict of Interest policy?
yes

Whistleblower Policy: Does your organization have a written Whistleblower policy?
yes

Business Continuity Plan: Does your organization have a written Business Continuity plan?
yes

Records Retention Policy: Does your organization have a written Records Retention policy?
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):

3 years with option for extensions

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Jenny Gray	Member	04/01/2016	04/01/2019	801 Cowan Dr. Columbia, MO 65203	✓	Added on 08/23/2016
Mary Anne Graham	Member	11/01/2016	10/31/2019	1601 Alaska Ct. Columbia, MO 65202	✓	Added on 03/02/2017
Grace Johnston Elder	Member	09/01/2015	09/01/2018	4312 Glen Eagle Columbia, MO	✓	Added on 07/28/2015
Becky Dinivo	Vice-President	08/01/2015	08/01/2018	6176 N Water Cress Circle Columbia MO 65202	✓	Added on 08/23/2016
Judi Schoonover	Member	04/01/2016	04/01/2019	2808 Biscayne Ct. Columbia, MO 65203	✓	Added on 07/28/2015
Mary Sue Gibson	2nd Vice President	07/01/2016	07/01/2019	410 Russell Blvd. Columbia, MO	✓	Added on 07/28/2015
Ed Musterman	President	07/01/2016	07/01/2019	5251 Woodson Harris Columbia, MO 65201	✓	Added on 07/28/2015

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Sandi Epple	Treasurer	03/01/2016	03/01/2019	1502 Sylvan Lane Columbia MO 65202	✓	Added on 08/23/2016
Judi Privitt	Member	10/01/2016	09/30/2019	5316 Highlands Pkwy Columbia, MO 65203	✓	Added on 03/02/2017
Dana Hofsess	Secretary	03/01/2016	03/01/2019	5716 S. Short Line Drive Columbia, MO 65203	✓	Added on 03/02/2017
Jenny Gray	Member	04/01/2016	04/01/2019		✓	Added on 12/08/2016
John Meyer	Member	08/01/2013	08/01/2016	1109 La Costa Ct. Columbia, MO 65203	✓	Added on 07/28/2015

Total Active Links:12, Total Deactivated Links:10, Current Active Links:12, Current Deactivated Links:10

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

January through December

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1438114939_29953_501c3.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1480455477_29954_MLJCLC_AuditReport_2015.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1480455477_29955_MLJCLC_2015Form990and8879.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

Financial activity is sent to our auditor every month who prepares the financial statements for presentation to the Board and Board Treasurer who then reports any concerns, insights,

trends, current status at the monthly Board meetings. Annual audit is performed in April/May every year by a third party auditor.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Preschool Teacher	BA in Early Childhood	1.00	\$25,647.00	\$3,400.00		Added on 08/03/2015
Program Director	BA	1.00	\$40,800.00	\$3,250.00		Added on 08/03/2015
Executive Director	BS	1.00	\$48,960.00	\$6,800.00		Added on 07/29/2015
Toddler Teacher	BA in Early Childhood	1.00	\$26,300.00	\$3,500.00		Added on 08/03/2015
Infant Teacher	BA in Early Childhood and Elementary Ed	1.00	\$31,600.00	\$4,850.00		Added on 08/03/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

We are accredited through Missouri Accreditation. Our current Accreditation Certificate is through November 9th, 2018. The Missouri Accreditation process evaluates the quality indicators of: Health Safety and Nutrition, Child and Family Relationships and Interactions, Physical Environment, and Programming / Curriculum.

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

/document/download/filename/1480455477_32839_MLJCLC_OrgBudget_16-17.xlsx/

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

/document/download/filename/1480455477_32678_MLJCLC_Gen_Liability_Cert.pdf/

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1474997193_32841_MLJCLC.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1474997193_32847_MLJCLC.pdf/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

/document/download/filename/1480455477_32853_MLJCLC_June16FinancialStatements%281%29%283%29.pdf/

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	MaryLee Johnston Community Learning Center	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 07/12/2017
2017 Health RFP (Review ends 03/24/2017 5:00 PM CDT)	MaryLee Johnston Community Learning Center	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018		Added on 01/27/2017

Proposal Cover Sheet**Link Info**

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Community Health/Medical Fund - POS #26-15JUN15 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	Mary Lee Johnston Community Learning Center	Community Health/Medical Fund – POS	Boone County	RFP #26-15JUN15	<input checked="" type="checkbox"/>	Added on 06/11/2015

Total Active Links:3, Total Deactivated Links:0, Current Active Links:3, Current Deactivated Links:0

System Fields**Record ID**

15669

Modification Date

07/13/2017 1:22 PM CDT

Modified By

Mary Lee Johnston Community Learning Center ORG

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Mary Lee Johnston Community Learning Center

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Healthy Habits

Amount of Request

\$295,660.00

County-Children's Services - Service Type (check all that apply)

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)

<http://www.mljclc.org>

Address

1509 Hinkson Avenue

City

Columbia

State

Missouri

County

Boone County

Zip

65201



Program Administrator Name

Ilona Gay Litteken

Phone Number

573-449-5600

Address

1509 Hinkson Avenue

City

Columbia

State

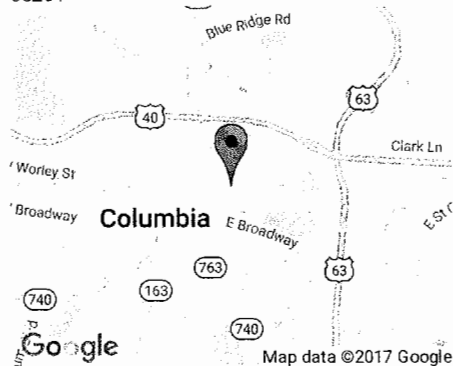
Missouri

County

Boone County

Zip

65201



Program Administrator Title

Executive Director

Email

gayl@mljclc.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1499984474_30421_AttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1499984474_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1499984474_30419_AttachmentC.pdf/

Signed Addendums**Link to Organization Profile Record****Link to Organization Records**

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Mary Lee Johnston Community Learning Center	1509 Hinkson Avenue	Gay Litteken	✓	Added on 07/12/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-0662462

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Gay Litterken

Printed Name - Organization Executive Director/President/CEO

7-13-17
Date

Gay Litterken

Signature - Organization Executive Director/President/CEO

7-13-17
Date

Edward E. Musterman

Printed Name - Organization Board Chair

7/13/17
Date

[Signature]

Signature - Organization Board Chair

7/13/17
Date

ATTACHMENT B

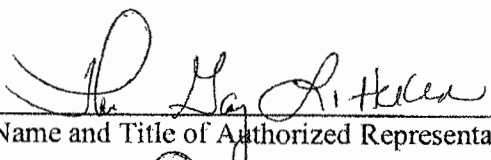
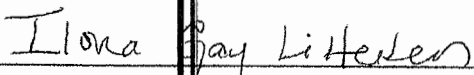
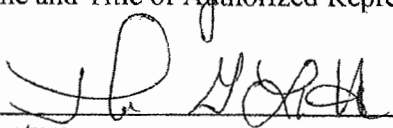
(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

	
Name and Title of Authorized Representative	
	
Signature	
	7-13-17
	Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of MO)

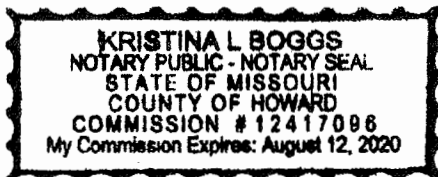
My name is Ilona Gay Littleken I am an authorized agent of Mary Lee Johnston Community Center (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

[Signature] 7-13-17
Affiant Date

Ilona Gay Littleken 7-13-17
Printed Name

Subscribed and sworn to before me this 13 day of July, 2017.



Kristina Boggs
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Mary Lee Johnston Community Learning Center
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Healthy Habits
Amount of Request	\$295,660.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The overall goal of this program is to address poverty through prevention programs that promote healthy habits and lifestyles among children and families. In addition, to promote the health and wellness of our care providers and staff and provide enhanced professional development. This includes nutritional health, physical health, mental and emotional health. 24.8% of children ages 0-5 residing in the city of Columbia live in poverty. 16.6% of children ages 0-5 live in poverty in the county of Boone according to the 2015 Boone County Indicators statistics. As shown in the Health/Poverty/Action, we know that poverty and poor health are inextricably linked. The causes of poor health for people can be rooted in political, social and economic injustices. Poverty is both a cause and a consequence of poor health. Neuroscience is producing extensive evidence suggesting that the later we wait to support families with children who are at greatest risk, the more difficult (and likely more costly) it will be to achieve positive outcomes, particularly for those who experience the biological disruptions of toxic stress during the earliest years according to Harvard Neuroscience studies. Early intervention and prevention is key. Strengthening families and including them in the process is essential.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

As mentioned, 24.8% of children ages 0-5 are living in poverty in the City of Columbia. 14.3% of families with children of all ages live in poverty. Mary Lee Johnston Community Learning Center (MLJCLC) serves 88 children daily. 78.6% of these children qualify for free and reduced lunches. Lack of living wage jobs, unaffordable quality child care, and lack of affordable educational opportunities are a few of the reasons people cannot climb up and out of poverty. 6.5% of households in Boone County are single parent households. 51.9% of MLJCLC families are single parent households. According to the State of Obesity, 32.4% of all adults in Missouri are obese. Missouri ranks 10th out of all states. In addition, the obesity rate of 2 to 4 year olds in Missouri is 13%. Many of the children we serve at MLJCLC have high risk factors. Some of these include social isolation, family disorganization, negative interactions, poor parent-child interactions, and poverty related stress. By working towards healthier families and children, our community will

reap the benefits. MLJCLC works towards addressing the risk factors and issues of poverty with our families by providing quality care and developing healthy, positive relationships.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

To address poverty by providing high quality, affordable care for children, promoting healthy habits, providing nutritious and fresh meals, physical activity, and parental support through case management services, referrals and a parent group.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The Healthy Habits program at MLJCLC currently provides healthy and nutritious meals that include fresh fruit and vegetable options for each child. MLJCLC will continue the MO Eat Smart Program and the MO Move Smart Program. We will add a Healthy Habits Coordinator to oversee the program, plan menus and be able to procure the freshest produce available in our community. This coordinator will oversee all aspects of this program. The program will provide oversight of each child's specific nutritional requirements and dietary needs. This will include meeting with families one on one to screen and develop a health plan. This position will oversee all documentation for this program and be responsible for menu planning and procurement of locally grown fresh foods and vegetables. Our program will continue to provide parent education and we will focus on health and wellness of the entire family. Our programs for families will also be open to parents from other not for profit early learning centers in the area because most parents experience the same issues regarding health, wellness and mediating stress in their lives. We will also continue to participate in the Farm to Preschool Program through USDA. Our program curriculum will be infused with options for physical activity such as yoga to promote physical activity and relieve stress. We will have bi-annual parent-inclusion events to encourage healthy habits and physical activity.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Mary Lee Johnston Community Learning Center serves 88 children ages 6 weeks through 6 years of age. 38% of our families are Caucasian, 26% African American, 9% Hispanic, 6% Asian, and 21% multiple races. 45.4% of our total enrollment are female and 54.5% are male. 83.4% of our families are at or below 200% of the poverty level. 51.9% of our families are single parent households.

b. Why will these particular consumers be served? (1500 character limit)

The children attend our early learning center and their families will be served. Again, most of our families are low income and they face severe stressors on a daily basis. We want them to be healthy and well so they can obtain the skills they need and manage their lives in a positive manner.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Families who are dealing with issues and stressors related to poverty or near poverty can be challenging to serve. They have many issues they are dealing with and have a fairly high needs level and very little resources. Trust is particularly important in serving families and some families are more private than others.

d. Total number of unduplicated individuals to be served by the proposed program:

278

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

531.76

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

278

City of Columbia

260

Other Counties

0

Residence Total

278

Record Lock

0

Race

White (alone)

0

Black or African American (alone)

0

Native American Indian or Alaskan Native

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

0

Some Other Race

0

Race Total

0

Ethnicity

Hispanic or Latino (of any race)

0

Not Hispanic or Latino

0

Ethnicity Total

0

Gender

Female

0

Male

0

Other

0

Gender Total

0

Income

At or below 200% of Federal Poverty Level

0

Over 200% of Federal Poverty Level

0

Income Total

0

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

0

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

0

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

0

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

MLJCLC has three locations: 1505, 1509 and 1511 Hinkson Avenue. We operate Monday through Friday 7:00 am through 5:30 p.m.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

MLJCLC serves children ages 6 weeks through 6 years of age. There is a fee for tuition and families pay on a sliding fee based on their income.

c. Will program consumers be charged a fee for the proposed program service(s)?

Yes

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

Our early learning center charges tuition based on a sliding scale fee. Families pay tuition based on their monthly income. We want care to be affordable for families so that each family can access the quality care each child deserves.

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Yes

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Parents must contribute to their child's tuition, but we must make it affordable for them so they are able to remain employed and improving their situations.

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

/document/download/filename/1499962693_40756_TuitionScale%282%29.docx/

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

We are licensed by the State of Missouri Department of Health and Senior Services for a total of 88 children. We must maintain licensing standards. We must meet Eat Smart certification requirements annually and we must maintain Food handlers certification for all staff members.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

If Yes - Provide the name of the accreditation agency. (300 character limit)

MO Accreditation provides quality standards for programs serving children from birth to school-age within the state of Missouri. Programs that achieve accreditation become a member of an elite and unique group because they have achieved a high standard of quality.

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

November 9, 2016 through November 9, 2018

If Yes - Provide a description of the accreditation process: (600 character limit)

Our program must meet standards that go above and beyond licensing requirements. Our teachers must meet specific educational requirements. We assess the development of our children and follow a specific curriculum in our classrooms. These standards must be maintained throughout the period of accreditation and is reviewed annually but recertified every two years.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

No (move on to d.)

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

If Yes - Will these best practices and/or standards be utilized in the proposed program?

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

Developing lifestyle habits of healthy food selection and movement has far reaching influence to the well being of the individual. Habits are formed early in life and providing children with exposure to healthy choices increases the probability they will elect to follow healthy choices. As with many other life style habits, the early years play an important role in helping set the foundation for how a person approaches nutrition and physical activity. Unfortunately the unhealthy routines that too many young children have when it comes to eating and exercise can jeopardize later school success and their long-term overall health.(childtrends.org., 2011) Neuroscience is also producing extensive evidence suggesting that the later we wait to support families with children who are at greatest risk, the more difficult (and likely more costly) it will be to achieve positive outcomes, particularly for those who experience the biological disruptions of toxic stress during the earliest years. (Harvard.edu 2016)

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

It is not always easy to get children to eat healthy foods. Despite the challenges, we all persist. Why is nutrition so important for young children? Providing children with nutritious foods is important to support their health, growth and development, while poor nutrition contributes to unhealthy weights in both children and adults. Because children's dietary habits are largely formed before the age of five, it is so important to support the development of healthy eating habits early. Clearly, early childhood is the ideal time to inspire healthy eating habits. Most children are physically active while at our center. Teaching them purposeful physical activity to stay healthy and relieve stressors is more important. Finally, our best way of taking care of young people brought into our care is to teach them that by learning to take care of themselves, they will learn to also love themselves, enjoy their capacity to productively participate in the world, and begin to trust decisions they make as they grow older. Poverty can bring many stressors to infants, toddlers and preschoolers. While they are with us, we need to engage them in daily teaching moments. Even the small decisions adults take for granted are important life skill opportunities. When we do this we will increase the number of "tools in their survival kit" to take care of themselves in the real world

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Our program includes having our own garden in which we plant fruits and vegetables, nurture them, watch them grow, harvest them and eat them in our classrooms. We want our children to experience nutrition.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

The programs will be reviewed every 6 months to evaluate progress and what we can improve. This will be completed by utilizing Pre-program evaluations and mid-program evaluations.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Pre and post evaluations for participants, healthy screening tools for families. Create measurement tool to develop a baseline of existing stress indicators and issues and continue to evaluate participants regularly.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

MLJCLC currently collaborates with USDA by participating in the Farm to Preschool program. We collaborate with the Center for Urban Agriculture in regard to fresh foods and outdoor classrooms for our center. We also collaborate with the SOAR program through the University of Missouri utilizing Positive Behavioral Support at our center. As a community partner site with Central Missouri Community Action Early Head Start we partner to serve sixteen of our infant and toddler slots to families who have dual enrollment in MLJCLC and Early Head Start. These are among our families that benefit most from our nutrition and movement program challenged with financial stress. Through this program we will be collaborating with a variety of agencies in our community as resources for our families.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF

format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Healthy Habits Coordinator	B.S.	1.00	\$37,450.00	\$0.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Executive Director	B.S.	0.25	\$48,960.00	\$0.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Program Director	B.S. or A.A. and 5 years experience	0.25	\$37,450.00	\$0.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
		0.00	\$0.00	\$0.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The Healthy Habits Coordinator will manage the programs and do all of the menu planning and food procurement for the center. They will oversee all nutritional health and physical health aspects of the program. This position will require a B.S. in Early Childhood Education, Nutrition or a related area. The Executive Director will oversee all aspects of implementation and evaluation. The Program Manager will facilitate and coordinate activities in cooperation with the Healthy Habits Coordinator.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field **MUST** be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Funding requested in this proposal	\$147,830.00	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %

5. Other Revenue Items (300 character limit)

\$0.00	0
5.	5 %
\$0.00	0

TOTAL PROGRAM REVENUE

TOTAL REVENUE
147830

PROGRAM EXPENSES**1. Personnel**

1.	1. %
\$59,052.50	40

Personnel Narrative (300 character limit)

This will include a FT coordinator and oversight from the Executive Director and Program Director

2. Non-Personnel

2.	2. %
\$88,777.50	60

Non-Personnel Narrative (300 character limit)

This will include all other expenses for program services.

TOTAL PROGRAM EXPENSES

TOTAL EXPENSES
147830

Yearly Amount Request from Children's Services Fund**Year 1 Total Request**

\$147,830.00

Year 2 Total Request

\$147,830.00

Total Amount Request from CSF

295660

Program Budget Narrative**Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)**

We will continue to apply for the Farm to Preschool Grant annually along with securing donations from organizations in the community toward our cause.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

<https://www.healthykids.nsw.gov.au/teachers-childcare/physical-activity/service-policy.aspx>
<https://www.healthykids.nsw.gov.au/teachers-childcare/physical-activity/publications.aspx>
<https://www.healthykids.nsw.gov.au/teachers-childcare/food-and-nutrition.aspx>
<http://health.mo.gov/data/mohealthassess/pdf/assessment.pdf>
http://developingchild.harvard.edu/wp-content/uploads/2016/05/From_Best_Practices_to_Breakthrough_Impacts-4.pdf
<http://booneindicators.org>
<https://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html>
<https://www.childtrends.org/indicators/>

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Mary Lee Johnston Community Learning Center
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Healthy Habits
Amount of Request	\$295,660.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

HEALTH EDUCATION

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Provides information to maintain or improve physical and mental health and overall wellbeing.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

This service will provide children ages 6 weeks through 6 years of age opportunities to be informed, educated and experience Healthy Habits. The service will include age appropriate nutritional education using the Eat Smart guidelines, providing nutritionally balanced menu plans and incorporating whole grains, fresh fruits or vegetables into each meal. Children will be provided a diverse array of foods incorporated into their meals. We will collaborate with the Columbia Center for Urban Agriculture for an outdoor classroom and continue to expand our own center garden. Infant classrooms will focus on the importance of breast feeding, introduction of foods, fine and gross motor activities, developmental stages and infant massage. Toddlers will be able to experience a variety of fresh and whole foods, incorporate nutrition education through song and dance, and develop healthy habits. Preschool classrooms will participate in outdoor classroom activities, research based nutrition curriculum (Eat Smart), gross motor play, enrichment activities such as yoga, soccer, dance to give options for physical activity these children may never have otherwise and to provide outlets and supports for mental health.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

b. Unit Rate (#1)

\$59.74

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

The overall service is consistent with nutritional expertise incorporating early childhood education and providing age appropriate services. The service will concentrate on the use of food, nutrition, a variety of physical activity and positive mental health practices.

d. Total Number of Units of Service to be Provided (#1)

1040

e. Total Number of Unduplicated Individuals (#1)

128

f. Average Number of Units of Service per Unduplicated Individual (#1)

8.13

g. Average Cost of Service per Individual (#1)

485.39

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

It would be detrimental and prohibitive to charge a fee to low income families for this service. We want these children to be able to develop healthy habits and have a chance to carry these habits throughout their lives.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

No (if no, move on to the Funding Request section.)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$0.00	0	\$0.00
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00
	1c1.	1c2.	1c3.
c. City of Columbia - Social Services Funding (#1)	\$0.00	0	\$0.00
	1d1.	1d2.	1d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	\$0.00	0	\$0.00
	1e1.	1e2.	1d4.
e. Heart of Missouri United Way Funding (#1)	\$0.00	0	\$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$62,132.50

b. Proposed Number of Units of Service (#1)

1040.05

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

Developing good nutritional habits at an early age is the best way to ensure healthy habits for a child. Having a program specifically focused on the importance of all aspects of health is the best way to reach at risk children. Starting early with breastfeeding children and moving up to preschoolers ready to start kindergarten is the age to instill these healthy behaviors. Healthy habits can prevent a multitude of chronic health conditions and obesity.

Service #1- Performance Measures

Outcome (1-1)

Children will receive nutrition education, experience nutrition education by participating in outdoor classrooms.

Indicator (1-1)

75% of children will increase their knowledge of healthy choices and

Method of Measurement (1-1)

Pre and post assessments will be provided for each age group.

Additional Outcome (1-2)

Only whole grain breads and pastas, locally procured fresh, frozen or no sugar added fruits and vegetables are served.

Additional Outcome (1-3)

Children will receive nutritional education utilizing the Eat Smart program guidelines.

Additional Outcome (1-4)

Children will enhance their gross and fine motor skills through physical activity options.

Additional Outcome (1-5)

options.

Additional Indicator (1-2)

70% of children broaden their "like" of nutritious foods.

Additional Indicator (1-3)

75% of children will enhance their knowledge of healthy eating choices.

Additional Indicator (1-4)

75% of all children will meet appropriate development milestones.

Additional Indicator (1-5)**Additional Method (1-2)**

Children's evaluations track their "likes" every six months to measure broadening choices.

Additional Method (1-3)

Evaluations will track knowledge every six months..

Additional Method (1-4)

Ages and Stages Questionnaire annually.

Additional Method (1-5)**Service #1 - Performance Measures Narrative****a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

The need for quality nutritional meals is satisfied as the child are daily exposed to food choices that are healthy. By experiencing a variety of foods and learning about healthy choices they will be able to make better choices and develop lifelong healthy habits. Children will gain more knowledge about growing food, harvesting that food and eating that food.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Children's daily attendance and continued enrollment impact the ability for them to obtain the quality meals served and the nutritional education. Individual taste does deter children when first exposed to new flavors and healthier ingredients, however, exposure increases tasting, consuming, and requesting the healthier meals.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Based on 1 hour services we anticipate 20 hours of service per week per classroom. Each classroom has between a minimum of 8 children up to 20 children. More time may be spent with larger groups dependent on attendance and/or activities planned.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The use of evaluations to document changes in knowledge and preferences is widely used throughout MLJCLC. The Ages & Stages Questionnaire pinpoints developmental progress in children between the ages of one month to 5 ½ years. Its success lies in its parent-centric approach and inherent ease-of-use—a combination that has made it the most widely used developmental screener across the globe. Evidence shows that the earlier development is assessed—the greater the chance a child has to reach his or her potential.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

4.21 PHYSICAL ACTIVITY

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provides opportunities and/or instruction for physical activities.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

This service will provide education about movement and physical activity. It will also include opportunities for physical movement for each of our children in the center whether that be yoga, soccer, basketball or infant massage. Not only is this beneficial to develop lifelong habits in children ages 0-5, exercise also has some direct stress-busting benefits. Physical activity helps bump up the production of your brain's feel-good neurotransmitters, called endorphins. It's meditation in motion. It can help connect children to their bodies instead of focusing on their daily worries. As they begin to regularly shed their daily tensions through movement and physical activity, they can find energy and optimism and it can help them remain calm and clear in everything they do. It will help to improves their mood. Regular exercise can increase self-confidence, it can relax children, and it can lower the symptoms associated with mild depression and anxiety. Exercise can also improve sleep, which is often disrupted by stress, depression and anxiety.

Service #2 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)****b. Unit Rate (#2)**

\$50.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

Specialists in the field of specific exercise, certifications request an appropriate fee for their enrichment activities.

d. Total Number of Units of Service to be Provided (#2)

416

e. Total Number of Unduplicated Individuals (#2)

128

f. Average Number of Units of Service per Unduplicated Individual (#2)

3.25

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

It would be detrimental and prohibitive to charge a fee to low income families for this service. We want these children to be able to develop healthy habits and have a chance to carry these habits throughout their lives.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

No (if no, move on to the Funding Request section)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)			

	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$20,800.00

b. Proposed Number of Units of Service (#2)

416

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Physical activity needs to be a lifelong healthy habit. Not only does it improve your overall physical health but it helps to relieve stress in an otherwise stressful world for children living in or near poverty. It is a priority for our children to be able to live healthy and productive lives and be of the best character they can be and this is part of this process.

Service #2 - Performance Measures

Outcome (2-1)

Children will participate in weekly physical activity.

Indicator (2-1)

75% of children will enjoy incorporating physical activity into their day.

Method of Measurement (2-1)

After a baseline is established an evaluation will be done bi-annually.

Additional Outcome (2-2)

Through physical activity, children will be able to develop their motor skills.

Additional Indicator (2-2)

80% of children at the center will be proficient and developmentally on target in large motor skills.

Additional Method (2-2)

The Ages and Stages Questionnaire will be administered annually.

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

Healthy Habits include developing lifelong physical movement habits to ensure a healthy body and assist with the relief of stress. Children that learn about relieving stress early and developing coping mechanisms are more likely to be able to face toxic stress later in life. Even infants react to familial stress and they need to have some relief. A newborn's brain is about 1/4 of the size of an adult brain, but by age 3 the brain has grown to 80% of adult size, and by age 5, a child's brain has reached 90% of brain development occurs by age 5. This development is activity-dependent.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Attendance may prohibit the physical experience. Uncooperative weather may be a factor at times.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

Generally physical activity can be measured by the amount of time put into each activity. This allows for over 800 sessions of activity overall.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The use of evaluations to document changes in knowledge and preferences is widely used throughout MLJCLC. The Ages and Stages Questionnaire is routinely used to determine if a child is developmentally, emotionally and physically where they need to be for their age.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

CASE MANAGEMENT

Service #3 - Taxonomy Definition of Service (300 character limit)

A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

This will include individual assessment of each child's specific nutritional needs, meal planning for each child's specific nutritional needs, and individual meetings with families regarding whole health and resources, assist with navigating the medical system and helping to address any barriers families may have. Initially it will take time to assess each child individually but as the service takes off, the Coordinator will meet individually with families at enrollment to address any specific health issues and provide an overview of the Healthy Habits program.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$76.13

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

Case management services include a variety of activities and challenges. Someone in this position will have to be resourceful and be able to address a variety of situations. Many of our children have unique nutritional needs and many have specific food allergies. These allergies are life threatening and need to be monitored carefully. At times, parents may not understand the magnitude of food allergies or know how to address them on every level. This service will assist them with those situations, address questions, address developmental issues or concerns and provide information.

d. Total Number of Units of Service to be Provided (#3)

192

e. Total Number of Unduplicated Individuals (#3)

128

f. Average Number of Units of Service per Unduplicated Individual (#3)

1.5

g. Average Cost of Service per Individual (#3)

\$76.13

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

It would be detrimental and prohibitive to charge a fee to low income families for this service. We want to enhance the lives of our children and that means treating the family as a whole.

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way

for this service? (#3)

No (if no, move on to the Funding Request section)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$52,800.00

b. Proposed Number of Units of Service (#3)

693.55

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Many of our families are working day in and day out just to make ends meet. They do not make time to find solutions to issues or have time to locate resources on their own whether that be for their own sake or for their children. They leave their children with us up to ten hours per day each day. They develop a sense of trust. If we can assist them with resources to help relieve stress in their lives or address debilitating issues head on they will be able to continue to improve their quality of life and climb the socio-economic ladder in their community.

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
We will provide referrals and resources to families based on what they identify as their need.	We will successfully assist 75% of participating families with a resource or referral.	We will provide evaluations to each family participant and document all referrals made. A tool will be developed to indicate stress levels of families. It will be a pre and post evaluation tool.
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

Low income families experience stressors on a daily basis. Whether it is making a decision to purchase food or diapers, pay the electricity bill or child care or just hoping they do not lose their job because their child is ill and they have no support to help them in a time of crisis. Whatever it is it can be considered toxic stress. Specific nutritional needs, developmental issues can just add to that stress. We want to partner with them in regard to their child's health.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Some families may want you to solve all of their problems but it takes effort on the behalf of everyone so they will need to be committed. Some parents lack follow through so that may be an inhibitor.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

We determined to measure by the hour whether that be family interaction or research, developing resources, educating others about resources, making referrals. Some families may require a great deal of time and others may not.

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Determining where a family is and developing a baseline is necessary so you know where they are when you start to provide services. Evaluating post services will give you a better idea of whether or not you were able to provide what they needed at that time.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

HEALTH EDUCATION

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Provides information to maintain or improve physical and mental health and overall wellbeing.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

This service will provide a variety of health education for parents and others in the community. We will provide 6 sessions of health related presentations at our center. We will focus on physical health, nutrition, and mental health. These presentations will be offered by experts in their field and provide practical information that target at risk families. Child care will be provided for parents of the center to promote attendance. We will also provide a meal for those in attendance. Our parent advisory committee, a parent led leadership group will participate in the planning of presentations dependent on

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$2,016.25

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

The unit is based on 6 sessions. In order to provide a presentation by an expert in the field, research and connections needs to be made. It takes time to research, make connections, confirm a presenter, pay the presenter, advertise and recruit for the event. We are hoping to serve more than 150 unduplicated individuals but want to be cautious with our numbers. A nutritious meal and/or snack will be provided at each event along with child care services for our parents at the center.

d. Total Number of Units of Service to be Provided (#4)

6

e. Total Number of Unduplicated Individuals (#4)

150

f. Average Number of Units of Service per Unduplicated Individual (#4)

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

We do not want to charge for this information because we are targeting at risk families so they can receive information about how to live a healthier life.

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.) (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

No (if no, move on to the Funding Request section)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$12,097.50

b. Proposed Number of Units of Service (#4)

6

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

This is a needed resource for our community, especially for parents who are low income or near low income. Perhaps this will start a process of healthy habits for others. If centers work together to provide information for parents, perhaps networks and support systems can come out of that. We provide parent education at our center but it would be more beneficial to be able to recruit experts in the field.

Services #4 - Performance Measures

Outcome (4-1)

Parents and community members will be provided 6 sessions of information regarding health, wellness, and nutrition.

Indicator (4-1)

80% of all attendees will indicate they learned something helpful that will enhance their health and wellness.

Method of Measurement (4-1)

Evaluation tool provided to all attendees.

Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

We want parents to be able to receive the information they desire so it can help them enhance their overall health and wellness. We can do everything we can to instill healthy habits in children but they still have to go home at night. If we can relieve some of the pressure and stress these parents have, increase their knowledge of nutrition and the importance of physical activity it will improve the overall health of the family. When families feel better they function better. By involving our parent advisory committee, they are devising presentations that we know will be helpful.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Parents are busy and may not make time to attend sessions.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

Evaluations completed by attendees prior to their departure or while they are still there is the best way to get feedback from the session. If we can receive 80% overall satisfaction that will be a success.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Provides information to maintain or improve physical and mental health and overall wellbeing.

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
	5a1.	5a2.	5a3.
a. Boone County - Children's Services Funding (#5)	\$0.00	0	\$0.00
	5b1.	5b2.	5b3.
b. Boone County - Community Health Funding (#5)	\$0.00	0	\$0.00
	5c1.	5c2.	5c3.
c. City of Columbia - Social Services Funding (#5)	\$0.00	0	\$0.00
	5d1.	5d2.	5d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	\$0.00	0	\$0.00
	5e1.	5e2.	5e3.

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00

b. Proposed Number of Units of Service (#5)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)

Service #5 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

147830



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

4.3.2. Negotiations will only be conducted with potentially acceptable proposals.

4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of _____)
) ss
 State of _____)

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Printed Name _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

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MARYLEE-02

CJENKINS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TIG Advisors-Col 200 East Southampton Drive Columbia, MO 65203	CONTACT NAME: Chelsea Jenkins	
	PHONE (A/C, No, Ext): (573) 875-4800	FAX (A/C, No): (573) 875-4514
INSURED Mary Lee Johnston Community Learning Center 1505 Hinkson Avenue Columbia, MO 65201	E-MAIL ADDRESS: cjenkins@tigadvisors.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : West Bend Mutual Insurance Company	
	INSURER B : Accident Fund Insurance Company of America	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liabli	X	X	A011903	05/19/2017	05/19/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A011903	05/19/2017	05/19/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED RETENTION \$			A011903	05/19/2017	05/19/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCV6111135	05/19/2017	05/19/2018	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is Additional Insured on General Liability but only to extent provided in policy. Waiver of Subrogation applies to General Liability

CERTIFICATE HOLDER

CANCELLATION

County of Boone, Missouri
C/O Purchasing Department
613 E Ash Street
Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Service Contract
Therapeutic Mentoring and Family Support

THIS AGREEMENT dated the 20th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Presbyterian Children's Homes and Services** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **PCHAS**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, PCHAS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

WHEREAS, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY PCHAS

PCHAS is expected to the greatest extent possible to maximize funding from all other sources. PCHAS shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. PCHAS shall only request reimbursement for services not reimbursable by any other source. PCHAS shall not invoice the Children's Services Fund for units of service invoiced to another funding source. PCHAS shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** PCHAS will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and PCHAS's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over PCHAS's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from PCHAS and PCHAS agrees to furnish the **Therapeutic Mentoring and Family Support** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in PCHAS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$25,000.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. PCHAS agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of PCHAS be renewed for an **additional one (1), one-year period**. PCHAS agrees and understands that the BCCSB may require supplemental information to be submitted by PCHAS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Therapeutic Mentoring	One hour	\$25.00	1,000	\$25,000.00

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of PCHAS, the BCCSB agrees to pay interest at a

rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by PCHAS to monitor service delivery and program expenditures. PCHAS agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by PCHAS and, if so stipulated, are noted on this contract document. Payments may be withheld from PCHAS if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. PCHAS agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** PCHAS also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of PCHAS's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from PCHAS, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** PCHAS agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect PCHAS's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, PCHAS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event PCHAS requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from PCHAS may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with PCHAS's policies and procedures and in accordance with any local/state/federal regulations. PCHAS agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. PCHAS must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** PCHAS will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** PCHAS agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to PCHAS's provision of such services.

14. **Accreditation/Licensure/Certifications.** PCHAS must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** PCHAS agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and PCHAS, and this shall include any transaction in which PCHAS is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** PCHAS may enter into subcontracts for components of the contracted service as PCHAS deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, PCHAS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** PCHAS agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. PCHAS shall require each subcontractor to affirmatively state in its Agreement with the PCHAS that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide PCHAS a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** PCHAS agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against PCHAS or any individual acting on the PCHAS's behalf, including subcontractors, which seek to enjoin or prohibit PCHAS from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If PCHAS ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if PCHAS no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, PCHAS will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event PCHAS, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to PCHAS as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should PCHAS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, PCHAS shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the PCHAS for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, PCHAS agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Presbyterian Children's Homes and Services** (meaning anyone, including but not limited to consultants having a contract with PCHAS or subcontractor for part of the services), or anyone directly or indirectly employed by PCHAS, or of anyone for whose acts PCHAS may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Organization.** PCHAS shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. PCHAS will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. PCHAS will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. PCHAS agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and PCHAS. The BCCSB does not recognize any of the PCHAS's employees, agents, or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** PCHAS shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to PCHAS shall be mailed or delivered to:

Presbyterian Children's Homes and Services
Robert Giegling
409 Vandiver
Columbia, MO 65202

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

Presbyterian Children's Homes and Services

By: Robert Giegling
Signature

By: Robert Giegling Executive Director
Printed Name/ Title

Boone County, Missouri

By: Boone County Commission
Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board
Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk

DKB

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Jane Ritchford by jg 12/20/17
Signature Date Appropriation Account (2161/71106/\$25,000.00)

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390

E-mail: mbobbitt@boonecountymo.org

November 1, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 - Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. Note: This form must be signed. All signatures must be original and not photocopies.

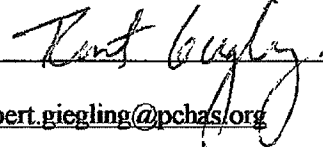
Company Name: Presbyterian Children's Homes and Services of Missouri

Address: 1220 North Lindbergh Blvd St. Louis, MO 63132

Telephone: (314) 989-9727 Fax: (314) 989-9707

Federal Tax ID (or Social Security #): 43-1699263

Print Name: Robert Giegling Title: Executive Director

Signature: 

Date: November 01, 2017

E-mail: robert.giegling@pchas.org

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Presbyterian Children's Homes and Services
Name of Program	Therapeutic Mentoring

Organization Profile	
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1. The address for the 'Organization Contact Information' and 'Local Organization Contract Information' lists the same address for Columbia. The 'Organization Contact Information' section should be for the main address of the organization. The website lists St. Louis as the Missouri office location.

Action Required: Update the 'Organization Contact Information' section with the address for the main Missouri office.

Presbyterian Children's Homes and Services of Missouri
1220 North Lindbergh Blvd, St. Louis, MO 63132

2. Four board members do not have term limits according to the Governing Board section. These board members include: Bill Comiskey, Kenneth Johnson, Charles Ed Knight, and LaRaine Raymond DuPuy.

Action Required: Provide clarification on why these four members do not have term limits.

In 2012, PCHAS of MO entered into an affiliate agreement with PCHAS of Texas and Louisiana. As part of the agreement, PCHAS of Texas/Louisiana appointed three board members from their board to serve on the PCHAS of MO Board without term limits. Ed Knight, being the president of PCHAS Texas, was appointed as President of the PCHAS of MO Board, without term limits. For this reason, these four board members do not have term limits.

Proposal Cover Sheet	
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3. The third form for required signatures for the addendums is missing on the uploaded document.
Action Required: Update a copy of the signed addendums with all three signature pages.

All three addendums have been signed and attached.

Program Overview Form

4. The statement describing the community-level issues for field a., does not provide citations for the information being referenced.

Action Required: Provide citations for the information referenced for field a., including BID.

The statement describing the community-level issues was not cited from a specific source. It was based on PCHAS' Therapeutic Mentoring program outcomes over the last fifteen years. These community level issues and outcomes are consistent with needs identified in the Boone Indicator Dashboard.

<http://BooneIndicators.org/IndicatorView.aspx?id=832>

5. The statement of the issue being addressed does not specifically tie the data into the population that will be served through this program.

Action Required: Provide sufficient information on how the population being described in the data relates to the proposed program.

The data listed in the statement is only a sample of the population that will be served through the Therapeutic Mentoring program. However, all of these factors negatively affect the children's chances of being successful. The children served through this program are typically from single-parent households, live in high-poverty neighbors, and quite often experience domestic violence and/or child abuse/neglect. Therapeutic Mentoring helps build resilience in children; and the youth taught coping and life skills that empower them the handle distressing and disturbing experiences in very constructive ways.

6. The Consumer Demographics Ethnicity section is not filled out.

Action Required: Provide numbers for the Consumer Demographics Ethnicity section in the table below.

Ethnicity	
Hispanic or Latino (of any race)	2
Not Hispanic or Latino	28
Ethnicity Total:	30

7. The narrative for Program Quality under field d. states, "130% [young adults] more likely to hold leadership positions". This percentage and statement is unclear.

Action Required: Provide clarification on how the percentage is over 100%.

This is a direct quote from the National Mentoring Partnership website, <http://www.mentoring.org/why-mentoring/mentoring-impact/>. According to their Program Manager, Jennifer Bourgin, this statistic comes from *The Mentoring Effect*, a report informed by the first-ever nationally representative survey of young people on the topic of both informal and formal mentoring. The full report may be accessed at http://www.mentoring.org/newsite/wpcontent/uploads/2015/09/The_Mentoring_Effect_Full_Report.pdf. The statistics they referenced were found on page three.

This statistic is comparing at-risk youth who have mentors to at-risk youth who do not have mentors. Children who are at-risk for child abuse/neglect, poor academic performance, criminal activity, drug/ alcohol abuse, and other negative factors are severely less likely to succeed in many life domains. Since all of these youth are at-risk, their chances of success are greatly impaired, and therefore they would start from a negative position. For example, due to the disturbances and other negative factors affecting a child of a drug-addicted parent, that child might be 30% less likely to finish high school. If the measurement was first completed when the child's services began, at a 30% below par position due to at-risk factors; and measured again at their discharge date, showing them successfully completing high school, this would be a 130% change. Therapeutic Mentoring would have increased the child's chances of completing high school 130% compared to an at-risk youth who did not receive mentoring services.

8. The Collaboration narrative states that MOUs are available upon request. These should have been uploaded in the proposal.

Action Required: Attach MOUs that are available that support this program.

An MOU from FACE is attached.

9. The Program Personnel table only lists Therapeutic Mentors. All organizational staff with different positions that are involved in the program need to be listed. There are only seven lines available for personnel and all are filled as Therapeutic Mentors. The FTE for all the mentors should be added and in the narrative table should explain how many Therapeutic Mentors will fill this position. This would free lines up to list the Executive Director, Supervisors, etc. that are also involved with the program. For example, the narrative states that Therapeutic Mentors receive training and supervision. These employees should be included on the Personnel table and in the program costs.

Action Required: Complete the Program Personnel Information Chart below making sure to include all staff who are associated with this program.

Program Personnel Information Chart				
Position/Title	Minimum Qualifications	FTE	FT Salary Range From:	FT Salary Range To:
Ex. Therapeutic Mentor	High School Diploma (7 part-time x .5 = 3.5 FTEs)	3.5	\$12.50	\$12.50
Therapeutic Mentors	Bachelor's Degree (10 part-time X .5=5 FTEs)	5.0	\$13.00 hourly	\$13.00 hourly
Therapeutic Mentor Taxes and Benefits	12.50%	5.0	\$3,835	\$3,835
Mentor/Trainer Coordinator	Master's Degree (1 Full-time x .25=.25 FTE)	.25	\$40,000x.25=10,000	\$10,000
Mentor/Trainer Coordinator Taxes and Benefits	14.85%	.25	\$1,485.00	\$1,485.00
Mentor Manager Salary, Taxes and Benefits	Master's Degree (1 full-time x .25=.25 FTE)	.10	\$50,000 x .10=\$5,000 In-kind	\$5,000 In-kind
Executive Director Salary, Taxes and Benefits	Master's Degree (1 full-time x .05=.05 FTE)	.05	\$120,500 X .05=\$6,025 In-kind	\$6,025 In-kind

10. The Program Budget does not list any Non-Personnel costs for the program.

Action Required: Provide clarification on the non-personnel costs.

General Administration Costs at calculated at eight (8) percent. (\$50,000x.08=\$4000)
General Administration costs are \$4,000.00.

11. The Year 2 Total Request below the Program Budget is not provided.

Action Required: Provide an amount that will be requested for Year 2 of services.

The Year 2 request is \$75,000 for 3000 units of service at \$25.00 per unit (one hour). Forty (40) unduplicated individuals will be served during FY 2019.

12. The Reference List does not provide citations in APA format for use of the Boone Indicators Dashboard (BID) and Mentor.org. *Action Required:* Provide clarification on where these references were retrieved. **See attached Reference list.**

Program Services Form (1-5)

Service 1

13. The unit measure needs to state, "one hour".

Action Required: Provide the updated unit measure on the attached 'Service Change Chart'. Provide any comments in the field below.

The unit of service is "one hour".

14. According to the Boone County Children's Services Fund invoicing records, the current service has only utilized 243.50 units out of 3,000 units between January and June 2017.

Action Required: Provide an updated number of units of service to be provided that is reflective of current utilization. Provide justification on the adjusted number of units being proposed. Provide the updated number of units to be provided in the attached 'Service Change Chart'. Remember that this must be your best and final offer. Provide any comments in the field below.

PCHAS began its relationship with Boone County in 2016 through a subcontract with Girls Town. In the contract, Girls Town agreed to refer youth to PCHAS for Therapeutic Mentoring services. However, no referrals were made during the entire contract period.

In 2017, Boone County awarded PCHAS a contract to provide Therapeutic Mentoring services. The implementation of this contract required PCHAS to build new relationships with child servicing organizations throughout Boone County in order to receive referrals; and to screen, employ and train qualified mentors. This resulted in low utilization of service units for the first six months of the contract.

During this time, PCHAS has built rapport with other Boone County providers and are receiving referrals on a regular basis. Today, there are ten Therapeutic Mentors, who are serving forty-one youth in Boone County. Over half of the current matches have occurred within the last few months. The following table reflects the utilization of services for the months of August-October 2017:

<u>Past Three Months</u>	<u>Units</u>	<u>Revenue</u>
August	112.25	\$ 2,806
September	182.25	\$ 4,556
October	<u>224.00</u>	<u>\$ 5,600</u>
Total	518.50	\$ 12,962
Annualized	2,074.00	\$ 51,848

As the table shows, there is a constant increase in the utilization of service units each month. PCHAS expects this current trend of increased service to continue throughout the current contract, and to increase steadily throughout the 2018-2019 contract period.

15. Due to the recommendation of lowering the total number of units to be provided, the proposed number of unduplicated individuals to be served for one year of services will need to be updated based on current trends.

Action Required: Update the proposed number of unduplicated individuals to be served for one year of services. Provide justification on the updated number of unduplicated individuals to be served. Provide the adjusted total number of unduplicated individuals to be served in the 'Service Change Chart'. Provide any comments in the field below.

Based on the information above, PCHAS is requesting 2000 units of service at a rate of \$25.00 per one hour for the 2018 contract period, and 3000 units of services for 2019 contract period.

16. Due to the recommendation of lowering the total number of units to be provided, the total amount requested for the Boone County Children's Services Fund needs to be updated.

Action Required: Update the amount requested with the adjusted number of units to be provided. Provide this information in the 'Service Change Chart' as well. Provide any comments in the field below.

17. Service 1 Performance Measures will need to be worked on to correctly follow the logic model. Outcomes state a beneficial change in the people being served and do not include percentages or numbers. The Indicators are specific by which a service's level of success is affecting the desired outcome. Indicators require a percentage in which performance can be measured and propose a goal in which the outcomes can attain. The method of measurement is the tool utilized to gather the information.

- a. Outcome (1-1) and Indicator (1-1) should be switched. The current Indicator (1-1) could then drop the percentage to be a more general outcome statement.
- b. Outcome (1-2) and Indicator (1-2) should be switched. The current Indicator (1-2) could then drop the percentage to be a more general outcome statement.
- c. Outcome (1-3) should drop the percentage to be more general.
- d. Outcome (1-4) and Indicator (1-4) should be switched.
- e. Outcome (1-5) should drop the percentage. Indicator (1-5) needs to add "while enrolled in the program" to clarify the time period of law violations not occurring for clients.

Action Required: Update the performance measures in the 'Service Change Chart'. Provide any comments in the field below.

18. The rationale for the method of measurement to be used does not explain the cSWIS.

Action Required: Provide clarification on cSWIS case notes and the rationale in using this tool as a method of measurement for Outcomes 1-1 and 1-2.

The PCHAS Therapeutic Mentoring program uses the Client Social Welfare Information System (cSWIS), a customized software program to track performance and outcomes of all mentoring clients. cSWIS includes reporting from intake, mentors, QMHP, mentor coordinators, the finance department, management, and administrative staff, and includes a summary of demographic data as well as utilization. Snapshots of time can be analyzed and compared to previous months, as well as individual mentor performance on compliance standards. The system has a reports function that allows for real time audit reports and summary data regarding all outcomes being tracked by the program.

cSWIS is used for Outcomes 1-1 and 1-2, along with academic and Child Abuse Neglect reports. cSWIS allows the Mentors to enter case notes which can help them identify trends or track patterns where the youth's behavior was unfavorable or where they were subjected to abuse. Each case note requires the therapeutic mentors to rate the education and behaviors fields. These fields pull into the outcomes reports. The reports from cSWIS can help them identify significant triggers and events that may have contributed to the behavior. The mentor can strategically implement activities in the care plan, which help the youth cope with difficult situations in a more positive way.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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19. An attachment is provided summarizing the best and final offer for the program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Presbyterian Children's Homes and Services			
Program Name: Therapeutic Mentoring			
Service #1 – Taxonomy of Service Name: Therapeutic Mentoring			
Service #1 – Taxonomy Definition of Service: Social interaction and guidance for individuals with emotional and mental concerns provided by a trained mentor.			
<p>Provide a detailed description of the proposed service:</p> <p>The Therapeutic Mentoring program addresses community-level issues of improving mental health, decreasing risk factors associated with child abuse, neglect and delinquency; improving academic performance; increasing self-esteem; reducing barriers to positive connections for the youth within the community; decreasing social isolation for youth; and promoting pro-social norms and behaviors.</p> <p>The population served will include youth in foster care or at risk for entering foster care between the ages of 5 and 19 years old, of any race, and who were removed from unsafe home situations or are living in high-risk situations in Boone County. Youth in foster care and those more likely to enter into foster care share the risk factors of not having a strong support system and demonstrating a pattern of poor coping skills and dangerous behaviors. High priority will be given to youth referred through the Family Assessment Center for Excellence and youth who are in foster care in Boone County. A high number of youth are expected to reside in the City of Columbia.</p> <p>Upon referral, an assessment is made of the youth's individual needs, and the current functioning of the youth in relationship to family, school, and community to identify the primary goals and guide the matching process. Once consents and permissions are in place the treatment plan is developed in collaboration with the youth and parent. Then Therapeutic Mentoring sessions begin.</p> <p>Activities like trips to the library, local museums, sporting events, local cultural events are strategically implement into the program, in order for the mentor to observe the youth practicing their new skills within the community. Focused teaching/coaching is utilized to further skill development in: problem solving, conflict resolution, communication, healthy relationships, and social behaviors aimed at keeping the child invested in home life, school, and their community. PCHAS' Therapeutic Mentoring utilizes an individualized treatment plan designed to address coping skills, high-risk behaviors and mental health needs. All activities are tailored to the individual youth's needs and goals. All of the activities bring a focus on the youth's strengths and abilities for success. Mentors meet with the youth weekly for 2-3 hours per session over 26-52 weeks a year. The program utilizes community locations for mentoring sessions and may include the youth's school, home or treatment facilities with appropriate permissions and notifications. The service times are set to accommodate the youth, which includes weekdays, weekends and evenings when needed. The youth and family receive referrals to other service providers as needed.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One hour	\$25.00	2000	30

Funding Request		
Amount Requested to Boone County: \$50,000		Proposed Number of Units of Service: 2000
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Enrolled students will have improved school attendance.	90% of enrolled clients will have improved academic outcomes by being present at school at least 90% of the school year.	School attendance records and cSWIS case notes will be reviewed compare to baseline attendance (prior to service) with attendance during the enrollment in the program.
Enrolled clients will have a reduction of disciplinary referrals.	90% of enrolled clients will have improved academic outcomes by being ready to learn at school.	School discipline records and cSWIS case notes for incidents that impede the youth's learning while at school.
Enrolled clients will be safe in their homes and not become victims of abuse or neglect.	No substantiated Child Abuse and Neglect reports to the State of Missouri during the enrollment period.	Substantiated reports of abuse or neglect by the parent made on behalf of the youth victim to Children's division will be the measurement.
Enrolled clients will have improved family relationships.	90% of enrolled youth and their parents will report improved communications and increased positive interactions	Pre- and Post- Children's Global Assessment Scale (C-GAS) scores, review of case notes indicating improvements and levels of safety in the home.
Clients will have no law violations while enrolled in the program.	No law violations while in the program.	Arrest/conviction records.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Therapeutic Mentoring FY 2018	One hour	25.00	2000	30
Therapeutic Mentoring FY 2019	One hour	25.00	3000	40
Funding Request to Children's Service Fund:				
Service:		Amount Requested to Boone County:		Proposed # of Units of Service:
Therapeutic Mentoring FY 2018		\$50,000		2000
Therapeutic Mentoring FY 2019		\$75,000		3000
Development/Start Up Service Funding				
Total Amount Requested to Boone County:		\$50,000 + \$75,000= \$125,000		

Boone County Reference List

“Boone Indicators Dashboard.” *Columbia BID Project*, booneindicators.org/Default.aspx

“The Mentoring Center.” *Technical Assistance & Training Provider*, mentor.org/.

Dubois, D. L., Portillo, N., Rhodes, J. E., Silverthorn, N., & Valentine, J. C. (2011). How Effective Are Mentoring Programs for Youth? A Systematic Assessment of the Evidence. *Psychological Science in the Public Interest*, 12(2), 57-91. doi:10.1177/1529100611414806

The Annie E. Casey Foundation 2013 Kids Count data book: state trends in child well-being. (2013). Baltimore, MD: Annie E. Casey Foundation.

Johnson, S., Pryce, J., & Martinovich, Z. (n.d.). The Role of Therapeutic Mentoring in Enhancing Outcomes for Youth in Foster Care . *Child Welfare* . Retrieved 2017, from <https://www.questia.com/library/journal/1P3-2571962971/the-role-of-therapeutic-mentoring-in-enhancing-outcomes>

Memorandum of Understanding

by and between Presbyterian Children's Homes and Services and the Family Access Center of Excellence

Purpose:

The purpose of this Memorandum of Understanding is to define the roles and responsibilities each organization will assume with respect to Presbyterian Children's Homes and Services (PCHAS) providing therapeutic mentoring services to youth struggling with mental health, family and/or school related issues and who are referred for services by the Family Access Center of Excellence (FACE) as appropriate.

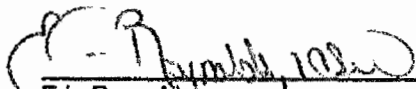
History:

With the recognition of the benefits of community based therapeutic mentoring services to the youth and their families who are connected with FACE, PCHAS seeks to partner with FACE to serve the youth and their families as appropriate that are most at risk for child abuse/neglect, struggling with emotional and behavioral issues. This community based mentoring program plans to serve a significant number of youth and their families each year with approximately 36 consecutive weeks of mentoring per youth/family and up to a full 12 months if needed. The number served and the amount of service provided is contingent upon funding from the Boone County Children's Service Fund and the number of youth/families requiring therapeutic mentoring services.

Responsibilities and Commitments are as Follows:

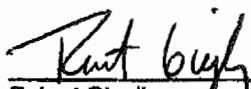
1. FACE will refer youth that are in need of therapeutic mentoring as appropriate. The PCHAS Mentor Coordinator will assign a mentor for each youth referred to provide one-on-one, therapeutic mentoring services. The mentoring services will start after the parent/guardian has signed a consent form, a mentor match has been found and the mentor and youth have their initial meeting. The therapeutic mentoring service will last for anywhere from 36 weeks up to a full 12 months if needed.
2. PCHAS will provide mentor recruitment, Mentor Orientation training, on-going monthly training, and regular supervision to mentors to ensure quality of mentoring services and proper focus of mentoring activities with the youth. This training will include but is not limited to: 1) the National Mentoring Partnership curriculum, "Learn to Mentor Toolkit", 2) Presbyterian Children's Homes and Services policies and procedures for quality mentoring, roles, responsibilities of the mentor, roles and responsibilities of the agencies involved, and 3) professional boundaries when working with children. FACE staff will provide cross-training for the PCHAS mentoring staff. This training will consist of information regarding the programs and procedures of FACE.
3. PCHAS will conduct and pay for mentor background screening that includes but is not limited to: 1) Family Care Registry screen, which examines criminal background history, sex offender registry, and Child Abuse and Neglect records, 2) Driver's license screening, 3) Proof of vehicle insurance, 4) Educational verification, 5) physical/ TB exam, 6) drug screening, 7) character and employment references, and 8) eligibility to hold employment in the U.S. Additionally, all mentors will honor and obey all HIPPA and confidentiality laws, will be trained regarding CAN Mandated Reporter law and follow all PCHAS code of ethics and relevant agency policies.
4. PCHAS will maintain personnel files on each mentor and will make mentor profile information available to FACE if deemed appropriate or necessary.
5. PCHAS staff will collect outcomes information at the conclusion of the mentoring relationship and share information throughout the mentoring project period regarding progress towards mentee goals and/ or any concerns that may arise during the course of the mentoring relationship.
6. In the event that a particular mentor match is found to be unworkable, a PCHAS mentor coordinator will make reasonable efforts to replace the mentor and continue to serve the identified youth/family through the end of the project period.

7. Mentors will meet with the assigned youth/family weekly (up to 3 hours per week) and maintain the therapeutic mentoring relationship with the youth/family for a period of 36 weeks, and up to 12 months. As long as the appropriate confidentiality/release forms have been signed, PCHAS mentors may communicate with FACE staff as needed, share information, obtain relevant information for the therapeutic relationship in support of the goals and outcomes found in the youth's treatment plan.
8. PCHAS and FACE staff will establish and maintain ongoing communication (staff meetings, administrative oversight meetings, etc.) in order to facilitate positive outcomes for the therapeutic mentoring services.
9. This Memorandum of Understanding will remain in effect until December 31, 2018 and may be revised by mutual agreement between the agencies in order to support the goals and outcomes of the program.


Erin Reynolds
Executive Director
Family Access Center of Excellence

7/18/17

Date


Robert Giegling
Executive Director
Presbyterian Children's Homes and
Services

7/18/17

Date



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.
 - b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.
 - c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – Purchase of Service Contracts was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymmo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?**

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?**

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?**

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?**

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?**

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?**

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:
<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Presbyterian Children's Homes and Services of MO

Address: 1220 North Lindbergh Blvd, St. Louis, MO 63132

Phone Number: (314) 989-8727 Fax Number: (314) 989-9709

E-mail: robert.glegling@pchas.org

Authorized Representative Signature: Robert Glegling Date: 7/14/17

Authorized Representative Printed Name: Robert Glegling

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20 JUL 17 - Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Clark	Haystack Bank	449-8833	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Judy Munson	Central Bank B.C.	874-8506	874-8432
8.	Hub Hull	US Bank	446-3394	446-8081
9.	Joe Ritter	Landmark Bank	441-2818	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20 JUL 17 - Depository of County Funds

23.	Bonnelayler	Central Bank		874-8501
24.	Jennifer Jackson	US Bank		446 6736
25.	Erica Wright	US Bank		683-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20 JUL 17 -- Depository of County Funds

46.	Julia Lutz	IT		
47.	Aaron Gas	IT		
48.	Benise Abney	Collector		
49.	Benise Abney	Collector		
50.	TOM DEROUSE	TREAS		
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Response Form. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following question and is providing a response:

a. You included the following requested attachments:

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:

<https://www.showmeboone.com/CommunityServices/common/pdfs/BCSSBFundingPolicy.pdf>

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #2 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Presbyterian Children's Homes and Services of MO

Address: 1220 North Lindbergh St. Louis, MO 63132

Phone Number: (314) 989-8727

Fax Number: (314) 989-9709

E-mail: robert.giegling@pchas.org

Authorized Representative Signature: 

Date: 7/14/17

Authorized Representative Printed Name: Robert Giegling



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #3 to Request for Proposal# 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Presbyterian Children's Homes and Services of MO

Address: 1220 North Lindbergh Blvd. St. Louis, MO 63132

Phone Number: (314) 989-9727 Fax Number: (314) 989-9709

E-mail: robert.giegling@pchas.org

Authorized Representative Signature: Robert Giegling Date: 11/1/17

Authorized Representative Printed Name: Robert Giegling

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMD	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Jim Arttag	U of Mo CFPR	882-2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Frink	CPS	214-3480	
10.	Loretta Schouten	YE2	256-1896	254-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFC'S	513-815-9955	
14.	Kelsey Lucke	Rainbow House	573-473-2963	
15.	Ron Rome	YC2	573-854-7011	
16.				
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Brigitte	Tree Top LLC	886-4391	
3.	Ernestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klostermann	CMCA BRIDGE	573-427-7897	
5.	Mernell King	CMCA Bridge	573-999-4119	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grace A'	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madeline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vikki Davott	EE-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Jill Kiessling	Kiessling & Assoc.	573-554-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Boling	SOAR	573-884-1634	
17.	Carole Smith	BRIDGE	573-265-4921	884-1070
18.	Whitney Jones	St. Raymond Society	(777) 607-1215	
19.	Becky Markt	CHA Low-Income Sres	573-443-2556	0551
20.	Gay Littleken	MLJ CLC	573-449-5600	573-875-1535
21.	Miniam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Cheryl	WV Bridge	268-5129	
24.	Billy Polansky	CCWA	514 4174	
25.	Beatrice Stewart	Great Circle	573 999 3607	
26.	John Trapp	Encircle	256 0174	
27.	Megladol	Boys Girls Clubs	268 8549	
28.	Mark Brendel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dinnitt	H Fletcher & Sons	573-874-3677	
31.	Laine Bang-Walker	Rep for Ryck	884-6136	
32.	Michelle Shitler	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Nelly Hill	Heart of MO CASA	442-4670	N/A
23.	Janie Throck	Grade A Plus	573-268-4172	
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Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 23, 2017

Presbyterian Children's Homes and Services
Attn: Robert Giegling, Executive Director
409 Vandiver West, Building 5, Suite 203
Columbia, MO 65202
robert.giegling@pchas.org

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Mr. Giegling:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.


If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Presbyterian Children's Homes and Services
Name of Program	Therapeutic Mentoring

Organization Profile	
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1. The address for the 'Organization Contact Information' and 'Local Organization Contract Information' lists the same address for Columbia. The 'Organization Contact Information' section should be for the main address of the organization. The website lists St. Louis as the Missouri office location.

Action Required: Update the 'Organization Contact Information' section with the address for the main Missouri office.

--

2. Four board members do not have term limits according to the Governing Board section. These board members include: Bill Comiskey, Kenneth Johnson, Charles Ed Knight, and LaRaine Raymond DuPuy.

Action Required: Provide clarification on why these four members do not have term limits.

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Proposal Cover Sheet	
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3. The third form for required signatures for the addendums is missing on the uploaded document.
Action Required: Update a copy of the signed addendums with all three signature pages.

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Program Overview Form	
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4. The statement describing the community-level issues for field a., does not provide citations for the information being referenced.

Action Required: Provide citations for the information referenced for field a., including BID.

--

5. The statement of the issue being addressed does not specifically tie the data into the population that will be served through this program.

Action Required: Provide sufficient information on how the population being described in the data relates to the proposed program.

--

6. The Consumer Demographics Ethnicity section is not filled out.

Action Required: Provide numbers for the Consumer Demographics Ethnicity section in the table below.

Ethnicity	
Hispanic or Latino (of any race)	
Not Hispanic or Latino	
Ethnicity Total:	

7. The narrative for Program Quality under field d. states, “130% [young adults] more likely to hold leadership positions”. This percentage and statement is unclear.

Action Required: Provide clarification on how the percentage is over 100%.

--

8. The Collaboration narrative states that MOUs are available upon request. These should have been uploaded in the proposal.

Action Required: Attach MOUs that are available that support this program.

--

9. The Program Personnel table only lists Therapeutic Mentors. All organizational staff with different positions that are involved in the program need to be listed. There are only seven lines available for personnel and all are filled as Therapeutic Mentors. The FTE for all the mentors should be added and in the narrative table should explain how many Therapeutic Mentors will fill this position. This would free lines up to list the Executive Director, Supervisors, etc. that are also involved with the program. For example, the narrative states that Therapeutic Mentors receive training and supervision. These employees should be included on the Personnel table and in the program costs.

Action Required: Complete the Program Personnel Information Chart below making sure to include all staff who are associated with this program.

Program Personnel Information Chart				
Position/Title	Minimum Qualifications	FTE	FT Salary Range From:	FT Salary Range To:
<i>Ex. Therapeutic Mentor</i>	<i>High School Diploma (7 part-time x .5 = 3.5 FTEs)</i>	<i>3.5</i>	<i>\$12.50</i>	<i>\$12.50</i>

10. The Program Budget does not list any Non-Personnel costs for the program.

Action Required: Provide clarification on the non-personnel costs.

--

11. The Year 2 Total Request below the Program Budget is not provided.

Action Required: Provide an amount that will be requested for Year 2 of services.

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12. The Reference List does not provide citations in APA format for use of the Boone Indicators Dashboard (BID) and Mentor.org.

Action Required: Provide clarification on where these references were retrieved.

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Program Services Form (1-5)	
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Service 1

13. The unit measure needs to state, "one hour".

Action Required: Provide the updated unit measure on the attached 'Service Change Chart'.
Provide any comments in the field below.

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14. According to the Boone County Children's Services Fund invoicing records, the current service has only utilized 243.50 units out of 3,000 units between January and June 2017.

Action Required: Provide an updated number of units of service to be provided that is reflective of current utilization. Provide justification on the adjusted number of units being proposed.
Provide the updated number of units to be provided in the attached 'Service Change Chart'.
Remember that this must be your best and final offer. Provide any comments in the field below.

15. Due to the recommendation of lowering the total number of units to be provided, the proposed

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number of unduplicated individuals to be served for one year of services will need to be updated based on current trends.

Action Required: Update the proposed number of unduplicated individuals to be served for one year of services. Provide justification on the updated number of unduplicated individuals to be served. Provide the adjusted total number of unduplicated individuals to be served in the 'Service Change Chart'. Provide any comments in the field below.

--

16. Due to the recommendation of lowering the total number of units to be provided, the total amount requested for the Boone County Children's Services Fund needs to be updated.

Action Required: Update the amount requested with the adjusted number of units to be provided. Provide this information in the 'Service Change Chart' as well. Provide any comments in the field below.

--

17. Service 1 Performance Measures will need to be worked on to correctly follow the logic model. Outcomes state a beneficial change in the people being served and do not include percentages or numbers. The Indicators are specific by which a service's level of success is affecting the desired outcome. Indicators require a percentage in which performance can be measured and propose a goal in which the outcomes can attain. The method of measurement is the tool utilized to gather the information.

- a. Outcome (1-1) and Indicator (1-1) should be switched. The current Indicator (1-1) could then drop the percentage to be a more general outcome statement.
- b. Outcome (1-2) and Indicator (1-2) should be switched. The current Indicator (1-2) could then drop the percentage to be a more general outcome statement.
- c. Outcome (1-3) should drop the percentage to be more general.
- d. Outcome (1-4) and Indicator (1-4) should be switched.
- e. Outcome (1-5) should drop the percentage. Indicator (1-5) needs to add "while enrolled in the program" to clarify the time period of law violations not occurring for clients.

Action Required: Update the performance measures in the 'Service Change Chart'. Provide any comments in the field below.

--

18. The rationale for the method of measurement to be used does not explain the cSWIS.

Action Required: Provide clarification on cSWIS case notes and the rationale in using this tool as a method of measurement for Outcomes 1-1 and 1-2.

--

19. An attachment is provided summarizing the best and final offer for the program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Presbyterian Children's Homes and Services			
Program Name: Therapeutic Mentoring			
Service #1 – Taxonomy of Service Name: Therapeutic Mentoring			
Service #1 – Taxonomy Definition of Service: Social interaction and guidance for individuals with emotional and mental concerns provided by a trained mentor.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Funding Request to Children's Service Fund:				
Service:		Amount Requested to Boone County:		Proposed # of Units of Service:
Development/Start Up Service Funding				
Total Amount Requested to Boone County:				

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Presbyterian Children's Homes and Services

DBA:**Federal EIN Number:**

43-1699263

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

409 Vandiver West Building 5 Suite 203

City

Columbia

State

Missouri

County**Zip**

65202

Organization Phone Number:

573-442-9916

Website:

<http://www.missouri.pchas.org>

Head of Organization

Robert G Giegling

Head of Organization Phone:

314-989-9727 x307

Address

409 Vandiver

Building 5 Suite 203

City

Columbia

State

Missouri

County**Zip**

65202

Organization Fax Number:

573-442-9915

Email:

robert.giegling@pchas.org

Head of Organization Title (e.g. Director, President, CEO)

Executive Director

Head of Organization Email:

robert.giegling@pchas.org

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Presbyterian Children's Homes and Services

573-442-9915

Address

409 Vandiver West Building 5 Suite 203

Address

409 Vandiver West Building 5 Suite 203

City

Columbia

City

Columbia

State

Missouri

State

Missouri

County

Boone

County

Boone

Zip

65202

Zip

65202

Local Contact Name:

Jason V. Beard

Local Contact Title:

Mentoring Department Manager

Local Contact Email:

Jason.Beard@pchas.org

Local Contact Phone:

314-448-3557

General Information

Organization
Mission
Statement
(Purpose):

Provide your organization's mission statement. (600 character limit)

Presbyterian Children's Homes and Services, (PCHAS), provides Christ centered care and support to children and families in need.

Organization
History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

PCHAS was founded in 1914 and served orphans in the Farmington, MO area. Over the subsequent 4 decades the agency began to serve youth in need of mental health treatment in a residential setting. In the late 1960's PCHAS expanded its services to include community-based programming to address the needs of at-risk youth and their families by providing case management and counseling services. Services today include Transitional Living for older youth, Foster Care Case Management, Therapeutic Mentoring, In-home family therapy and case management, and Residential treatment.

Brief Statement
of Organization's
Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

The agency's ultimate goals are to prevent and reduce child abuse and neglect, decrease mental health issues related to trauma, and increase resiliency and emotional well being for all persons served. To that end, the agency has invested resources to ensure all staff are trained in trauma-informed practices and that fidelity to those practices is maintained and supported. Additionally, the agency is committed to developing staff to become the next generation of leaders to sustain the work and agency mission.

Articles of
Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1467908438_30405_ArticleofincorporationAmmendmentwithPCHAS.pdf/

**Provide a copy
of the
organization's
Articles of
Incorporation.**

Bylaws:
**Provide a copy
of the
organization's
Bylaws.**

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1467908438_34051_PCHAS-MOBylawsFINALAPPROVED10-26-2013.pdf/

Organizational
Chart
(must be for the
entire
organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1488398684_30406_2016Orgchart.pdf/

Strategic Plan (MUST BE IN PDF FORMAT)

Service Area: Briefly describe the geographic area in which your organization provides services. (600 character limit)
The agency provides Transitional Living and Therapeutic Mentoring services in Columbia, MO.; Foster Care Case Management, Therapeutic Mentoring, and Transitional Living in Springfield, MO.; Foster Care Case Management in Joplin, MO.; Therapeutic Mentoring, Parent Education, Parent Aid, In-home family therapy, and Foster Care Case Management in St. Louis, and Residential Treatment in Farmington, MO.

Population Served: Briefly describe the population(s) served by your organization. (600 character limit)
The client population includes children ages birth to 21 in foster care, older youth ages 16 to 21 transitioning to adulthood, families who have youth ages 4 to 19 who have mental health issues, at-risk children and youth ages 5 to 21, and family members of all the enrolled clients. Presenting concerns include but are not limited to: child abuse or neglect, parent-child conflict, behavioral problems, mental health diagnoses, substance abuse issues, truancy, trauma histories, and family conflict.

Conflict of Interest Policy: Does your organization have a written Conflict of Interest policy?
yes

Whistleblower Policy: Does your organization have a written Whistleblower policy?
yes

Business Continuity Plan: Does your organization have a written Business Continuity plan?
yes

Records Retention Policy: Does your organization have a written Records Retention policy?
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board





Length of Board Term (e.g. "2 years"):

3 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Jesse Swanigan	Synod Liaison	01/01/2015	12/31/2017	1519 Lyndale Ave. University City, MO 63130		Added on 08/27/2015
Keith Whittemore	member	06/01/2016	12/31/2017	12912 Kings Row Lane St. Louis, MO 63146		Added on 03/01/2017
Larry Dew	Member	01/01/2015	12/31/2017	29978 Pike 239 P.O. Box 35 Clarksville, MO 63336		Added on 08/27/2015
Donald Owens	Board Development Committee Chair	01/01/2015	12/31/2017	8412 Shadow Lakes Wichita, KS 67205		Added on 08/27/2015

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
George Gates	Program Committee Chair	01/01/2015	12/31/2017	7408 N. Brooklyn Ave Gladstone, MO 64118	✓	Added on 08/27/2015
Lee McLean III	Development, Communications Committee Chair	01/01/2017	12/31/2017	2964 W. Canterbury Springfield, MO 65810	✓	Added on 08/27/2015
Vera Brandt	member	01/01/2016	12/31/2018	P.O. Box 185 Imperial, MO 63052	✓	Added on 07/07/2016
Lawson Calhoun	member	01/01/2016	12/31/2018	5094 Washington Place St. Louis, MO 63108	✓	Added on 07/07/2016
Bill Comiskey	Human Resource Committe Chair (appointed, no term limit)	01/01/2013		9751 FM 390W Burton, TX 77046	✓	Added on 08/27/2015
Kenneth Johnson	Audit/ Finance Committee Chair (appointed, no term limit)	01/01/2013		4017 Sunflower Lane Temple, TX 76502- 4886	✓	Added on 08/27/2015
Charles Ed Knight	President (perpetual, no term limit)	01/13/2017		4407 Bee Cave Road, Ste#520 Austin, TX 78746	✓	Added on 08/27/2015
LaRaine Raymond DuPuy	appointed member (no term limit)	01/01/2016		7227 Westover Rd. Waco, TX 76710	✓	Added on 07/07/2016
Byron Taylor	member	01/01/2016	12/31/2018	1649 Hwy H Farmington, MO 63640	✓	Added on 07/07/2016
Amy White	member	01/01/2016	12/31/2018	5047 Rosa Ave. St. Louis, MO 63109	✓	Added on 07/07/2016

Total Active Links:14, Total Deactivated Links:5, Current Active Links:14, Current Deactivated Links:5

Advisory Board (if applicable)**Length of Board Term (e.g. "2 years")****Describe the function of the Advisory Board as it relates to the work of your organization:**

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.**Advisory Board Member****Financial Information****Organization Fiscal Year:**

January 1 - December 31

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.**IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)**

/document/download/filename/1440708937_29953_501%28c%29%283%29letter-PCHASofMO-1page.pdf/

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1500386747_29954_2016PCHASMOFinStrmtsFINAL.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1488396600_29955_2015-PCHAS-MO-IRS-Form-990-FINAL-PDC.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The Board of Trustees reviews and approves all fiscal matters of the agency at each board meeting. The Board's oversight includes expenditures of the agency's funds, fund raising activities, the lease, sale or purchase of real property. Annual budgets are developed by agency staff and presented to the Finance Committee. Following Committee approval or incorporating any changes made by the Committee, the proposed operating budget and capital needs list are presented at the October Board meeting for approval by the full PCHAS – MO Board of Trustees.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation					Link Info	
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Controller	MBA	1.00	\$83,201.00	\$65,452.00	✓	Added on 07/07/2016
HR Director	MA, certification	1.00	\$85,818.00	\$5,454.00	✓	Added on 07/07/2016
Executive Director	MA, LPC	1.00	\$115,969.00	\$65,431.00	✓	Added on 07/07/2016
IT Manager	IT experience	1.00	\$91,174.00	\$4,553.00	✓	Added on 03/01/2017
IT Web Developer	IT web design & development experience	1.00	\$92,753.00	\$0.00	✓	Added on 03/01/2017

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Council on Accreditation, Date of Accreditation: August 01, 2015-July 31, 2019

The Council on Accreditation (COA) is an international, independent, nonprofit, human service accrediting organization. Founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Strong Families and Communities), their mission is to partner with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards. They evaluate excellence in the delivery of services every 3 years.

Accreditation 2:

Notes

Accreditation 3:

Notes

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement (MUST BE IN PDF FORMAT)




Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Presbyterian Children's Homes and Services	Children's Services Fund - POS 2017	Boone County	#30-20JUL17		Added on 07/10/2017
Children's Services Fund - POS RFP #25-15JUN15 (Modified Interim POS Report ends 08/01/2017 12:00 PM CDT)	Presbyterian Children's Homes and Services (ODM)	Children's Services Fund - POS	Boone County	RFP #25-15JUN15		Added on 10/24/2016
Children's Services Fund - RFP # 29-15Jun16 (Closed ends 12/16/2016 12:00 AM CST)	Presbyterian Children's Homes and Services (ODM)	Children's Services Fund - ECPP RFP	Boone County	RFP #29-15JUN16		Added on 06/21/2016

Total Active Links:3, Total Deactivated Links:0, Current Active Links:3, Current Deactivated Links:0

System Fields

Record ID

12715

Modification Date

07/19/2017 12:19 PM CDT

Modified By

BOONE COUNTY HEALTH DEPARTMENT

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Presbyterian Children's Homes and Services

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Therapeutic Mentoring and Family Support

Amount of Request

\$75,000.00

County-Children's Services - Service Type (check all that apply)

Home-based and community-based family intervention programs

Program Information

Program Website (will default to Organization website)

<http://www.missouri.pchas.org>

Address

409 Vandiver West Building 5 Suite 203

City

Columbia

State

Missouri

County**Zip**

65202

Program Administrator Name

Robert Giegling

Phone Number

314-989-9727 x307

Address

409 Vandiver

Building 5 Suite 203

City

Columbia

State

Missouri

County**Zip**

65202

Program Administrator Title

Executive Director

Email

robert.giegling@pchas.org

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500474512_30421_AttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500473311_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500473311_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1500473311_30418_RFP%2330-20JUL17ADDENDUMS1-2.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Link Info

Organization Name (the offi...

Organization Mailing Address:

Head of Organization

Active Date

Presbyterian Children's Homes and Services

409 Vandiver

Robert G Giegling



Added on
07/10/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-1699263

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

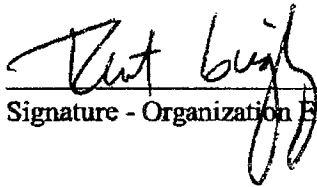
I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Robert Giegling

Printed Name - Organization Executive Director/President/CEO

7/17/17
Date



Signature - Organization Executive Director/President/CEO

7/17/17
Date

Ed Knight

Printed Name - Organization Board Chair

Date



Signature - Organization Board Chair

7/17/17
Date

ATTACHMENT B

(Please complete and return with Proposal Response)

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Robert Giegling, Executive Director

Name and Title of Authorized Representative

Signature

Date

7/17/17

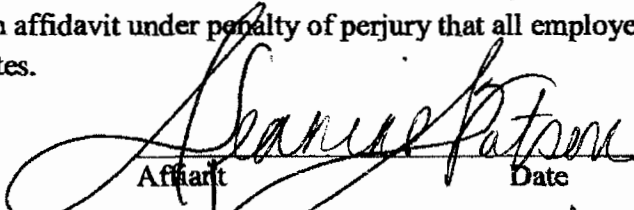
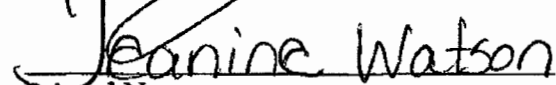
ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of St. Louis County)
) ss
State of Missouri)

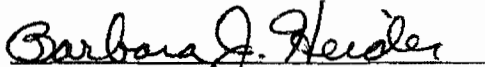
My name is Jeannine Watson. I am an authorized agent of Presbyterian Children's Homes and Services of MO (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.


Affiant Date 7/13/2017

Printed Name

Subscribed and sworn to before me this 13 day of July, 20 17.




Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and Presbyterian Childrens Services (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.
5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment

eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
 - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
 - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any

action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of

Company ID Number: 166878

employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation; and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The

Company ID Number: 166878

Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

Company ID Number: 166878

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

Company ID Number: 166878

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer Presbyterian Childrens Services

Lyle Gramling

Name (Please type or print)

Title

Electronically Signed

11/25/2008

Signature

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

11/25/2008

Signature

Date

Company ID Number: 166878

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: Presbyterian Childrens Services

Company Facility Address: 1353 N Watson Road
Saint Louis, MO 63132

Company Alternate Address: _____

County or Parish: SAINT LOUIS

Employer Identification Number: 431699263

North American Industry
Classification Systems Code: 624

Parent Company: Presbyterian Childrens Services

Number of Employees: 100 to 499 Number of Sites Verified for: 6

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

• MISSOURI 6 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Chrischelle L. Cage	Fax Number:	(314) 989 - 9709
Telephone Number:	(314) 989 - 9727 ext. 318318		
E-mail Address:	chrischellecage@care4kids.org		
Name:	Lyle T Gramling	Fax Number:	(314) 989 - 9709
Telephone Number:	(314) 989 - 9727 ext. 302		
E-mail Address:	lylegramling@care4kids.org		
Name:	Roberta J Batterton	Fax Number:	(314) 989 - 9709
Telephone Number:	(314) 989 - 9727 ext. 327327		
E-mail Address:	robertabatterton@care4kids.org		



Employment Eligibility Verification

Welcome
Lyle GramlingUser ID
[REDACTED]Last Login
02:32 PM - 08/31/2011

Log Out



Click any for help

Home

My Cases

New Case

View Cases

Search Cases

My Profile

Edit Profile

Change Password

Change Security Questions

My Company

Edit Company Profile

Add New User

View Existing Users

Close Company Account

My Reports

View Reports

My Resources

View Essential Resources

Take Tutorial

View User Manual

Contact Us

Company Information

Company Name: Childrens Foundation of Mid-America

View / Edit

Company ID Number: 188878

Doing Business As (DBA)

Name:

DUNS Number:

Physical Location:

Address 1: 1220 N. Lindbergh

Address 2:

City: Saint Louis

State: MO

Zip Code: 63132

County: SAINT LOUIS

Mailing Address:

Address 1:

Address 2:

City:

State:

Zip Code:

Additional Information:

Employer Identification Number: 431688283

Total Number of Employees: 100 to 499

Parent Organization: Childrens Foundation of Mid America

Administrator:

Organization Designation:

Employer Category: Federal Contractor with FAR E-Verify Clause

Federal Contractor Category:

Employees being verified:

NAICS Code: 624 - SOCIAL ASSISTANCE

View / Edit

Total Hiring Sites: 6

View / Edit

Total Points of Contact: 3

View / Edit



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:
<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined Addendum #1 to Request for Proposal# 30-20JUL17 - Purchase of Service Contracts for the Boone County Children's Services Fund, receipt of which is hereby acknowledged:

Company Name: Presbyterian Children's Homes and Services of MO

Address: 1220 North Lindbergh Blvd, St. Louis, MO 63132

Phone Number: (314) 989-9727 Fax Number: (314) 989-9709

E-mail: robert.giegling@pchas.org

Authorized Representative Signature: Robert Giegling Date: 7/17/17

Authorized Representative Printed Name: Robert Giegling

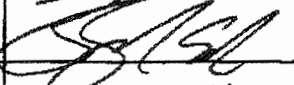
PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David Collins	Hardy Bank	419-9933	419-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank B.C.	874-8506	874-8432
8.	Rob Hull	US Bank	446-3394	446-8061
9.	Joe Ritter	Landmark Bank	441-2818	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

23.	Bonnelayler	Central Bank		874-8501
24.	Jennifer Heckman	US Bank		446 6736
25.	Eria Wright	US Bank		683-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

46.	Julia Lutz	IT		
47.	Aaron Gos	IT		
48.		COLLECTOR		
49.	Denise Abney	Collector		
50.	TOM DARROUTH	TREAS		
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following question and is providing a response:

a. You included the following requested attachments:

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "ProgramOverview worksheet" doesn't specify if these sections need to be filled out for each Program Service.**

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: Presbyterian Children's Homes and Services of MO

Address: 1220 North Lindbergh St. Louis, MO 63132

Phone Number: (314) 989-9727 Fax Number: (314) 989-9709

E-mail: robert.giegling@pchas.org

Authorized Representative Signature:  Date: 7/14/17

Authorized Representative Printed Name: Robert Giegling

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Presbyterian Children's Homes and Services
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Therapeutic Mentoring and Family Support
Amount of Request	\$75,000.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The Therapeutic Mentoring program addresses community-level issues of improving mental health, decreasing risk factors associated with child abuse, neglect and delinquency, improving academic performance, increasing self-esteem, reducing barriers to positive connections for the youth within the community, decreasing social isolation for youth, and promoting pro-social norms and behaviors.

Physical, psychological and behavioral concerns of at-risk youth impact not just the child and family, but the community as a whole. The effects of isolation, fear and trauma can spiral into long-term mental health consequences for children, including depression and anxiety. At-risk youth are more likely to experience problems in adolescence, including delinquency, teen pregnancy and drug use, as well as low academic achievement. Each of these has a negative impact on the community today and potential negative implications for the next generation of children who will be raised by parents who had unmet needs as adolescents themselves. Additionally, at-risk youth have an increased likelihood of criminal behavior and substance abuse in adulthood.

The Boone Indicators Dashboard identifies child abuse and neglect has increased in recent years. Increasing support for youth, helping them develop positive relationships and skills for emotionally healthy coping behaviors is part of the work of the Therapeutic Mentor. Developing protective factors is directly correlated with reduced risk for abuse.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

According to the recent Boone Indicators Dashboard (BID), there are several indicators that contribute to risks for child abuse and neglect and inappropriate or dangerous coping skills and behaviors. Included in these indicators are the following:

665 births to unmarried mothers in Boone County in 2014
6514 single-parent households in Boone County in 2015
5,231 children lived in neighborhood with a poverty rate higher than the %30 in Boone County between 2011-2015
1628 domestic violence case in Boone County

The population served will include youth in foster care or at risk for entering foster care between the ages of 5 and 19 years old, of any race, and who were removed from unsafe home situations or are living in high risk situations. Youth in foster care and those more likely to enter into foster care share the risk factors of not having a strong support system and demonstrating a pattern of poor coping skills and dangerous behaviors. Additionally, the majority of the youth do not have financial resources for social and recreational activities that would expose them to positive role models.

According to the recent report from Annie E. Casey Foundation (Kids Count 2013 data book), there are several indicators that contribute to risks for child abuse and neglect and inappropriate or dangerous coping skills and behaviors. Included in these indicators are a lack of a strong support system and difficult situations within the youths' home life.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

Therapeutic Mentoring will facilitate improved coping skills, pro-social behaviors to decrease risk factors associated with child abuse, neglect and delinquency, improve academic performance, increase self-esteem, and reduce barriers to positive connections for the youth within the community.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

Therapeutic Mentoring is a community-based program designed to provide therapeutic support to high-risk youth utilizing the practice of one to one mentoring by a trained adult mentor, focused on youth goal attainment and reduction of risk factors and risky behaviors. The activities address core program goals of improving mental health functioning, decreasing risk factors associated with child abuse, neglect and delinquency, improving academic performance, increasing self-esteem, reducing barriers to positive connections for the youth within the community, decreasing social isolation for youth and their families, and promoting pro-social norms and behaviors. Activities may include trips to the library, to local museums, sporting events, local cultural events and much more. Focused teaching/ coaching is utilized to further skill development in: problem solving, conflict resolution, communication, healthy relationships, and social behaviors aimed at keeping the child invested in home life, school, and their community. PCHAS's Therapeutic Mentoring utilizes a treatment plan designed to address coping skills, high risk behaviors and mental health needs. All activities are tailored to the individual youth's needs and goals. All of the activities bring a focus on the youth's strengths and abilities for success. Mentors meet with the youth weekly for 2-3 hours over 26 -52 weeks a year. Referrals to other service providers occurs as needed to further support the youth and family.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Youth in Boone County between the ages of 5 and 19 who are at risk for poor outcomes in key life domain areas due to their own behaviors or those of their parent/ caregiver are eligible to participate in the program. High priority will be given to youth referred through the Family Assessment Center for Excellence and youth who are in foster care in Boone County. A high number of youth are expected to reside in the City of Columbia.

b. Why will these particular consumers be served? (1500 character limit)

At-risk youth and youth in foster care often face behavioral and emotional challenges due to experiencing abandonment, abuse, and other traumatic events in their life. Compared to other youth that are in two parent households, at-risk youth are more likely to experience suspension from school and the need for mental health services. At-risk youth engaged in mentoring relationships are less likely to engage in destructive behaviors. (DuBois, Holloway, Valentine & Cooper, 2011)

Youth receiving services through the Family Assessment Center for Excellence (FACE) are more likely to be in need of a therapeutic mentor due to mental health issues and/ or parent-child: conflict stemming from parental mental health issues and parenting deficits.

The Boone Indicator Dashboard includes data suggesting that youth in the City of Columbia are particularly challenged by poverty related issues, (an increase to 22.8% in 2015 from 10.4% in 2010), a lack of consistent parental support for academic achievement and a lack of consistent role models, particularly for youth living in single parent households with the parent working more than one job.

All these youth will benefit from the one to one attention, coaching, teaching, and support of the therapeutic mentor. The PCHAS Therapeutic Mentoring program utilizes intentional activities, standardized training of all mentors, and on-going mentor skill development. Mentors serve for up to 12 months, with weekly mentoring sessions.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Because Therapeutic Mentoring is offered in the community, home, or school, there are no anticipated impediments to serving these consumers. All PCHAS mentors receive on-going training and supervision to ensure they are equipped with the knowledge and skills to serve this population of youth, as well as training about the resources available in Boone County to address significant mental illness, poverty related needs, and substance abuse treatment.

d. Total number of unduplicated individuals to be served by the proposed program:

40

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

1875

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

40

City of Columbia

24

Other Counties

0

Residence Total

40

Record Lock

0

Race

White (alone)

15

Black or African American (alone)

15

Native American Indian or Alaskan Native

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

0

Some Other Race

10

Race Total

40

Ethnicity

Hispanic or Latino (of any race)

0

Not Hispanic or Latino

0

Ethnicity Total

0

Gender

Female

20

Male

20

Other

0

Gender Total

40

Income**At or below 200% of Federal Poverty Level**

30

Over 200% of Federal Poverty Level

10

Income Total

40

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

0

Preschool (3 years – 5 years)

5

School Age (6 years – 11 years)

10

Middle School (12 years – 14 years)

15

High School (15 years – 19 years)

10

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

40

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

This project will not be providing training to providers, however, each mentor receives training and is given a Mentor Guidebook based on the Learn to Mentor Toolkit and the elements of practice promoted by Mentor.org for relationship-building and the stages of effective mentoring. Training for mentors includes: understanding common childhood mental health issues and diagnosis, building character in a child, teaching anger management and coping skills, effects of childhood trauma, child safety, resiliency, physical/ emotional development, Cognitive Behavioral Therapy infused psycho-educational materials to help youth deal with anxiety, stress, bullying, and emotion regulation, and much more.

Training occurs in supervision and through external training offered in the community. Training includes but is not limited to topics such as: DSM V diagnoses and psychotropic medications, substance abuse/dependency symptoms and treatments, engaging reluctant youth, developing character in youth, strategies to reduce parent-child conflicts, building resiliency in youth, psycho-educational materials to help youth manage anxiety, the impacts of trauma, ethics and boundaries, and community resources.

All mentors, as mandated reporters of abuse or neglect, are required by law to report any suspicion or evidence of abuse or neglect. Each case note entered to document a mentoring session includes required fields related to in home safety of the child, and parenting needs.

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

The program utilizes community locations for mentoring sessions and may include the youth's school, home or treatment facilities with appropriate permissions and notifications. The service times are set to accommodate the youth, which includes weekdays, weekends and evenings when needed.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

This program will serve youth ages 5 to 19 years in Boone County. There are no income guidelines for the proposed program.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Therapeutic Mentoring is not a Medicaid billable service. Boone County youth can access the service for free because of the Children's Service Fund.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

The Therapeutic Mentoring program meets all standards specified by the Council on Accreditation (COA) for Volunteer Mentoring Services. These standards cover best practices related to intake, assessment, matching, consumer input, treatment planning, relationship building, discharge planning, personnel screening and selection, ratio of mentors to consumers, supervision practices, training, and quality assurance. The COA standards also cover Program philosophy and service population factors. In the most recent COA review in 2015, PCHAS's Therapeutic Mentoring program received high accolades!

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

If Yes - Provide the name of the accreditation agency. (300 character limit)

Council of Accreditation (COA)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

08/01/2015-07/31/2019

If Yes - Provide a description of the accreditation process: (600 character limit)

The accreditation process begins with the agency self-study, which is due 2 months prior to the Council on Accreditation (COA) review. The COA review is a comprehensive (self) review of the agency's services to ensure that accreditation standards are being met or exceeded. The next step is the actual visit from Professional Volunteers who come onsite and conduct interviews with staff, clients, referral agents, vendors, community partners, and board members. A review of documentation and observation of services are also conducted. The results are then forwarded to COA for a final decision.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

PCHAS' Therapeutic Mentoring program utilizes best practices as set by COA and Mentor.org. COA standards are rigorous and cover service philosophy, screening of mentors, eligibility of clients, service delivery, outcomes measurement, training, supervision, matching, and personnel ratio to client caseload. Mentor.org is cited as the "go-to" source for best practices and effective mentoring programming. Contributions to Mentor.org's standards, program management models, and mentoring materials come from evidenced-based mentoring programs throughout the United States.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

The PCHAS Therapeutic Mentoring program utilizes the evidence-based practices of the Learn to Mentor Toolkit, COA, and Mentor.org. The core activities the mentors engage in are published, in part, in the Toolkit and offered as a best practice model by the National Mentoring Partnership. Each mentor receives training and is given a Mentor Guidebook based on the Learn to Mentor Toolkit and the elements of practice promoted by Mentor.org for relationship-building and the stages of effective mentoring. COA standards support the quality and fidelity of the program aimed at consumer success.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

According to a recent Social Work journal article (Johnson, Pryce, and Martinovich, 2012) effective service interventions greatly enhance the well-being of at-risk youth. A study of 262 at-risk youth examined one such intervention, therapeutic mentoring. Results showed that mentored youth improved significantly in the areas of family and social functioning, school behavior, and recreational activities, as well as in the reduction of expressed symptoms of traumatic stress. Study results suggest that therapeutic mentoring shows promise for enhancing treatment interventions.

Mentor.org states that, "Mentoring, at its core, guarantees young people that there is someone who cares about them, assures them they are not alone in dealing with day-to-day challenges, and makes them feel like they matter. Research confirms that quality mentoring relationships have powerful positive effects on young people on a variety of personal, academic and professional situations. Ultimately, mentoring connects a young person to personal growth and development, and social and economic opportunity. Yet one in three young people will grow up without this critical asset."

The website also reports that young adults who were at-risk for falling off track but had mentor are:

- 55% more likely to enroll in college
- 78% more likely to volunteer regularly
- 90% are interested in becoming a mentor
- 130% more likely to hold leadership positions

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

PCHAS' Therapeutic Mentoring service delivery system is a strength-based, research-driven, child and youth-centered integrated framework. Activities are implemented to improve outcomes for children and youth having significant social, emotional, physical and/or mental-health needs. The service delivery is based on the Wraparound philosophy of care that includes a definable planning process involving the child and family that results in a unique set of community services and natural supports individualized for that child and family. Mentoring sessions are child-centered, family-focused, strength-based, and collaborative. The program utilizes data to inform and adjust its interventions to ensure outcomes are met. Proven outcomes for the Wraparound philosophy include success in school and work, stable social and emotional functioning and living in the community.

The PCHAS Therapeutic Mentoring program is enhanced by specialized on-going training for mentors, individualized treatment planning, and tailored teaching and activities to support the individual youth and family's growth, with an emphasis on creating connections to positive community activities, resources, and on-going support that will sustain their growth and support their long term success.

One of the motto's of the Therapeutic Mentoring program regarding activities is, "It's never just about having fun." There's always an intentional purpose behind the activity and an opportunity for skill development."

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Quality assurance processes are in place to measure, analyze and adjust service implementation on an on-going basis, based on the feedback and input received from our consumers. PCHAS adheres to the best practice standards of the Council of Accreditation for all programming and the General Council of Accreditation standards for responding to concerns or grievances.

PCHAS also does programmatic adjustments based on our outcomes. This continuous improvement process includes updating the training material, improving the recruitment tools and selection process, and implementing new and relevant tracking and measuring outcome data tools. We meet the highest standards of care and are accredited by the Council on Accreditation of Services for Families & Children. We are licensed by the Missouri Department of Social Services and Missouri Department of Mental Health.

Data on progress is reviewed by the Mentor Coordinators throughout the month. Formal audits of clients' records occurs quarterly to ensure documentation is timely and substantive enough to measure progress. Supervision of mentors and Mentor Coordinators occurs on a regular basis to support the work and the employees, address any deficits, evaluate and adjust the practice, and ensure fidelity to the model.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Mentees and their families are asked how well the services are meeting their needs both in person and in written survey form. A client satisfaction survey is given to the client/family at discharge from the program. A follow-up with the youth and his/her family by phone is made each quarter while enrolled in the program to survey the parent's satisfaction with services and the mentor match.

The PCHAS therapeutic mentoring program uses the Client Social Welfare Information System (cSWIS-a customized software program) to track performance and outcomes of all of PCHAS' in-home, community-based programs. cSWIS will provide us with an edge to track quantitative outcomes as it allows for aggregate data to be pulled and analyzed from within specified time frames. All activities are logged in cSWIS including standardized measurement tool scores. A Qualified Mental Health Professional (QMHP) will administer the various assessment tools at admission, every 6 months and at discharge.

Survey monkey is utilized to produce analyzed satisfaction survey reports on a quarterly basis. The Performance Quality Improvement committee reviews this data on a quarterly basis and adjustments are made accordingly to ensure continuous quality of the program.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

PCHAS has established collaborative relationships with external agencies, other internal PCHAS programs and several school districts in a joint effort to provide therapeutic mentoring services to Boone County families. There is also collaboration with the Family Court of Boone County, FACE, and several other BCCSF funded agencies as part of the referral process. Many of these agencies have provided a Memorandum of Understanding (MOU), explaining how each relationship will work to benefit families needing therapeutic mentoring services. All MOUs will be available upon request.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Therapeutic Mentor	High School Diploma	0.50	\$12.50	\$12.50
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Therapeutic Mentor	High School Diploma	0.50	\$12.50	\$12.50
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Therapeutic Mentor	High School Diploma	0.50	\$12.50	\$12.50
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Therapeutic Mentor	High School Diploma	0.50	\$12.50	\$12.50
P5	MQ5	FTE5	SR5 FROM	SR5 TO
Therapeutic Mentor	High School Diploma	0.50	\$12.50	\$12.50
P6	MQ6	FTE6	SR6 FROM	SR6 TO
Therapeutic Mentor	High School Diploma	0.50	\$12.50	\$12.50
P7	MQ7	FTE7	SR7 FROM	SR7 TO
Therapeutic Mentor	High School Diploma	0.50	\$12.50	\$12.50

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The program will utilize therapeutic mentors positions. This position only requires a high school diploma but most mentors are undergraduate or graduate students studying various human services fields. Regardless of degree status, training and supervision are key components of the program in order to maintain quality and efficacy. The salary range is competitive for the market and appropriate for the duties of a therapeutic mentor.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
All monies awarded will be utilized to provide Therapeutic Mentoring services to at-risk youth ages 5 -19 who reside in Boone County. Currently, there is no other funding for the program. When opportunities arise to respond to other RFPs the agency will do so.	\$75,000.00	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %

\$0.00 0

TOTAL PROGRAM REVENUE

TOTAL REVENUE

75000

PROGRAM EXPENSES

1. Personnel

1.	1. %
\$75,000.00	100

Personnel Narrative (300 character limit)

Therapeutic Mentoring will provide 3000 direct service units/hours at a rate of \$25.00 per unit/hour, for a total of \$75,000.

2. Non-Personnel

2.	2. %
\$0.00	0

Non-Personnel Narrative (300 character limit)

N/A

TOTAL PROGRAM EXPENSES

**TOTAL
EXPENSES**
75000

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$75,000.00

Year 2 Total Request

\$0.00

Total Amount Request from CSF

75000

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

As Foundation RFPs or Federal RFPs become available the agency will make applications for funding to expand the scope of the program to other Boone County youth and include in-school mentoring in its array of services.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

<http://booneindicators.org>

Dubois, D., Portillo, N., Rhodes, J., Silverthorn, N. & Valentine, J. (2011) How Therapeutic Mentoring Effects Youth in Foster Care, A systematic assessment of the evidence. Psychological Science in the Public Interest, 12, 57-91

Children's Trust Fund and the University of Missouri Office of Social and Economic Data Analysis. (2013). Kids Count in Missouri Data Book.

<https://mentor.org>

Memorandum of Understanding

by and between Presbyterian Children's Homes and Services and the Family Access Center of Excellence

Purpose:

The purpose of this Memorandum of Understanding is to define the roles and responsibilities each organization will assume with respect to Presbyterian Children's Homes and Services (PCHAS) providing therapeutic mentoring services to youth struggling with mental health, family and/or school related issues and who are referred for services by the Family Access Center of Excellence (FACE) as appropriate.

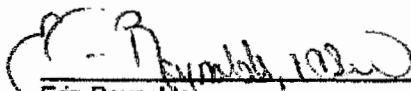
History:

With the recognition of the benefits of community based therapeutic mentoring services to the youth and their families who are connected with FACE, PCHAS seeks to partner with FACE to serve the youth and their families as appropriate that are most at risk for child abuse/neglect, struggling with emotional and behavioral issues. This community based mentoring program plans to serve a significant number of youth and their families each year with approximately 36 consecutive weeks of mentoring per youth/family and up to a full 12 months if needed. The number served and the amount of service provided is contingent upon funding from the Boone County Children's Service Fund and the number of youth/families requiring therapeutic mentoring services.

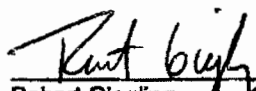
Responsibilities and Commitments are as Follows:

1. FACE will refer youth that are in need of therapeutic mentoring as appropriate. The PCHAS Mentor Coordinator will assign a mentor for each youth referred to provide one-on-one, therapeutic mentoring services. The mentoring services will start after the parent/guardian has signed a consent form, a mentor match has been found and the mentor and youth have their initial meeting. The therapeutic mentoring service will last for anywhere from 36 weeks up to a full 12 months if needed.
2. PCHAS will provide mentor recruitment, Mentor Orientation training, on-going monthly training, and regular supervision to mentors to ensure quality of mentoring services and proper focus of mentoring activities with the youth. This training will include but is not limited to: 1) the National Mentoring Partnership curriculum, "Learn to Mentor Toolkit", 2) Presbyterian Children's Homes and Services policies and procedures for quality mentoring, roles, responsibilities of the mentor, roles and responsibilities of the agencies involved, and 3) professional boundaries when working with children. FACE staff will provide cross-training for the PCHAS mentoring staff. This training will consist of information regarding the programs and procedures of FACE.
3. PCHAS will conduct and pay for mentor background screening that includes but is not limited to: 1) Family Care Registry screen, which examines criminal background history, sex offender registry, and Child Abuse and Neglect records, 2) Driver's license screening, 3) Proof of vehicle insurance, 4) Educational verification, 5) physical/ TB exam, 6) drug screening, 7) character and employment references, and 8) eligibility to hold employment in the U.S. Additionally, all mentors will honor and obey all HIPPA and confidentiality laws, will be trained regarding CAN Mandated Reporter law and follow all PCHAS code of ethics and relevant agency policies.
4. PCHAS will maintain personnel files on each mentor and will make mentor profile information available to FACE if deemed appropriate or necessary.
5. PCHAS staff will collect outcomes information at the conclusion of the mentoring relationship and share information throughout the mentoring project period regarding progress towards mentee goals and/ or any concerns that may arise during the course of the mentoring relationship.
6. In the event that a particular mentor match is found to be unworkable, a PCHAS mentor coordinator will make reasonable efforts to replace the mentor and continue to serve the identified youth/family through the end of the project period.

7. Mentors will meet with the assigned youth/family weekly (up to 3 hours per week) and maintain the therapeutic mentoring relationship with the youth/family for a period of 36 weeks, and up to 12 months. As long as the appropriate confidentiality/release forms have been signed, PCHAS mentors may communicate with FACE staff as needed, share information, obtain relevant information for the therapeutic relationship in support of the goals and outcomes found in the youth's treatment plan.
8. PCHAS and FACE staff will establish and maintain ongoing communication (staff meetings, administrative oversight meetings, etc.) in order to facilitate positive outcomes for the therapeutic mentoring services.
9. This Memorandum of Understanding will remain in effect until December 31, 2018 and may be revised by mutual agreement between the agencies in order to support the goals and outcomes of the program.


Erin Reynolds
Executive Director
Family Access Center of Excellence

7/18/17
Date


Robert Giegling
Executive Director
Presbyterian Children's Homes and
Services

7/18/17
Date

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Presbyterian Children's Homes and Services
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Therapeutic Mentoring and Family Support
Amount of Request	\$75,000.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

c. Provide justification for the request for one-time funding. (600 character limit)

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

9.9 Therapeutic Mentoring

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Social interaction and guidance for individuals with emotional and mental concerns provided by a trained mentor.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The Therapeutic Mentoring program addresses community-level issues of improving mental health, decreasing risk factors associated with child abuse, neglect and delinquency; improving academic performance; increasing self-esteem; reducing barriers to positive connections for the youth within the community; decreasing social isolation for youth; and promoting pro-social norms and behaviors.

The population served will include youth in foster care or at risk for entering foster care between the ages of 5 and 19 years old, of any race, and who were removed from unsafe home situations or are living in high risk situations in Boone County. Youth in foster care and those more likely to enter into foster care share the risk factors of not having a strong support system and demonstrating a pattern of poor coping skills and dangerous behaviors. High priority will be given to youth referred through the Family Assessment Center for Excellence and youth who are in foster care in Boone County. A high number of youth are expected to reside in the City of Columbia.

Upon referral, an assessment is made of the youth's individual needs, and the current functioning of the youth in relationship to family, school, and community to identify the primary goals and guide the matching process. Once consents and permissions are in place the treatment plan is developed in collaboration with the youth and parent. Then Therapeutic Mentoring sessions begin.

Activities like trips to the library, local museums, sporting events, local cultural events are strategically implement into the program, in order for the mentor to observe the youth practicing their new skills within the community. Focused teaching/coaching is utilized to further skill development in: problem-solving, conflict resolution, communication, healthy relationships, and social behaviors aimed at keeping the child invested in home life, school, and their community. PCHAS' Therapeutic Mentoring utilizes an individualized treatment plan designed to address coping skills, high risk behaviors and mental health needs. All activities are tailored to the individual youth's needs and goals. All of the activities bring a focus on the youth's strengths and abilities for success. Mentors meet with the youth weekly for 2-3 hours per session over 26-52 weeks a year. The program utilizes community locations for mentoring sessions and may include the youth's school, home or treatment facilities with appropriate permissions and notifications. The service times are set to accommodate the youth, which includes weekdays, weekends and evenings when needed. Referrals to other service providers occurs as needed to further support the youth and family.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One hour is the unit of measure. Sessions are typically 2 hours but may last longer on occasion.

b. Unit Rate (#1)

\$25.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

St. Louis County Children's Service Fund established rate for the CPT code for Therapeutic Mentoring is \$27.94.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

d. Total Number of Units of Service to be Provided (#1)

3000

e. Total Number of Unduplicated Individuals (#1)

40

f. Average Number of Units of Service per Unduplicated Individual (#1)

75

g. Average Cost of Service per Individual (#1)

1875

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

Therapeutic Mentoring is not billable to Medicaid or private insurance plans.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$25.00	3000	\$75,000.00
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00
	1c1.	1c2.	1c3.
c. City of Columbia - Social Services Funding (#1)	\$0.00	0	\$0.00
	1d1.	1d2.	1d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	\$0.00	0	\$0.00
	1e1.	1e2.	1d4.
e. Heart of Missouri United Way Funding (#1)	\$0.00	0	\$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$75,000.00

b. Proposed Number of Units of Service (#1)

3000

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any

other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

PCHAS is requesting \$75,000 to fund 3000 units/hours of therapeutic mentoring service at \$25.00 per unit/hour.
(3000 X \$25.00=\$75,000)

Service #1- Performance Measures

Outcome (1-1)

90% of enrolled clients will have improved academic outcomes by being present at school at least 90% of the school year.

Additional Outcome (1-2)

90% of enrolled clients will have improved academic outcomes by being ready to learn at school.

Additional Outcome (1-3)

90% of enrolled clients will be safe in their homes and not become victims of abuse or neglect.

Additional Outcome (1-4)

97% of enrolled clients will achieve improved family relationships.

Additional Outcome (1-5)

100% of clients will have no law violations while enrolled in the program.

Indicator (1-1)

90% of enrolled clients will have improved school attendance.

Additional Indicator (1-2)

90% of enrolled clients will have a reduction of disciplinary referrals.

Additional Indicator (1-3)

No substantiated Child Abuse and Neglect reports to the State of Missouri during the enrollment period.

Additional Indicator (1-4)

Reports by parents and youth indicating improved communications and increased positive interactions.

Additional Indicator (1-5)

100% of clients with no law violations.

Method of Measurement (1-1)

School attendance records and cSWIS case notes will be reviewed to compare baseline attendance (prior to service) with attendance during the enrollment in the program.

Additional Method (1-2)

School discipline records and cSWIS case notes will be reviewed for incidents that impede the youth's learning while at school.

Additional Method (1-3)

Substantiated reports of abuse or neglect by the parent made on behalf of the youth victim to Children's Division will be the measurement.

Additional Method (1-4)

Pre- and Post- Children's-Global Assessment Scale (CGAS) scores, review of case notes indicating improvements and levels of safety in the home.

Additional Method (1-5)

Arrest/conviction records.

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Through the mentoring program there is a measurable reduction in risk factors of child abuse and neglect. With the guidance and encouragement of the Therapeutic Mentor youth build social/emotional skills, coping skills, confidence, and pride in their accomplishments. Therapeutic Mentors help youth overcome challenges related to their home and community life; increase the youth's ability to succeed in school; and develop into law abiding, stable individuals.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Community controversy or violence in the school setting could jeopardize the outcomes related to school improvements and law violations.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Previous experience has demonstrated the targets are achievable.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

The CGAS measures youth functioning and contains values for measuring symptoms of mental health issues, family and peer relationships, school performance and functioning. Case notes capture measures of improvement for several components of each outcome including safety, education, law involvement, and status of home environment.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

b. Service #2 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

b. Unit Rate (#2)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

0

e. Total Number of Unduplicated Individuals (#2)

0

f. Average Number of Units of Service per Unduplicated Individual (#2)

0

g. Average Cost of Service per Individual (#2)

0

Service #2 - Service Fee**a. Will the proposed service (#2) consumers be charged a fee?**

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)**Service #2 - Amount Received From Other Funders**

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00

c. City of Columbia - Social Services Funding (#2)	2c1. \$0.00	2c2. 0	2c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$0.00

b. Proposed Number of Units of Service (#2)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

d. Provide a rationale for each method of measurement (2). (600 character limit)

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee**a. Will the proposed service (#3) consumers be charged a fee?**

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00

d. City of Columbia - CDBG/Home/CHDO Funding (#3)	3d1. \$0.00	3d2. 0	3d3. \$0.00
e. Heart of Missouri United Way Funding (#3)	3e1. \$0.00	3e2. 0	3e3. \$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$0.00

b. Proposed Number of Units of Service (#3)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

b. Service #4 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.) (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)
- Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided.

Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any

other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)
- Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

75000



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. **Offeror's Contacts:** Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

4.3.2. Negotiations will only be conducted with potentially acceptable proposals.

4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Frost Insurance - Austin 401 Congress Ave Suite 1400 Austin TX 78701	CONTACT NAME:	
	PHONE (A/C, No, Ext): 512-473-4520	FAX (A/C, No): 512-473-4555
INSURED PRESCHI-01 Presbyterian Children's Homes & Services 1220 N Lindbergh Blvd Saint Louis MO 63132	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Philadelphia Indemnity Ins	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1109933216

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1605708	11/3/2017	2/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1605708	11/3/2017	2/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The General Liability policy includes a blanket automatic additional insured endorsement when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

County of Boone, Missouri
c/o Purchasing Department
613 E. Ash Street
Columbia MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Allen Bate



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/04/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Carpenter & Company, Inc. 8301 State Line Road, Ste. G-A Kansas City MO 64114	CONTACT NAME: Sara Gilmore PHONE (A/C, No, Ext): (816) 932-9333 E-MAIL ADDRESS: sara@carpcomp.com FAX (A/C, No): (816) 444-7935 INSURER(S) AFFORDING COVERAGE INSURER A: Health Care Facilities of Miss INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

COVERAGES **CERTIFICATE NUMBER:** Cert ID 1393 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		HC FM-96-287	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
							\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Insured's Copy	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract Access to Healthy Food

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **Sustainable Farms & Communities, Inc.** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **SF&C**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, SF&C has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

WHEREAS, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY SF&C

SF&C is expected to the greatest extent possible to maximize funding from all other sources. SF&C shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. SF&C shall only request reimbursement for services not reimbursable by any other source. SF&C shall not invoice the Children's Services Fund for units of service invoiced to another funding source. SF&C shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** SF&C will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and SF&C's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over SF&C's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from SF&C and SF&C agrees to furnish the **Access to Healthy Food** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in SF&C's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$48,250.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. SF&C agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of SF&C be renewed for **an additional one (1), one-year period**. SF&C agrees and understands that the BCCSB may require supplemental information to be submitted by SF&C prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
SNAP/WIC Matching	One voucher	\$1.25	33,800	\$42,250.00
Professional Services	One hour	\$12.00	500	\$6,000.00

All billing shall be invoiced to BCCSB monthly by the 10th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of SF&C, the BCCSB agrees to pay interest at a rate

of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by SF&C to monitor service delivery and program expenditures. SF&C agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by SF&C and, if so stipulated, are noted on this contract document. Payments may be withheld from SF&C if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. SF&C agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** SF&C also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of SF&C's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from SF&C, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** SF&C agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect SF&C's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, SF&C hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event SF&C requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from SF&C may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with SF&C's policies and procedures and in accordance with any local/state/federal regulations. SF&C agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. SF&C must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** SF&C will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** SF&C agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to SF&C's provision of such services.

14. **Accreditation/Licensure/Certifications.** SF&C must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** SF&C agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and SF&C, and this shall include any transaction in which SF&C is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** SF&C may enter into subcontracts for components of the contracted service as SF&C deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, SF&C shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** SF&C agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. SF&C shall require each subcontractor to affirmatively state in its Agreement with the SF&C that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide SF&C a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** SF&C agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against SF&C or any individual acting on the SF&C's behalf, including subcontractors, which seek to enjoin or prohibit SF&C from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If SF&C ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if SF&C no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, SF&C will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event SF&C, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to SF&C as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should SF&C fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, SF&C shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the SF&C for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. Indemnification. To the extent permitted under Missouri law, SF&C agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Sustainable Farms & Communities, Inc.** (meaning anyone, including but not limited to consultants having a contract with SF&C or subcontractor for part of the services), or anyone directly or indirectly employed by SF&C, or of anyone for whose acts SF&C may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. Publicity by the Organization. SF&C shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. SF&C will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. SF&C will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. SF&C agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

24. Independence. This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and SF&C. The BCCSB does not recognize any of the SF&C's employees, agents, or volunteers as those of the BCCSB.

25. Binding Effect. This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. Entire Agreement. This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. Record Retention Clause. SF&C shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to SF&C shall be mailed or delivered to:

Sustainable Farms & Communities, Inc.
Kenneth Pigg
P.O. Box 1092
Columbia, MO 65201

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

Sustainable Farms & Communities, Inc.

By: Kenneth Pigg
Signature

By: Kenneth E. Pigg
Printed Name/ Title

Boone County, Missouri

By: Boone County Commission
Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board
Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk DKB

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Rickford by jg 12/20/17 (2161/71106/\$48,250.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 20, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Sustainable Farms & Communities
Address: P.O. Box 1092, Columbia, MO 65205

Telephone: 573-289-0913 Fax: _____

Federal Tax ID (or Social Security #): 43-1903003

Print Name: Kenneth Pigg Title: Chairperson, Board of Directors

Signature: Kenneth Pigg Date: 11/20/17

E-mail: Lkenth80@hotmail.com

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #2**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Sustainable Farms and Communities, Inc.
Name of Program	Access to Healthy Foods

Program Services	
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Service 1 – SNAP/WIC Matching

1. Service 1/Unit Rate – In the Clarification #1 response you have listed the Unit Rate as \$1.25.
Action Required: In our current contract, we have paid a \$1.00 for \$1.00 match. Provide an explanation, in the field below, explaining why the Unit Rate is listed at \$1.25, not at \$1.00.

<p>The previous contract had a unit rate of \$25/match voucher. It became clear to SF&C that (1) many clients did not use the full allowable match/visit and (2) the “provision of a voucher” actually cost more in transaction costs than was allowable under the prior contract. So, this figure has been changed to reflect the procedure recommended by the Boone County Office of Community Services and now includes a voucher figure of a base amount flexible enough to cover any SNAP/WIC redemption made by clients (\$1.00) plus an amount to cover transaction and program operations costs/voucher (\$0.25). As explained in the proposal, the transactions and operations costs involve staffing for supervision of volunteers, communications, printing, supplies and other expenses typically incurred in the operations/administration of program services.</p>

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 16, 2017

Sustainable Farms & Communities
Attn: Kenneth Pigg, Chairperson of the Board
P.O. Box 1092
Columbia, MO 65205
lkenth80@hotmail.com

RE: Written Clarification #2 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Mr. Pigg:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 21, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Kathryn Roberts – oh_k_o2002@yahoo.com

Attachments: Written Clarification Form #2

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts*

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

Organization	Sustainable Farms and Communities, Inc.
Name of Program	Access to Healthy Foods

Service 1 – SNAP/WIC Matching

- | |
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| |
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Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 31, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: Sustainable Farms & Communities

Address: P.O. Box 1092, Columbia, Missouri 65205

Telephone: 573-289-0913 _____ Fax: _____

Federal Tax ID (or Social Security #): 43-1903002 _____

Print Name: Kenneth Pigg _____ Title: Chairperson, Board of Directors _____

Signature: Kenneth Pigg _____ Date: 10-31-2017 _____

E-mail: Lkenth80@hotmail.com _____

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Sustainable Farms & Communities
Name of Program	Access to Healthy Food

Proposal Cover Sheet	
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1. The signed addendums are not provided on the Proposal Cover Sheet. The E-Verify was uploaded in its place.

Action Required: Provide the signed addendums with the required signatures on all three pages.

Addendums attached to this form.

Program Overview Form	
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2. Are adults who are over the age of 20 and who do NOT have children, eligible for the Access to Healthy Food Program from any other funding source? If so, there is no way to capture these individuals in the Consumer Demographics section.

Adults without children are not eligible for AHF benefits and SF&C does not have the capacity to raise sufficient funds from other sources to support this audience. Since April, this population has received support from the Double Up Bucks program under a contract held by the Columbia Farmers Market; however, SF&C is not a party to that contract. This means this audience is not counted in the consumer demographics section unless the family also qualifies for AHF. Only the household members of qualifying individuals/families are included in this compilation. For example, pregnant women may qualify for WIC and are accepted into the AHF program until such time as their baby is born. Then the baby becomes the WIC registrant rather than the parent—which complicates our administrative bookkeeping. An exception is the population of seniors and disabled residents whom SF&C serves using funds raised from local events and community donations. On occasion there are small grants available that can also be used to support this population. Seniors/disabled were not counted in the BCCSB reporting system; neither are patrons who do not live in Boone County because BCCSB contract funding does not accommodate these individuals. Since it appears BCCSB wants to know the total served by the program regardless of funding source, these patrons will be reported in the total numbers.

Action Required: If these individuals are eligible for the Access to Healthy Food Program, clarify the total number of individuals to be served and the funding source providing matching for these individuals in the field below.

3. The residence total in the Consumer Demographics section lists 1,315 but the total number of unduplicated individuals to be served in the Program Consumer and remaining demographic totals is 1,300. The total should include all individuals to be served for the whole program, including those from other counties covered through another funding source.

Action Required: Provide clarification on the funding source for the 15 residents from other counties. The Consumer Demographics will need to be updated during final negotiations.

The 1,300 figure is what is planned to be served via BCCSB funding. Any patrons who enroll from another county (estimated at 15) are supported via community donations, small grants from sources other than BCCSB, and local fundraising events. Therefore, using the guidance above, the Demographics section should register as 1315 rather than 1300.

4. Program Personnel table lists the AHF Program Associate being paid \$24,000. This position is not included on the Employee Compensation table on the Organizational Profile.

Action Required: Provide clarification on why the AHF Program Associate is not listed on the Organizational Profile. Update the Employee Compensation table on Apricot. (really?)

The Program Associate is not associated with the AHF program but is employed under a grant from the USDA/FNS to promote SNAP use at the farmers markets in Columbia, Centralia and Ashland. The Associate is paid from this grant, awarded in October, 2015 and ending in January, 2018. Therefore, this position was listed inappropriately on the organizational profile since this information does not relate to the agreement/contract proposed with BCCSB and/or HMUW.

5. The Program Budget lists \$2,100,000 in revenues but does not explain how these funds are specifically utilized for this program. These revenues should be removed from the budget since funds are going towards constructing the Clary-Shy city park instead of the main purpose of this program.

Action Required: Provide clarification on how \$2,100,000.00 is being utilized. Are any funds being utilized for the Access to Healthy Foods Program?

These funds are not used by the AHF program, but represent the amount of money raised/pledged to date for the Clary-Shy Park facility. It is agreed this amount should be removed from the budget. The grant amount of \$146,983 should also be removed from the budget since it comes from the USDA grant for another program (not AHF).

6. The Program Budget lists \$5,000 from non-governmental grants but does not provide a narrative.

Action Required: Provide clarification on the non-governmental grant(s) and how these funds contribute towards implementing the Access to Health Food Program.

During the two-year contract period provided by the BCCSB funding, SF&C is committed to raising additional funds to support AHF eligible households which are not covered by BCCSB. It is anticipated that at least \$5000 can be raised from non-governmental sources in small grants for specific purposes in support of the AHF program.

7. The program revenues equal \$69,720 without the \$2,100,000 factored into the budget. The total program expenses are listed at \$12,720. The cost of providing vouchers does not seem to be factored into the program expenses.

Action Required: Provide clarification on the cost of providing vouchers for the program. This amount should be included into the total program expenses.

It was understood that the "total program expense" section related only to non-voucher expenses such as part-time staff, communications, printing, marketing, etc. The section above this (in Apricot) appeared to be more relevant to the listing of the voucher expense. The voucher expense can, of course be listed as part of the total program expense. The voucher (only) amount would then be \$42,000. However, the cost of providing the individual voucher is listed as \$1.26. This amount includes the voucher cost and what it takes in program expense to provide each voucher dollar (\$12,720). For example, providing \$25 in vouchers as a typical match actually costs SF&C \$31.50 to deliver. The total program expense covers those households/individuals who are not covered by BCCSB funds.

Program Services Form (1-5)

Service 1

8. The outputs need to include number for the whole program, including individuals funded through any other source. These include adults without children in the home and/or elderly. The Funding Request section mentions seniors/disabled but the wording is unclear.

Action Required: Provide clarification on the number of units to be provided and whether it includes other populations. Complete the "Service Change Chart" for Service 1 with the updated outputs. The Funding Request section is where the total number of units and funding request amount is provided specifically for the Boone County Children's Services Fund. (in apricot??)

This requirement was not clear in the instruction guide. Only those eligible to be served via BCCSB resources were "counted" in the outputs section. However, the total AHF population served can be included if desired once Apricot is reopened for amendment.

Service 2

9. The services listed SNAP/WIC Matching for both services. Service 2 needs to be changed to "Professional Services" to differentiate the costs of the program and for invoicing purposes.

Action Required: Complete the 'Service Change Chart' for Service 2 with the correct service name. Provide any further comments in the field below.

This change will be made.

10. The performance measures for Service 2 need to be worked on. Indicator (2-2) and (2-4) do not provide measurable indicators.

Action Required: Add Indicator (1-1) from Service 1 to one of the indicators for Service 2.

Complete the 'Service Change Chart' for Service 2 with updated performance measures. Provide any further comments in the field below.

See chart below for changes made.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

11. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Sustainable Farms & Communities			
Program Name: Access to Healthy Food			
Service #1 – Taxonomy of Service Name: SNAP/WIC Matching			
Service #1 – Taxonomy Definition of Service: Provision of additional funding for recipients of SNAP and WIC benefits to purchase nutritious food.			
Provide a detailed description of the proposed service: SF&C, via the Access to Healthy Food program, will provide vouchers worth up to \$25 to SNAP/WIC recipients with children up to 19 years of age who redeem their benefits at the Columbia Farmers Market weekly. AHF clients enroll beginning in January of each year, presenting their SNAP cards or WIC documents to AHF staff. They are provided an ID card so that the Columbia Farmers Market staff will recognize they have been successfully enrolled and are eligible for AHF vouchers. AHF staff (volunteers, interns and a coordinator/supervisor) handle the enrollment process, data entry and basic analysis for reports, marketing and communication. The AHF staff is overseen by a member of the SF&C Board of Directors.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Voucher	1.25	33,800	1335
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
1.1 The number of vouchers issued to participants to match SNAP/WIC benefits will increase	1.1a The average number of vouchers claimed weekly will increase 25% in 2018.	1.1b Records provided by Columbia Farmers Market as required by SNAP agency.	
1.2 Voucher users will experience lower rates of stress related to food insecurity that at the time of enrollment.	1.2a At least 25% of AHF participants will report a reduction in stress levels after six months' participation.	1.2b Comparative scores on stress measure included in telephone survey and enrollment form.	
1.3 AHF voucher users will report changes in health status benefitting one or more family members as a result of participation.	1.3a At least 25% of AHF participants will report some change in health they attribute to AHF program participation.	1.3b Self-report from telephone survey open-ended question and yes/no question.	

1.4 AHF participants will increase their utilization rate of their vouchers to at least twice/month on average.		1.4a 40% of participations will use their AHF vouchers at least twice/month on average during the year.	1.4b Calculated from program statistics maintained by staff.
Service Change Chart			
Organization Name: Sustainable Farms & Communities Program Name: Access to Healthy Food			
Service #2 – Taxonomy of Service Name: Professional Services			
Service #2 – Taxonomy Definition of Service: Professional organizational administrative functions such as accounting, human resources, etc.			
Provide a detailed description of the proposed service: 			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Hour	\$12.00	500 hours	1
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
2.1 Support for the enrollment process and orientation of clients in the AHF program will be provided.	2.1a Access to Healthy Food will have at least one volunteer/intern serve at the AHF enrollment booth at the Saturday farmers market	1.1b Track the frequency of volunteers serving at the Access to Healthy Food table on Saturdays at the market via Google docs and Google Calendar	
2.2 Three volunteers/interns will be qualified to serve on the AHF team	2.2a 10 volunteers/ interns will complete orientation before active service	2.2b Completed paperwork distributed during orientation	
2.3 Volunteers/interns are in compliance with SF&C and AHF policies and procedures	2.3a 95% of all volunteers and interns will have all hours tracked and no unsatisfactory client/partner relationships reported	2.3b Tracked data- hours and AHF paperwork; feedback from partners	

2.4 The number of vouchers issued to participants to match SNAP/WIC benefits will increase	2.4a Delivery of 2000 AHF pamphlets to local community organizations by December 31,2018; post biweekly social media promotional and educational materials; track & record number of vouchers provided weekly.	2.4b Track distribution and organizations distributed to using Google Sheets and Excel workbooks organized by monthly redemptions.

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: Sustainable Farms & Communities				
Program Name: Access to Healthy Food				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Provision of voucher	One voucher	\$1.25	33,800	1335
Professional Services	One hour	\$12.00	500	1
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Provision of a Voucher	\$49,100		33,800	
Professional Services	\$6,000		1	
Development/Start Up Service Funding				
Total Amount Requested to Boone County:	\$55,100			



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum ***should be acknowledged*** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?
Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.
 - b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?
Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.
 - c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 – *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@booncountymmo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:
<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymn.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by “currently” in the amount received from other funders.

Response: “Currently” refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: Sustainable Farms & Communities

Address: P.O. Box 1092, Columbia, MO 65205

Phone Number: 573-289-0913 Fax Number: _____

E-mail: Lkenth80@hotmail.com Accesstohealthyfood@gmail.com

Authorized Representative Signature: Kenneth Pigg Date: 10-23-17

Authorized Representative Printed Name: Kenneth Pigg


PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Hines	Heartland Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank B.C.	874-8506	874-8432
8.	Bob Hull	US Bank	446-3394	446-4061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

23.	Bonnelayler	Central Bank		874-8501
24.	Jennifer Hockum	US Bank		446-6738
25.	Erin Wright	US Bank		673-231-5902
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

46.	Julia Lutz	IT		
47.	Aron Gas	IT		
48.		COLLECTOR		
49.	Denise Abney	Collector		
50.	TOM DARROUTH	TREAS		
51.				
52.				
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following question and is providing a response:

- a. You included the following requested attachments:
- Attachment A 2017 Organization Assurance Sheet
 - Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
 - Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "ProgramOverview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: Sustainable Farms & Communities

Address: P.O. Box 1092, Columbia, MO 65205

Phone Number: 573-289-0913 Fax Number: _____

E-mail: Lkenth80@hotmail.com Accesstohealthyfood@gmail.com

Authorized Representative Signature: Kenneth Pigg Date: 10-23-17

Authorized Representative Printed Name: Kenneth Pigg



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: Sustainable Farms & Communities

Address: P.O. Box 1092, Columbia, Missouri 65205

Phone Number: 573-289-0913 Fax Number: _____

E-mail: Lkenth80@hotmail.com Accesstohealthyfood@gmail.com

Authorized Representative Signature: Kenneth Pigg Date: 10-23-17

Authorized Representative Printed Name: Kenneth Pigg

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMD	445-5437	
5.	Meredith Cornelson	U. of Mo Dept of Child Health	882-2318	
6.	Tim Artlage	U of Mo CFPR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kate Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Traeger	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Lucke	Rainbow House	573-473-2963	
15.	Ron Rone	YC2	573-554-7011	
16.				
17.				
18.				
19.				
20.				
21.				

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Spencer Ingram	Tree Top LLC	886-4391	
3.	Ernestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klostermann	CMCA BRIDGE	573 427 7897	
5.	Mernell King	CMCA Bridge	573-999-4179	
6.	Bonnie Gantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A'	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573 884-0321	
11.	Kristin Hawley	UML - Center EB4MH	573-825-5859	
12.	Vicki Dawett	EG-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Julie Kiessling	Kiessling & Assoc.	573-554-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Boring	SOAR	573-884-6384	
17.	Carole Schub	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymonds Society	(777) 677-1215	
19.	Becky Markt	CHA Low-Income Svc	573-443-2556	0551
20.	Gay Litzken	MLJ CLC	573 449-5600	573 815 1535
21.	Minam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Cheryl	WV Bridge	268-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Beatrice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Megladol	Boys & Girls Club	268 8549	
28.	Mark Brunkel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dirr	H Fletcher ZBBS	573-874-3677	
31.	Laine Bang-Waller	Rep to of Psych	884-6136	
32.	Michelle Shikley	PHHS	874 6331	
33.				
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43.				
44.				

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Nelly HTI	Heart of MO CHSA	442-4670	N/A
23.	Joan Trust	Grade A Plus	573-268-4322	
24.				
25.				
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44.				

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 23, 2017

Sustainable Farms & Communities
Attn: Kenneth Pigg, Chairperson of the Board
P.O. Box 1092
Columbia, MO 65205
lkenth80@hotmail.com

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Mr. Pigg:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are

rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Kathryn Roberts – oh_k_o2002@yahoo.com

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	Sustainable Farms & Communities
Name of Program	Access to Healthy Food

Proposal Cover Sheet	
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1. The signed addendums are not provided on the Proposal Cover Sheet. The E-Verify was uploaded in its place.

Action Required: Provide the signed addendums with the required signatures on all three pages.

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Program Overview Form	
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2. Are adults who are over the age of 20 and who do NOT have children, eligible for the Access to Healthy Food Program from any other funding source? If so, there is no way to capture these individuals in the Consumer Demographics section.

Action Required: If these individuals are eligible for the Access to Healthy Food Program, clarify the total number of individuals to be served and the funding source providing matching for these individuals in the field below.

--

3. The residence total in the Consumer Demographics section lists 1,315 but the total number of unduplicated individuals to be served in the Program Consumer and remaining demographic totals is 1,300. The total should include all individuals to be served for the whole program, including those from other counties covered through another funding source.

Action Required: Provide clarification on the funding source for the 15 residents from other counties. The Consumer Demographics will need to be updated during final negotiations.

--

4. Program Personnel table lists the AHF Program Associate being paid \$24,000. This position is not included on the Employee Compensation table on the Organizational Profile.

Action Required: Provide clarification on why the AHF Program Associate is not listed on the Organizational Profile. Update the Employee Compensation table on Apricot.

--

5. The Program Budget lists \$2,100,000 in revenues but does not explain how these funds are specifically utilized for this program. These revenues should be removed from the budget since funds are going towards constructing the Clary-Shy city park instead of the main purpose of this program.

Action Required: Provide clarification on how \$2,100,000.00 is being utilized. Are any funds being utilized for the Access to Healthy Foods Program?

6. The Program Budget lists \$5,000 from non-governmental grants but does not provide a

--

narrative.

Action Required: Provide clarification on the non-governmental grant(s) and how these funds contribute towards implementing the Access to Health Food Program.

--

7. The program revenues equal \$69,720 without the \$2,100,000 factored into the budget. The total program expenses are listed at \$12,720. The cost of providing vouchers does not seem to be factored into the program expenses.

Action Required: Provide clarification on the cost of providing vouchers for the program. This amount should be included into the total program expenses.

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Program Services Form (1-5)	
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Service 1

8. The outputs need to include number for the whole program, including individuals funded through any other source. These include adults without children in the home and/or elderly. The Funding Request section mentions seniors/disabled but the wording is unclear.

Action Required: Provide clarification on the number of units to be provided and whether it includes other populations. Complete the 'Service Change Chart' for Service 1 with the updated outputs. The Funding Request section is where the total number of units and funding request amount is provided specifically for the Boone County Children's Services Fund.

--

Service 2

9. The services listed SNAP/WIC Matching for both services. Service 2 needs to be changed to "Professional Services" to differentiate the costs of the program and for invoicing purposes.

Action Required: Complete the 'Service Change Chart' for Service 2 with the correct service name. Provide any further comments in the field below.

--

10. The performance measures for Service 2 need to be worked on. Indicator (2-2) and (2-4) do not provide measurable indicators.

Action Required: Add Indicator (1-1) from Service 1 to one of the indicators for Service 2. Complete the 'Service Change Chart' for Service 2 with updated performance measures. Provide any further comments in the field below.

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

11. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: Sustainable Farms & Communities			
Program Name: Access to Healthy Food			
Service #1 – Taxonomy of Service Name: SNAP/WIC Matching			
Service #1 – Taxonomy Definition of Service: Provision of additional funding for recipients of SNAP and WIC benefits to purchase nutritious food.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: Sustainable Farms & Communities			
Program Name: Access to Healthy Food			
Service #2 – Taxonomy of Service Name: Professional Services			
Service #2 – Taxonomy Definition of Service: Professional organizational administrative functions such as accounting, human resources, etc.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Development/Start Up Service Funding				
Total Amount Requested to Boone County:				

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

Sustainable Farms & Communities, Inc.

DBA:**Federal EIN Number:**

43-1903002

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

511 E. Walnut

City

Columbia

State

Missouri

County

Boone

Zip

65201-1092

Organization Phone Number:

573-289-0913

Website:

<http://www.sfandc.org>

Head of Organization

Kenneth E Pigg

Head of Organization Phone:

573-289-0913

Address

P.O. Box 1092

City

Columbia

State

Missouri

County

Boone

Zip

65205

Organization Fax Number:**Email:**

accesstohealthyfood@gmail.com

Head of Organization Title (e.g. Director, President, CEO)

Chairperson

Head of Organization Email:

Lkenth80@hotmail.com

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address
City
State
County
Zip

Local Contact Name:

Local Contact Email:

Address
City
State
County
Zip

Local Contact Title:

Local Contact Phone:

General Information

Organization
Mission
Statement
(Purpose):

Provide your organization's mission statement. (600 character limit)

To develop and support a sustainable community food system in the Boone County area that directly connects consumers and producers with healthy food products.

Organization
History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

Sustainable Farms & Communities was formed in 2000 and granted non-profit status by the IRS in 2003. The organization is composed of 15 Directors (when all positions are filled) who are all volunteer; SF&C employs no staff. SF&C has been pursuing the development of a permanent home for the Columbia Farmers Market as one of its objectives, but funding has not been available to make this a reality as yet. The Access to Healthy Food program began in 2011 enrolling 55 families on SNAP or WIC with young children; in 2015 over 200 enrolled in AHF and more than \$20,000 was contributed to healthy diet

Brief Statement
of Organization's
Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

Goal 1 is to reduce hunger and promote health through the Access to Healthy Food program to reduce the effects of poverty in Boone County. Goal 2 is to promote learning about food systems and food production so that the poor, especially, can practice self-production through the development of a community agriculture learning facility in conjunction with the Columbia Dept. of Parks and Recreation.

Articles of
Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1488907870_30405_ArticlesofInc.pdf/

**Provide a copy
of the
organization's
Articles of
Incorporation.**

Bylaws:
**Provide a copy
of the
organization's
Bylaws.**

Bylaws (MUST BE IN PDF FORMAT)

Organizational
Chart
(must be for the
entire
organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1452209785_30406_AHFOrgchart_HMUWetc.pdf/

Strategic
Plan:

Strategic Plan (MUST BE IN PDF FORMAT)

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Boone County Missouri primarily with some services provided on an ad hoc basis to surrounding counties.

Briefly describe the population(s) served by your organization. (600 character limit)

Population Served: Access to Healthy Food, sponsored and managed by SF&C, is a "SNAP-Match" program serving SNAP and WIC eligible families with children under 12. It has operated in this fashion for four years. Next year SF&C will expand AHF eligibility to include families with children and youth under 19 years of age as well as SNAP eligible individuals over 60 and the disabled who qualify for SNAP and decide to shop at the Farmers Market. This population is all resident in Boone County and includes all races and ethnic groups.

Conflict of Interest Policy: **Does your organization have a written Conflict of Interest policy?**
yes

Whistleblower Policy: **Does your organization have a written Whistleblower policy?**
no

Business Continuity Plan: **Does your organization have a written Business Continuity plan?**
no

Records Retention Policy: **Does your organization have a written Records Retention policy?**
no

If yes, does the Records retention policy include a Records Retention Schedule?
no

Governing Board

Length of Board Term (e.g. "2 years"):
3 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Kagnie NMI Bradshaw	Director	07/12/2017	07/08/2020	207 William St., Columbia, MO 65201		Added on 07/13/2017
Mike Preble	Director	01/01/2017	12/30/2020	1018 Westwind Court, Columbia, MO 65203		Added on 06/23/2017
Susan Rippey	Director	02/08/2017	02/08/2020	5401 Arrow Wood Dr., Columbia, MO 65202		Added on 06/23/2017
Jessica Quetsch	Director	03/01/2017	03/01/2020	2307 Berry View Court, Columbia, MO 65203		Added on 06/23/2017
Carmen Randall	Treasurer	01/11/2017	01/09/2019	436 East Winter St. Columbia, MO 65202		Added on 01/07/2016
Chris Dohm	Director at large, Webmaster	01/13/2017	01/08/2020	2400 Chapel Hill Rd. Columbia, MO 65203		Added on 01/07/2016
Kathryn Oberg Roberts	Vice-Chair	01/08/2014	01/11/2017	4445 Roemer Rd. Columbia, Mo. 65202		Added on 01/07/2016
Kenneth E Pigg	Chairperson	01/13/2016	01/09/2019	1910 Scarborough Dr. Columbia, MO 65201		Added on 01/07/2016
Dorothy Canote	Secretary	01/13/2016	01/09/2019	17401 N. Rt. F Harrisburg, MO 65256		Added on 01/07/2016
Jenn Muno	Director	01/13/2016	01/09/2019	11351 Callahan Creek Rd. Harrisburg, MO 65256		Added on 01/07/2016

Governing Board Member**Link Info**

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Mark Mahnken	Director	08/06/2014	08/09/2017	Missouri Legacy Beef Company 31369 HWY 129 Salisbury, MO 65281.	<input checked="" type="checkbox"/>	Added on 01/07/2016

Total Active Links:11, Total Deactivated Links:3, Current Active Links:11, Current Deactivated Links:3

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

None

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member**Financial Information**

Organization Fiscal Year:

January-December

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1452216688_29953_IRS_Letter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

The Board of Directors reviews a complete financial record each month with detailed explanations of individual items as necessary provided by the Treasurer. This report is prepared by an external accountant on retainer to the organization. Any expenditure over \$500 requires Board approval, including contracts with other organizations or businesses. Bylaws require an annual audit as required by IRS rules.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation			Link Info			
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Consulting Project Supervisor	PHD and experience in Project Related field	0.10	\$4,000.00	\$0.00	<input checked="" type="checkbox"/>	Added on 08/14/2016

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Text

Accreditation 2:

Text

Accreditation 3:

Text

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1475271415_32841_SF%26C.pdf/

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

/document/download/filename/1475271415_32847_SF%26C.pdf/

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	Sustainable Farms & Communities, Inc.	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
2017 Health RFP (Review ends 03/24/2017 5:00 PM CDT)	Sustainable Farms & Communities, Inc.	Community Impact	Heart of Missouri United Way	July 1, 2017 - June 30, 2018	✓	Added on 01/13/2017
Community Impact Fund (Interim Report 1 ends 09/02/2016 12:00 AM CDT)	Sustainable Farms & Communities, Inc.	Community Impact Fund	Heart of Missouri United Way	JUL2016 - Safety Net, Income	✓	Added on 01/21/2016
Community Impact Fund (Interim Report 1 ends 09/02/2016 12:00 AM CDT)	Sustainable Farms & Communities, Inc.	Community Impact Fund	Heart of Missouri United Way	JUL2016 - Safety Net, Income	✓	Added on 01/10/2016
Children's Services Fund - POS RFP #27-10JUN14 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	Sustainable Farms & Communities, Inc.	Children's Services Fund -- POS	Boone County	RFP #27-10JUN14	✓	Added on 06/26/2015

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

System Fields

Record ID

17435

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

Sustainable Farms & Communities, Inc.

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Access to Healthy Food

Amount of Request

\$48,595.00

County-Children's Services - Service Type (check all that apply)

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Program Information

Program Website (will default to Organization website)

<http://www.sfandc.org>

Address

511 E. Walnut, Box 1092

City

Columbia

State

Missouri

County

Boone

Zip

65201-1092

Program Administrator Name

Kenneth E Pigg

Phone Number

573-289-0913

Address

P.O. Box 1092

City

Columbia

State

Missouri

County

Boone

Zip

65205

Program Administrator Title

Chairperson of Board

Email

Lkenth80@hotmail.com

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1499977010_30421_BCCSBAssurance.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1499977010_30420_BCCSBAttachmentB.pdf/

Attachment C Work Authorization Certification


/document/download/filename/1500497420_30419_BCCSBAttachmentC2017.pdf/

Signed Addendums

/document/download/filename/1500497420_30418_e-verifyMOU.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
Sustainable Farms & Communities, Inc.	P.O. Box 1092	Kenneth E Pigg		Added on 07/12/2017
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0				

Federal EIN Number (will auto-populate)
43-1903002

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Kenneth E. Pigg

Printed Name - Organization Executive Director/President/CEO

7-13-17

Date

Kenneth E. Pigg

Signature - Organization Executive Director/President/CEO

7-13-17

Date

Kenneth E. Pigg

Printed Name - Organization Board Chair

7-13-17

Date

Kenneth E. Pigg

Signature - Organization Board Chair

7-13-17

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Kenneth E. Pigg, Chair person, Board of Directors, SEAC
Name and Title of Authorized Representative

Kenneth E. Pigg
Signature

7-13-17
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

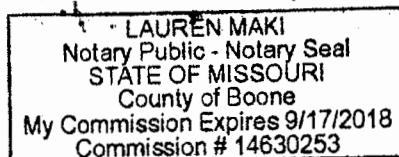
My name is Kenneth Pigg. I am an authorized agent of Sustainable Farms & Communities (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Kenneth Pigg 7/19/17
Affiant Date

Kenneth E Pigg
Printed Name

Subscribed and sworn to before me this 19th day of July, 20 17.



Lauren Maki
Notary Public

Attach to this form the E-Verify Memorandum of Understanding that you completed when enrolling.

**THE E-VERIFY
MEMORANDUM OF UNDERSTANDING
FOR EMPLOYERS**

**ARTICLE I
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the Sustainable Farms & Communities, Inc. (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II
RESPONSIBILITIES**

A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
 - a. Notice of E-Verify Participation
 - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

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4. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.

a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.

6. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

a. If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The Employer will use the photocopy to verify the photo and to assist DHS with its review of photo mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.

Note: Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.

7. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

8. The Employer agrees that, although it participates in E-Verify, the Employer has a responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures.

a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly

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employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status

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(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

14. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA as applicable by not discriminating unlawfully against any individual in hiring, firing, employment eligibility verification, or recruitment or referral practices because of his or her national origin or citizenship status, or by committing discriminatory documentary practices. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the immigration-related unfair employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

15. The Employer agrees that it will use the information it receives from E-Verify only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords), to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at E-Verify@dhs.gov. Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, upon

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reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see [M-795 \(Web\)](#)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

B. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

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b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.

e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:

- i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,
- ii. The employee's work authorization has not expired, and
- iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).

f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:

- i. The Employer cannot determine that Form I-9 complies with Article II.A.6,
- ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
- iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with

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Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

C. RESPONSIBILITIES OF SSA

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.

2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.

4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

D. RESPONSIBILITIES OF DHS

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

a. Automated verification checks on alien employees by electronic means, and

- b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the Employer with operational problems associated with the Employer's participation in E-Verify. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train Employers on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials.
5. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.
6. DHS agrees to issue each of the Employer's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify

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case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.
4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.
2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.
4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the

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employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.
6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:
 - a. Scanning and uploading the document, or
 - b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).
7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.
8. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

ARTICLE IV SERVICE PROVISIONS

A. NO SERVICE FEES

1. SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V MODIFICATION AND TERMINATION

A. MODIFICATION

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.
2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.

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B. TERMINATION

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer's participation in E-Verify, with or without notice at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

ARTICLE VI PARTIES

- A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.
- C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.
- E. The Employer understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to,

Company ID Number: 796721

Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.

Company ID Number: 796721

Approved by:

Employer Sustainable Farms & Communities, Inc.	
Name (Please Type or Print) Kenneth E Pigg	Title
Signature Electronically Signed	Date 07/09/2014
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 07/09/2014

Company ID Number: 796721

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	Sustainable Farms & Communities, Inc.
Company Facility Address	55 E. Walnut St., Box 1092 Columbia, MO 65201-1092
Company Alternate Address	Sustainable Farms & Communities P.O. Box 1092 Columbia, MO 65205
County or Parish	BOONE
Employer Identification Number	431903002
North American Industry Classification Systems Code	813
Parent Company	n/a
Number of Employees	1 to 4
Number of Sites Verified for	1



Company ID Number: 796721

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MISSOURI

1 site(s)

Company ID Number: 796721

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name Kenneth E Pigg
Phone Number (573) 289 - 0913
Fax Number
Email Address lkenth80@hotmail.com

Name Kathryn Oberg-Roberts
Phone Number (573) 881 - 3318
Fax Number
Email Address oh_k_o2002@yahoo.com

Company ID Number: 796721

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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Sustainable Farms & Communities, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Access to Healthy Food
Amount of Request	\$48,595.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Access to Healthy Food addresses the food insecurity issue in Boone County as well as health issues related to nutritional deficiencies. Food insecurity is related directly to poverty and the inability to afford a nutritional diet and, instead, consuming lower cost, energy dense food products (loaded with sugar, salt and fats). Research has demonstrated that poverty is positively correlated both with food insecurity and with chronic diseases such as diabetes, obesity and hypertension. Foods that tend to be cheaper and more widely available are also typically high in calories and low in nutrition and this contributes to levels of health vulnerabilities. In 2016 food pantries in Boone County distributed 231 pounds of food per capita to people below 100% of the poverty level. The Missouri Hunger Atlas lists 6359 children < 18 years with food uncertainty. Meanwhile, 44% of the county population is eligible for SNAP benefits but only 10% actually participate. The Atlas also shows 5042 children < 18 below the poverty level in 2016, down slightly from the 2015 figure of 5463 (BID). According to the BID, there were 1648 households with children in poverty in 2015 and 40% of the population had an income of \$28,628. Research also shows that stress related to food insecurity can lead to health issues such as hypertension and depression. Further, poor attention to nutrition is related to increased incidence of ADHD symptoms, inability to focus in school settings and allergy problems.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The County population addressed by Access to Healthy Food includes families eligible for SNAP and WIC benefits with children under 19 years of age. This population represents 44% of the county population; however, only about 10% of this population actually is enrolled in these programs. The poverty population in Boone County includes 1648 households with children and more than 5,000 children under 18 out of a total population of children under 18 of 35,868 (BID). The low participation rate is one challenge to be addressed along with the tendencies of this population to use limited resources to purchase the cheapest food possible (energy dense instead of nutritionally dense) ("SNAP Matters"). While a substantial portion of the eligible population is white, African-Americans and Latinos comprise a large percentage of the eligible population, although actual use tends to be lower than that of whites ("SNAP Matters"). SF&C records show low percentages of African-American and Latino families enrolling for and using the AHF program,

lower than Asian families for example. The Kids Count report shows nearly 18% of children under 18 in poverty and 24.3% of children under 6 in poverty. Nearly 29% of County children are in families receiving SNAP and 31% are living with a single parent. These figures demonstrate a substantial population in need in the midst of a relatively wealthy county with median household income of nearly \$50,000 and a low unemployment rate.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The goal of Access to Healthy Food is to serve the largest possible portion of this SNAP/WIC eligible population as possible and specifically to raise the number of households served to 400 in 2018 with a 10% increase in 2019. Using the matching program, AHF increases the family nutritional intake.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

Access to Healthy Food is a program that matches the first \$25 of SNAP benefits spent at the Columbia Farmers Market weekly. AHF benefits can accumulate each week for frequent users. SF&C provides the staffing and program supervision and coordination using student interns from MU Schools of Public Health and Nursing, as well as Service Learning students. A member of the SF&C board oversees the overall operation. Enrollment takes place at the Columbia Farmers Market (CFM) each Saturday of operation using a digital form to reduce errors and ensure date reliability. CFM staff track redemption amounts and corresponding user IDs, reporting to SF&C each month on the number of users and amounts of matching funds distributed. Volunteer staff distribute promotional flyers and posters to collaborating agencies serving similar populations (e.g., food pantries), use social media to promote and inform the public of the program's features, and distribute educational information regarding the health benefits of eating more nutritious diets. A consistent message and standardized "brand" is used in each form of communication. Clients are welcomed when they come to the market, introduced to the vendors and operations of the CFM, both outdoor and indoor markets. Enrollment forms and evaluation surveys completed twice/year make up a database to monitor progress and effects (in the short term). AHF has experienced annual growth in clients served since 2011 serving over 1,000 people in 2016.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

In 2016 AHF served 1006 persons in families with children under 19; 545 females and 456 males. The average client age was 19.4 years (includes adults in family). About 530 of these individuals were White, 25 were Asian, 31 were biracial, 80 were African-American, 63 were Latino/Hispanic and the rest were Middle Eastern, Native American, Pacific Islander, or "other". AHF intends to serve a similar population—all SNAP/WIC eligible—in 2017/18/19 with special efforts given to working with the underrepresented populations, especially African American and Latino families. It is important that nearly 200 of the adults served were not employed and another 100 persons were students (including children 5-18), leaving 68 persons reporting full-time employment and 40 part-time employment. Research shows the challenges faced by poor families on SNAP/WIC many of whom may also be on other forms of financial support (e.g., SSI, TANF, EITC) and/or working as the marginal tax rate can be a barrier to getting out of poverty via public assistance or employment at minimum wage levels (SNAP Matters). SF&C will modify its data collection protocols to determine if other forms of public assistance are helping/hindering families' escape from poverty and food insecurity. Overall, AHF expects to enroll an increasing number of non-white client families in the program.

b. Why will these particular consumers be served? (1500 character limit)

These consumers represent a portion of the lowest income population in Boone County. Research shows that low-income families are more likely to eat energy dense diets than nutrition dense diets simply because 2,000 calories of energy dense foods can be purchased at about 1/7th the cost of more nutritional foods. AHF helps make up the deficit gap with its match for SNAP/WIC users and helps them afford fresh, locally grown produce which is likely to promote healthier eating. By serving households containing children, the intent is to start them as early as possible in healthy eating habits that will carry over into full adulthood, thus helping to prevent more serious health problems in their later lives.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

The primary challenges for achieving AHF goals are: overcoming perceptions that the CFM is "unwelcoming" to minority populations, trying to change the CFM Saturday hours to make access easier for low-income people who work night shifts or weekends, identifying and overcoming transportation problems, and persuading clients (and potential clients) that purchasing nutritious, locally grown produce is really not more expensive when the longer term benefits are considered. Increasing SNAP enrollment is also a challenge as state agencies are prohibited from promoting SNAP enrollment.

d. Total number of unduplicated individuals to be served by the proposed program:

1300

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

9.78

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)	City of Columbia	Other Counties
1300	1100	15
Residence Total		
1315		
Record Lock		
0		

Race

White (alone)	Black or African American (alone)
900	115
Native American Indian or Alaskan Native	Asian (alone)
15	80
Native Hawaiian or other Pacific Islander (alone)	Multiple Races
10	60
Some Other Race	
120	
Race Total	
1300	

Ethnicity

Hispanic or Latino (of any race)
120
Not Hispanic or Latino
1180
Ethnicity Total
1300

Gender

Female	Male	Other
780	500	20
Gender Total		
1300		

Income

At or below 200% of Federal Poverty Level	Over 200% of Federal Poverty Level
--------------------------------------------------	-------------------------------------------

Income Total

1300

Age (County-Children's Services Fund RFP)**Infant/Toddler (birth – 2 years)**

200

Preschool (3 years – 5 years)

165

School Age (6 years – 11 years)

220

Middle School (12 years – 14 years)

90

High School (15 years – 19 years)

60

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

565

Age Total

1300

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

10

b. Provide information on the types of training that will be offered. (1500 character limit)

Training is required of all volunteers/interns to support their interactions with clients, including appreciation for diversity, confidentiality, record keeping procedures, data processing, relationship building, CFM operations and how to present these to clients and eligibility requirements.

Program Access**a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)**

AHF operates primarily via enrollment at the Saturday session of the Columbia Farmers Market (8am-12pm) throughout the year (depending on the scheduling of Thanksgiving and Christmas holidays). Clients may also use their match vouchers/tokens at the Wednesday and Thursday sessions of the CFM (3-6pm) weekly during the outdoor market season.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Families are eligible if they qualify for and receive SNAP/WIC benefits with the MoDSS. AHF serves those families with children under 19 years of age and pregnant women (with first child) on WIC support. MoDSS handles the determination of eligibility based on state and federal guidelines. (AHF also serves seniors and disabled residents, but raises funds for these populations separately from BCCSB supported efforts.)

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

N/A

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

AHF serves a low income population which is already below 200% of the poverty level and often experiencing food uncertainty. It makes no sense for AHF to charge a fee as the program is designed to add purchasing power to their family food budget.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

None

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

No (move on to d.)

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

If Yes - Will these best practices and/or standards be utilized in the proposed program?

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

No

If Yes - Identify cite and describe the evidence. (1500 character limit)

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

While there is a growing body of research on the efficacy of SNAP programs on health, nutrition, poverty, etc., there is almost no research available on SNAP Matching programs that would demonstrate efficacy. It is reasonable to assume that if SNAP benefits themselves have a positive effect on food uncertainty (and the health effects therefrom) and on longer term health and poverty itself, then a SNAP match program that doubles the SNAP redemption for the purchase of fresh, nutritious food products would also be beneficial. The best review of this research is found in "SNAP Matters." For example, research in this volume demonstrates increased spending on food by SNAP recipients (without regard for the quality of the food purchased). Research by Leung, et al identified inadequate SNAP benefits as one barrier that influences nutrition among low-income households. This is a barrier that AHF addresses directly. Another barrier is the high cost of nutrient dense diets which AHF also addresses by supplementing SNAP/WIC benefits. No research on the benefits of actually addressing these barriers in a SNAP match program like AHF has been identified.

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

An important feature of the AHF program is its partnership with the MU School of Public Health which provides a Masters degree-level intern for most of the program year who assists with the daily operation of the program, provides educational outreach and assists with data collection and analysis. Having a public health component to the staffing assists with making sure AHF targets health outcomes. It is unlikely that many other SNAP match programs feature such a partnership. Another unique feature that assists the program's effectiveness is that it is managed by an organization which is not also responsible for operations of the farmers market thus making sure the focus stays on relieving hunger and promoting health which is not the mission of a farmers market.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

SF&C conducts six month surveys of clients to determine what aspects of the program are being received as helpful and effective in producing health outcomes (short term). These survey results are matched with data collected upon enrollment and analyses made to determine overall program progress in achieving objectives. This data provides SF&C with the ability to monitor demographic characteristics of the population served and overall participation rates and make adjustments in outreach efforts as necessary. SF&C is continually testing new ways of reaching eligible members of the target population that are not participating in its effort to spread benefits to a larger portion of the eligible population. Suggestions for specific ways to improve service delivery are also solicited from participants; those that can be incorporated into the AHF delivery system are used for making program changes.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

See above (f.) response. The bi-annual survey provides information to SF&C directly from consumers that is often used in program enhancements and accountability with sponsors. By sharing personal (but confidential) stories with potential supporters of the program, SF&C is better able to be effective in fundraising activities and build greater public awareness of program accomplishments and target population needs (such as better transportation options).

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

As noted above, SF&C maintains a number of partnerships the most routine collaborative has been the MU Schools of Public Health and Nursing. Increasingly, SF&C is attracting volunteers from its relationship with the MU Office of Service Learning also. Without these human resources, the AHF program would be very difficult for the SF&C board to manage on its own. Additional partnerships with other agencies working with the same population are important in our outreach efforts such as distribution of informational brochures via food pantries, Buddy Packs, WIC program staff, Love, Inc., faith-based organizations and others in the community. Many of these agencies make referrals to the AHF program to low-income families they serve. In addition, the Central Missouri Academy of Nutrition and Dietetics has been helpful in developing educational materials distributed via email blast.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 AHF Program Associate	MQ1 MS or equivalent in related field, e.g., nutrition, public health and minimum experience in working with similar populations and in program development and operations..	FTE1 0.25	SR1 FROM \$24,000.00	SR1 TO \$40,000.00
P2	MQ2	FTE2 0.00	SR2 FROM \$0.00	SR2 TO \$0.00
P3	MQ3	FTE3 0.00	SR3 FROM \$0.00	SR3 TO \$0.00
P4	MQ4	FTE4 0.00	SR4 FROM \$0.00	SR4 TO \$0.00
P5	MQ5	FTE5 0.00	SR5 FROM \$0.00	SR5 TO \$0.00
P6	MQ6	FTE6 0.00	SR6 FROM \$0.00	SR6 TO \$0.00
P7	MQ7	FTE7 0.00	SR7 FROM \$0.00	SR7 TO \$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for

each of those positions. (1500 character limit)

The AHF Program Associate will manage the daily operations of the program, including volunteer supervision (training and scheduling), program implementation, relationship management, board reports, database development and analysis, and program marketing and communication. The AHF program has grown to the point that a student intern is (usually) unable to effectively manage the operations of the program while also completing coursework required; in addition, the competition for Public Health interns has become more intense as other organizations and agencies are making use of this resource and offering more generous stipends than before. Given program goals, it seems advisable to increase the minimum qualifications desired and raise the stipend/salary provided for this part-time work. The experience of SF&C has recently indicated a likely qualified though small population of under-employed individuals in the area that could fit this position.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
SF&C is engaged in a capital campaign to develop a community agricultural park with three partners which has been successful in raising over \$2M for phase 1 construction at the Clary-Shy city park.	\$2,100,000.00	97
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$5,000.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
SF&C will continue to raise funds from corporate foundations, local events, and public donations. These funds will help address program needs for populations not eligible for BCCSB support.	\$10,000.00	0
2. GOVERNMENT CONTRACTS/SUPPORT:		
A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
The purpose of the BCCSB is directly relevant to the purpose of AHF, the promotion of the health of low-income families. Access to nutritional food products produced locally represents a more direct path to the development of healthy eating habits than relying on SNAP alone.	\$54,720.00	3
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
An appropriate funding opportunity does not emerge until 2018-19 which leaves a gap in funding support, even if this proposal is not successful.	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
SF&C does not serve sufficient numbers of eligible persons to justify requests for funding from other counties. Local fundraising apart from BCCSB funding is more efficiently use of agency resources.	\$0.00	0

E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
SF&C is likely to develop a grant proposal for funding under the Senior Farmers Market Nutrition Program to cover those seniors who are SNAP eligible. The amount will have to be negotiated with MODSS.	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	2169720	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$6,000.00	47
Personnel Narrative (300 character limit)		
This amount will compensate a part-time (0.25 FTE) program associate to supervise and manage daily operations under the supervision of a Board Director.		
2. Non-Personnel	2.	2. %
	\$6,720.00	53
Non-Personnel Narrative (300 character limit)		
AHF expends these funds to support operation of the program and delivery of service units. Funds are used for supplies, communications, publications & printing, and other related expenses.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	12720	

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$54,720.00

Total Amount Request from CSF

116595

Year 2 Total Request

\$61,875.00

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

SF&C is working with the MU Truman School's program in grant writing to try and identify funding opportunities to secure other funding sources. Having been rejected by HMUW after three attempts, it appears some external sources will be necessary to identify and solicit. Since SF&C and its partners are heavily involved in and committed to the development of the community agriculture park and the associated capital campaign, solicitation of AHF funding from local sources will likely be restricted.

Reference List

Instructions: **All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>**

Reference List: (5000 character limit)

Bartfeld, J., Gundersen, C., Smeeding, T.M., and Ziliak, J.P. (2015). SNAP Matters: How Food Stamps Affect Health and Well-Being. Stanford, CA: Stanford University Press. Studies in Social Inequality.

Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (2016).

Leung, C.W., Hoffnagle, E.E., Lindsay, A.C., Lofink, H.E., Hoffman, V.A., Turrell, S., Willett, W.C., and Blumenthal, S.J. (2013) "A Qualitative Study of Diverse Experts' Views about Barriers and Strategies to Improve the Diets and Health of Supplemental Nutrition Assistance Program (SNAP) Beneficiaries." *Journal of the Academy of Nutrition and Dietetics*, September (pp. 70-76).

Missouri Hunger Atlas, <http://foodsecurity.missouri.edu/wp-content/uploads/2016/04/Boone.pdf>. MU Interdisciplinary Center for Food Security. (2016).

Pigg, K. P. (2016). "Access to Healthy Food Annual Impact Evaluation." Sustainable Farms & Communities, Columbia, MO 65205.

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	Sustainable Farms & Communities, Inc.
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Access to Healthy Food
Amount of Request	\$48,595.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

Funds will be used to operate the AHF program, providing SNAP/WIC matching fund vouchers to clients with families with children under 19 and providing the resources to inform clients of AHF opportunity, and manage program operations. Funding will also be used to support a part-time program assistant to supervise volunteers, manage scheduling, build relationship, and provide educational assistance to clients.

c. Provide justification for the request for one-time funding. (600 character limit)

AHF provides increased access to nutritious food products from the Columbia Farmers Market encouraging clients to shop for healthy food products to reduce food insecurity and promote better health through stress reduction, relief from chemical allergens used in production and increasing ability of children to focus in school thus improving performance. Less than 25% of the eligible population is now enrolled in SNAP and the % of individuals "food uncertain with hunger" is high for Boone County.

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

SNAP/WIC MATCHING

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Provision of additional funding for recipients of SNAP and WIC benefits to purchase nutritious food.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Access to Healthy Food is a SNAP-Match program similar to many in the U.S., including Missouri. SF&C raises funds to match the first \$25 of SNAP or WIC benefits redeemed at the Columbia Farmers Market (CFM) each week. Households are enrolled based on their SNAP/WIC eligibility. Enrolled clients are introduced to the CFM staff and the procedures to be followed upon redemption by SF&C volunteers and MU Student interns. Enrollment involves completion of a digital form to facilitate collection of reliable, complete contact information. The information on this form is automatically recorded in an electronic database for future analysis. At enrollment, clients are provided with a simple cookbook with ideas for involving youth in the preparation of foods to eat. Six month evaluations are conducted to determine whether adjustments to the program would be helpful in promoting full utilization of benefits and document impact. SF&C collaborates with the CFM and the MU Schools of Public Health and Nursing as well as the MU Service Learning office to recruit interns to assist in program implementation. Collaboration also occurs with the Central Missouri Academy of Nutrition and Dietetics for access to reliable nutritional information to share with enrollees via blast emails and on-line blogs. In addition, SF&C develops and maintains relationships with other agencies in the County that serve the same population (low-income families with children under 19 years of age). In the past few years, AHF has provided support to County residents as well as residents of Columbia and smaller towns in the County (and a few outside Boone County). All enrollees will be residents who have income below 180% of the poverty level with children under 19. Special efforts are being made to recruit minorities who qualify for SNAP and encourage/support their use of the CFM products as a primary source of nutritious food with information explaining the important connection between local, fresh, food products that taste better than those found in commercial groceries. Enrollees are also encouraged to develop relationships with producers to learn how their food products are grown and treated. Interns are trained to be welcoming to diverse audiences, quick to identify language challenges and seek assistance when needed, and take care with the enrollment process, fully explaining how the program works and what food products qualify for purchase with AHF benefits. SF&C also raises funds to support other clients not eligible for BCCSB programs. In operation since 2011, the number of households served has steadily grown each year serving over 300 households in 2016 and more than 1000 individuals. The goal for 2017 is 350 households and 1300 individuals. SF&C conducts an annual evaluation which has demonstrated short term health benefits such as weight loss, reduction of allergies, better management of dietary needs (e.g., for diabetics), and better school performance through better focus.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One food voucher/token.

b. Unit Rate (#1)

\$1.16

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

N/A

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

This rate is based on several years' experience in program operation. The rate includes the costs for materials and supplies for program operation, as well as printing, communications, insurance and other operating costs not including personnel.

d. Total Number of Units of Service to be Provided (#1)

42000

e. Total Number of Unduplicated Individuals (#1)

1300

f. Average Number of Units of Service per Unduplicated Individual (#1)

32.31

g. Average Cost of Service per Individual (#1)

37.48

Service #1 - Service Fee**a. Will the proposed service (#1) consumers be charged a fee?**

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

N/A

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.**If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)**

N/A

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

N/A

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

N/A

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

No insurance firm provides coverage for "food" or the health benefits of nutrition that can accept billing from SF&C. Missouri does not participate in or provide funding to support SNAP-Match programs (Unlike some other states).

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

N/A

Service #1 - Amount Received From Other Funders**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)**

No (if no, move on to the Funding Request section.)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$25.00	1a2. 1800	1a3. \$45,000.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$1,200.00	1e2. 1	1d4. \$1,200.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$48,595.00

b. Proposed Number of Units of Service (#1)

41892.24

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

AHF provides support unlike any other food provision agency in the County and is not supported by other funding sources other than the fundraising efforts by SF&C to support the program costs. BCCSB funding will support continuing program expansion and capacity to serve clients effectively. BCCSB funding may support proposals to other funders to serve other local populations (e.g., seniors/disabled).

Service #1- Performance Measures

Outcome (1-1)

Provision of voucher/match numbers will increase over 2017

Indicator (1-1)

The average number of vouchers claimed will increase by 20% in 2018 (over 2017).

Method of Measurement (1-1)

Records provided by Columbia Farmers Market as required by SNAP agency.

Additional Outcome (1-2)

Voucher users will experience lower stress rates related to food insecurity.

Additional Indicator (1-2)

At least 30% of AHF participants will report a reduction in stress levels after enrollment.

Additional Method (1-2)

Comparative scores on stress indicators on telephone survey vs. enrollment form rating.

Additional Outcome (1-3)

AHF vouchers users will report changes in health status benefitting one or more family members as a result of participation.

Additional Indicator (1-3)

At least 25% of AHF participants will report some sort of change in health they attribute to AHF participation for at least one member of family.

Additional Method (1-3)

Self report from telephone survey conducted at six month and 12 month interval.

Additional Outcome (1-4)

AHF participants will increase their utilization rate of vouchers to at least twice/month on average.

Additional Indicator (1-4)

40% of participants will increase their frequency of use to twice/month or more.

Additional Method (1-4)

Calculated from program statistics by AHF staff.

Additional Outcome (1-5)

Cumulative value of vouchers matched for AHF participants will increase in 2018.

Additional Indicator (1-5)

Total/Cumulative value of vouchers matched by AHF participants will increase 30% in 2018 over 2017.

Additional Method (1-5)

Records provided by Columbia Farmers Market as required by SNAP agency.

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

The number of vouchers distributed is directly related to the amount of nutritious food delivered to participants to improve health of adults and young people in families on SNAP/WIC. The more redemptions and vouchers received, the more likely it will be that more nutrient dense foods will be consumed in the family (instead of energy dense foods) and children will learn to enjoy fresh fruit and vegetables as much as or more than their chips and candy and sodas. Such consumption is more likely to improve healthy outcomes, especially in the short term.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

The primary external factors which may affect outcomes are the local employment rate, market hours vs. work hours, transportation to/from the CFM (especially on Saturdays), frequency of recommendations made by partners to SNAP/WIC clients and cultural factors that are not appreciated either by producers or consumers.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Measurement levels are based on prior years' experience and the expected rates of growth in participation and utilization. AHF has seen continuing growth in the number of clients served since 2011 and program inception. Overall, Boone County participation in SNAP programs has been declining as a result of increased employment opportunities and state restrictions on eligibility, so AHF growth rates have been adjusted with increased focus on outreach and utilization rate increases.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

SF&C uses the most efficient and economical methods of measurement available that will produce reliable information. Good record keeping, often required by external agencies, provides the data for some measures along with the enrollment form used by AHF. In addition, random telephone surveys of 30-50% of clients every six months, generally lasting about 10-15 minutes, are used to generate additional data that for comparison with enrollment data.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

SNAP/WIC MATCHING

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provision of additional funding for recipients of SNAP and WIC benefits to purchase nutritious food.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The provision of vouchers to clients requires a growing number of hours of staff support for marketing, relationship building, education, enrollment, data collection and analysis as well as some support in the area of fundraising. Growing use of social media as a marketing and educational tool is important to success as is building/maintaining good relationships with agency partners serving the same audience. Keeping data files current and accurate also requires staff time/effort. As SF&C Directors are nearly all employed full time, this restricts the manpower resource provided by Directors. AHF has relied upon interns from the MU Schools of Public Health and Nursing since its inception. More recently, interns have been used from MU Office of Service Learning. Most of these intern volunteers have to be closely supervised, trained, scheduled for activities and monitored for performance for reporting purposes to campus offices. The increasing load calls for a part-time staff person to be employed to manage the operations of AHF. The abilities of this individual to communicate the importance of and techniques for working with diverse audiences, to manage program processes for enrollment and education and marketing, and to manage data collection and organization/analysis is extremely important to maintain successful program operations and accountability to funding agencies. This position will coordinate with the Food Bank on the Summer Lunch program to encourage more AHF participation as well as to help feed children through volunteer involvement, and coordinate volunteers for participation the Family Fun Nights operated by Columbia Parks & Recreation.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

One hour.

b. Unit Rate (#2)

\$12.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

N/A

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

SF&C anticipates hiring someone with a Masters degree in public health, nutrition, dietetics, or other field related to social policy, programs or social work. This rate is likely considerably below the starting salary for such a person, but it is anticipated that such resources may be available, at least in the short term in the area.

d. Total Number of Units of Service to be Provided (#2)

500

e. Total Number of Unduplicated Individuals (#2)

1200

f. Average Number of Units of Service per Unduplicated Individual (#2)

0.42

g. Average Cost of Service per Individual (#2)

5

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

N/A

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

The audience served is low-income and often may not be able to provide for basic living costs (e.g., housing, food, medical care, etc.) and would be unable to pay for such service.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

N/A

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

N/A

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

N/A

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$10.00	200	\$2,000.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$5,000.00

b. Proposed Number of Units of Service (#2)

416.67

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Proposal submitted to HMUW (unsuccessful) would have increased capacity to improve management of this program, thus relieving existing staff/volunteer resources to focus on the necessary fundraising to maintain program operation. AHF has been serving families outside Boone County and

seniors/disabled residents since 2016 and these costs are not covered by existing funding. Thus, considerable effort by the Directors is directed to additional fundraising.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Number of staff hours expended.	Hours expended will not exceed 10 hours/week.	Personnel records maintained by staff person and audited by Supervising Director.
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Training supplied to volunteers/interns working with AHF clientele.	Training materials prepared and delivered to volunteers/interns as necessary.	Written materials approved by Supervising Director.
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Accuracy of client records maintained.	Number of entry errors in database will not exceed 10/month.	Database audit by Supervising Director.
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Number of inter-agency relationships maintained.	Feedback on nature of relationship and frequency of contact to Supervising Director provided by external agencies.	monthly report by staff person to Supervising Director.
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

The AHF program operation has grown sufficiently that the limited resources of SF&C Directors and volunteers cannot successfully manage operations and fund-raising themselves. In order for AHF to continue to recruit clients, build strong relationships with referring agencies, develop adequate data for drafting necessary reports and manage intern/volunteer resources, additional staff time is necessary. The requested amount would provide limited, but adequate assistance (expending approximately 25 minutes/family).

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

The primary variable affecting this aspect of the proposal is identifying and appropriate individual to assume the part-time position. Given the large professional population in Boone County, it is anticipated this possible obstacle can be overcome, even with a part-time position.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

The number of staff hours expended will be limited by funding available. The development of training materials and their implementation as measured by the audit conducted by the Supervising Director (MSW Director) seems adequate along with the likely reduction in errors and lack of complaints by external agencies or clients regarding volunteer performance.

d. Provide a rationale for each method of measurement (2). (600 character limit)

SF&C strives to be as efficient as possible in measurement of program performance using tools that feature existing data/information and concrete products. The Supervising Director will have a major responsibility in this instance to develop a plan for soliciting information from external agencies and reviewing data base entries each month. (Part of this task will be accomplished during submission of monthly invoices.)

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Service #3 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

b. Unit Rate (#3)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

0

e. Total Number of Unduplicated Individuals (#3)

0

f. Average Number of Units of Service per Unduplicated Individual (#3)

0

g. Average Cost of Service per Individual (#3)

0

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)			

	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)
\$0.00

b. Proposed Number of Units of Service (#3)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Additional Outcome (3-3)	Additional Indicator (3-3)	Additional Method (3-3)
Additional Outcome (3-4)	Additional Indicator (3-4)	Additional Method (3-4)
Additional Outcome (3-5)	Additional Indicator (3-5)	Additional Method (3-5)

Service #3 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)
- Provide a rationale for each method of measurement (#3). (600 character limit)

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

b. Service #4 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

b. Unit Rate (#4)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

0

e. Total Number of Unduplicated Individuals (#4)

0

f. Average Number of Units of Service per Unduplicated Individual (#4)

0

g. Average Cost of Service per Individual (#4)

0

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$0.00

b. Proposed Number of Units of Service (#4)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Services #4 - Performance Measures

Outcome (4-1)	Indicator (4-1)	Method of Measurement (4-1)
Additional Outcome (4-2)	Additional Indicator (4-2)	Additional Method (4-2)
Additional Outcome (4-3)	Additional Indicator (4-3)	Additional Method (4-3)
Additional Outcome (4-4)	Additional Indicator (4-4)	Additional Method (4-4)
Additional Outcome (4-5)	Additional Indicator (4-5)	Additional Method (4-5)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

b. Service #5 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

b. Unit Rate (#5)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

0

e. Total Number of Unduplicated Individuals (#5)

0

f. Average Number of Units of Service per Unduplicated Individual (#5)

0

g. Average Cost of Service per Individual (#5)

0

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
	5a1.	5a2.	5a3.
a. Boone County - Children's Services Funding (#5)	\$0.00	0	\$0.00
	5b1.	5b2.	5b3.
b. Boone County - Community Health Funding (#5)	\$0.00	0	\$0.00
	5c1.	5c2.	5c3.
c. City of Columbia - Social Services Funding (#5)	\$0.00	0	\$0.00
	5d1.	5d2.	5d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	\$0.00	0	\$0.00
	5e1.	5e2.	5e3.
e. Heart of Missouri United Way (#5)	\$0.00	0	\$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$0.00

b. Proposed Number of Units of Service (#5)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

53595



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing/Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.3.1. Negotiations may be conducted in person, in writing, or by telephone.

4.3.2. Negotiations will only be conducted with potentially acceptable proposals.

4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

Page 14 of 14



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Luebbering Insurance Agency, LLC 2717 Industrial Drive, Suite A Jefferson City MO 65109	CONTACT NAME: Dennis F Luebbering PHONE (A/C, No, Ext): 573-635-5810 FAX (A/C, No): 573-636-5130 E-MAIL ADDRESS: business@luebberinginsurance.com														
INSURED Sustainable Farms & Communities, Inc PO Box 1092 Columbia MO 65205	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : WEST BEND MUT INS CO</td><td>15350</td></tr><tr><td>INSURER B : Travelers Insurance</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : WEST BEND MUT INS CO	15350	INSURER B : Travelers Insurance		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : WEST BEND MUT INS CO	15350														
INSURER B : Travelers Insurance															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		1812643	04/01/2017	04/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1812643	12/15/2017	12/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	TBD	12/16/2017	12/16/2018	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured in regard to general liability.

CERTIFICATE HOLDER**CANCELLATION**

County of Boone, Boone County Purchasing, Boone Cou 613 E Ash St Rm 110 Columbia MO 65201-4432	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
-------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Service Contract
MU Center for Evidence-Based Youth Mental Health

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **PSC**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, PSC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

WHEREAS, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY PSC

PSC is expected to the greatest extent possible to maximize funding from all other sources. PSC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. PSC shall only request reimbursement for services not reimbursable by any other source. PSC shall not invoice the Children's Services Fund for units of service invoiced to another funding source. PSC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** PSC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and PSC's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over PSC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from PSC and PSC agrees to furnish the **MU Center for Evidence-Based Youth Mental Health** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in PSC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$469,000.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. PSC agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of PSC be renewed for an **additional one (1), one-year period**. PSC agrees and understands that the BCCSB may require supplemental information to be submitted by PSC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Behavioral Health Assessment	One assessment	\$738.00	120	\$88,560.00
Individual Therapy – Child	One hour	\$102.00	1,120	\$114,240.00
Family Therapy	One hour	\$139.00	1,040	\$144,560.00
Group Therapy – Child	One session	\$40.00	366	\$14,640.00
Evidence-Based Practice Training	One hour	\$61.00	1,400	\$85,400.00
Development/Start Up	-----	-----	-----	\$21,600.00

All billing shall be invoiced to BCCSB monthly by the 20th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of PSC, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by PSC to monitor service delivery and program expenditures. PSC agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by PSC and, if so stipulated, are noted on this contract document. Payments may be withheld from PSC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. PSC agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** PSC also agrees to make available to the BCCSB a copy of its annual audit upon completion by the auditing agency. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from PSC, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** PSC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect PSC's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, PSC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and

personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event PSC requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from PSC may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with PSC's policies and procedures and in accordance with any local/state/federal regulations. PSC agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. PSC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** PSC will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** PSC agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to PSC's provision of such services.

14. **Accreditation/Licensure/Certifications.** PSC must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** PSC agrees that any conflicts of interest between its Board and/or employees and PSC shall be appropriately identified and managed.

16. **Subcontracts.** PSC may enter into subcontracts for components of the contracted service as PSC deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, PSC shall comply with all local, state, and federal laws.

Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** PSC agrees to comply with Missouri State Statute section 285.530. PSC also agrees that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. PSC shall require each subcontractor to affirmatively state in its Agreement with the PSC that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** PSC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against PSC or any individual acting on the PSC's behalf, including subcontractors, which seek to enjoin or prohibit PSC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If PSC ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if PSC no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, PSC will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event PSC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to PSC as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should PSC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, PSC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the PSC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, PSC agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic** (meaning anyone, including but not limited to consultants having a contract with PSC or subcontractor for part of the services), or anyone directly or indirectly employed by PSC, or of anyone for whose acts PSC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Organization.** PSC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. PSC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. PSC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. PSC agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and PSC. The BCCSB does not recognize any of the PSC's employees, agents, or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** PSC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to PSC shall be mailed or delivered to:

The Curators of the University of Missouri
on behalf of Department of Psychiatry
Office of Sponsored Programs
115 Business Loop 70W
Mizzou North, Room 501
Columbia, MO 65211-0001

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**The Curators of the University of Missouri
(on behalf of Debora Bell, Ph.D. and the
Psychological Services Clinic)**

By: Karen M. Gera
Signature

By: Karen M. Gera, Authorized Signer, Grant
Printed Name/ Title *Contract*

MU Project # 00059964

APPROVED AS TO FORM:

[Signature]
County Counselor

Boone County, Missouri

By: Boone County Commission

[Signature]
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

[Signature]
Les Wagner, Board Chair

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk *DKB*

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Jane Bitchford by jj 12/20/17 (2161/71106/\$469,000.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 17, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – Purchase of Service Contracts

CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic); MU Center for Evidence-Based Youth Mental Health

Address: Office of Sponsored Programs, 115 Business Loop 70W, Room 501, Columbia, MO 65211

Telephone: 573-882-7560

Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Michelle L. Leaton

Title: Authorized Signer, Grants and Contracts

Signature: *Michelle L. Leaton*

Date: 11/17/2017

E-mail: grantsdc@missouri.edu

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	MU (Psychological Services Clinic)
Name of Program	MU Center for Evidence-Based Youth Mental Health

Program Services	
-------------------------	--

Service 5 – Evidence-Based Practice Training

1. Service 5/Unit Rate – The Unit Measure for the Evidence-Based Practice Training is currently listed as one hour. Unit Measures for trainings must be “one individual”.

Action Required: Complete the table below that reflects the output information for the required unit measure.

Per conversation with Kelly Wallis (11/17/17), we request that the Unit Measure continue to be “one hour” (per individual trained) for invoicing purposes. This is due to the high variability in time that individuals may spend participating in training activities. Tracking outputs by hour will provide the most accurate and fairest method of invoicing. In our experience, providers average 10 hrs each of participation, but this varies greatly. Depending on their specific areas of practice, training needs, and interest, providers can select from among several training activities offered throughout the year, including:

- Workshops and classroom-based learning (10-20 offered throughout the year, typically 1.5-4 hrs each)
- Learning collaboratives (biweekly group-based peer consultation meetings, typically 1 hr each)
- Individual case consultation (as-needed individual consultation with Dr. Hawley regarding evidence-based practice implementation or Therapy Tracker use; time varies)

To facilitate reporting to the Children’s Services Board and the public, we will make sure that we provide data on:

- Total number of unduplicated providers trained (proposed n=140)
- Hours of training per individual (average, range)

With these data, it will be possible to determine number of providers reached, extent of participation in available training, and average cost per provider. As requested by the county, we can also provide participation data by type of training activity (e.g., separately for

workshops, learning collaboratives, and consultation), or other data to facilitate meaningful reporting and evaluation of services.

[Table left blank per instructions from Kelly Wallis.]

Outputs (Children's Services Fund only)			
Unit Measure:	Unit Rate:	Total Number of Units to be Provided:	Total Number of Unduplicated Individuals:
One individual	\$		
Funding Request (Children's Services Fund only)			
Amount Requested to Boone County:		Proposed Number of Units of Service:	

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 2, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic); MU Center for Evidence-Based Youth Mental Health

Address: Office of Sponsored Programs, 115 Business Loop 70 W Mizzou North Room 501, Columbia, MO 65211

Telephone: 573-882-7560

Fax: 573-884-7748

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren

Title: Authorized Signer, Grants and Contracts

Signature: Karen M. Geren

Date: 11/2/2017

E-mail: grantsdc@missouri.edu

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)
Name of Program	MU Center for Evidence-Based Youth Mental Health

Organization Profile	
-----------------------------	--

1. The Governing Board does not list all the current Curators.
Action Required: Update the Governing Board section with all current Curator Members. All information fields need to be provided for all members.

Done.

Program Overview Form	
------------------------------	--

2. The Consumer Demographics section does not include the family members that are receiving Family Therapy services.
Action Required: Provide the number of adults that would receive family therapy. The Consumer Demographics section will need to be updated during final negotiations of the contract.

We estimate that approximately 24 adult caregivers (1.5 adults per youth) will be involved in Multisystemic Therapy (i.e., Service 2 Family Therapy). This accounts for the variability in composition of our families, with approximately half of our MST program youth living with 2 caregivers and half living with 1 caregiver.

3. The amount requested for Year 2 is less than Year 1 but the difference is not the development costs factored into Year 1.

Action Required: Provide clarification on the amount requested for Year 2 of funding.

The requested Year 2 amount equals the Year 1 costs minus the development costs, plus a 2% increase in personnel costs as recommended by our fiscal office and the corresponding increase in indirect rates. The associated unit cost increases for each service are as follows: Service 1 = \$15, Service 2 = \$2, Service 3 = \$2.50, Service 4 = \$.50, Service 5 = \$1. We request these increases only if we incur actual personnel cost increases.

Program Services Form (1-5)

4. The unit measure is not provided for Service 1. The unit measure needs to be 'one assessment'.

Action Required: Provide the unit measure for Service 1 in the attached 'Service Change Table'.

1 assessment

5. Under current Boone County Children's Services Fund Purchase of Service contracts, the maximum rate of reimbursement for Behavioral Health Assessments is \$480 and are provided by licensed mental health professionals.

Action Required: Provide the name of the assessment being provided and a revised unit rate.

<p>Behavioral Health Assessment is the taxonomy category that most closely describes our evaluations for clients who cannot afford to wait 12-18 months or pay \$800-\$1000+ out-of-pocket.</p> <p>We work with several other agencies who rely on our evaluations to support their services (e.g., FACE, Great Circle, Burrell), as well as several community providers who benefit from beginning treatment with clients for whom diagnoses and treatment recommendations have already been established. However, we simply cannot afford to subsidize a greater portion of this service than we have now budgeted.</p> <p>professionals, including doctoral student trainees who conduct the interviews, administer and interpret all instruments, draft the report, and provide feedback to families, and a supervising licensed psychologist who works with the trainee to finalize the report and signs off on all assessment results and reports. Time involved in completing the assessment, interpreting results, preparing the report, and communicating with families and referral sources equals approximately 7-10 hours per assessment, (3-4 hours of direct contact with the youth, family, and other informants; 4-5 hours of scoring, interpretation, and report preparation; up to 1 additional hour to manage referral process). In addition, because we are committed to working with families to monitor and maximize follow-through with treatment recommendations, we spend additional time (often .5-1 hour) in post-assessment communication with families and other providers.</p> <p>After careful review of this service and our cost to provide the service, we are able to lower our proposed unit rate by a small amount, to \$738. This is below our currently funded rate of \$798/eval (funded through a BCCSF Pilot contract), and in fact, is lower than our cost to provide the service (our costs total just over \$870/evaluation). We have lowered our proposed rate by asking the MU PSC to subsidize additional costs associated with staff time and supplies that support this service, as well as by increasing the client fees we will charge for the service (which we estimate will increase our average client co-pay from \$10 to \$35 per evaluation).</p> <p>We recognize that the proposed amount is still high compared to the amount quoted (in the query) for current POS contract evaluations. However, we would argue that our comprehensive diagnostic evaluations and evidence-based treatment recommendations fill a critically important community need. There are few other community options for similar</p>

6. The amount requested needs to be adjusted to reflect the unit rate and total number of units to be provided.

Action Required: Provide an updated funding request amount and the number of units that will be funded by the Boone County Children's Services Fund on the attached table.

See attached Table.

7. The Outputs section states 120 unduplicated individuals will to receive a Behavioral Health Assessments but there are 136 youth listed in the consumer demographics.
Action Required: Provide clarification on why Behavioral Health Assessments are not performed for all 136 unduplicated individuals.

There are 16 youth (Service 3: Multisystemic Therapy) for whom we do not perform the traditional Service 1 Behavioral Health Assessment. These youth are referred directly to the MST program from the Juvenile Office; this program includes baseline assessment that is specifically tailored to juvenile offenders and the longstanding MST program and that is administered in the context of the ongoing intervention. Thus, the Service 1 assessments are not considered appropriate for these youth. All other youth (specifically, in Services 2 & 4) receive Service 1 assessment.

Service 2

8. The unit measure is not provided for Service 2. The unit measure needs to be 15 minutes or 1 hour of Individual Therapy – Child.

Action Required: Provide the unit measure for Service 2 in the attached table.

1 hr

9. The unit rate has increased significantly from the current contract amount.

Action Required: Provide a best and final offer for the unit rate for this service in the field below.

By working with the MU PSC to subsidize the majority of office staff and supply costs associated with this service, we are able to propose a revised “best and final offer” of \$102 per hour unit rate*. Please note that this rate reflects our remaining costs to provide this service, adjusted for MU PSC and department support and client fees.

* Note that if we this rate is based on approval of Service 1. If we are unable to continue Service 1 assessments, we will explore ways to incorporate briefer psychodiagnostic assessments into Service 2. Although we will be unable to complete the full comprehensive assessments, we rely on careful and thorough assessment to guide our evidence-based treatment. Thus, our unit rates for Service 2 would likely need to be increased to accommodate this adjustment.

10. The amount requested needs to be adjusted to reflect the unit rate and total number of units to be provided.

Action Required: Provide an updated funding request amount and the number of units that will be funded by the Boone County Children's Services Fund on the attached table.

See attached Table

Service 3

11. The unit measure is not provided for Service 3. The unit measure should be 15 minutes or one hour.

Action Required: Provide the unit measure for Service 3 in the attached table.

1 hr

12. The unit rate has increased significantly from the current contract amount.

Action Required: Provide a best and final offer for the unit rate for this service in the field below.

By working with the MU PSC and Department of Psychological Sciences to subsidize a portion of office staff and supply costs associated with this project, we are able to propose a revised "best and final offer" of \$139 per hour unit rate. Please note that this rate reflects our remaining costs to provide this service, adjusted for MU PSC and department support. It is also well below rates for comparable MST services in other communities (partly because as one of the program developers, Dr. Borduin receives a waiver of approximately \$6500 in annual site and team license fees typically charged by MST Services, Inc).

13. The number of individuals to be served appears to not include the family members that will be receiving Family Therapy services.

Action Required: Provide the total number of unduplicated individuals that includes family members receiving Family Therapy.

40 unduplicated individuals, including 16 youth (primary clients) and an average of 1.5 adult caregivers per youth (n=24).

14. The amount requested needs to be adjusted to reflect the unit rate and total number of units to be provided.

Action Required: Provide an updated funding request amount and the number of units that will be funded by the Boone County Children's Services Fund on the attached table.

See attached Table.

Service 4

15. The unit measure is not provided for Service 4. The unit measure should be 15 minutes or one hour.

Action Required: Provide the unit measure for Service 4 in the attached table.

1 group session per individual client (1.5-2hrs each)

16. The outputs are unclear if the unit rate and total number of units provided are per one child or one group therapy session.

Action Required: Provide clarification on if the outputs are for one child or one group session.

Outputs are calculated as attendance at one group therapy session by an individual client (or parents of the youth client). We propose a total of 366 group therapy sessions for 21 youths (groups for anxiety or disruptive behavior = 18 youth/parents at 12 sessions each, DBT groups = 3 clients at 50 sessions each). Note that all of these youth are expected to also participate in Service 1 (Behavioral Health Assessment). Youth in DBT groups are also required to participate in Service 2 (individual therapy).

Service 5

17. The unit measure is not provided for Service 5. The unit measure should be 'one individual'.

Action Required: Provide the unit measure for Service 5 in the attached table.

1 hour per individual provider

18. How are these trainings different than the trainings currently offered by FACE?

Action Required: Provide a narrative that explains the difference between the professional development trainings/workshops offered through this contract and the FACE contract.

MU CEBYMH specifically provides (currently funded through Pilot contract) and proposes to continue to provide training for mental health service providers. In addition to training MH service providers, the FACE proposal outlines a number of outreach and training initiatives targeted toward youths, families, teachers and community members (non-specialty MH providers), that are independent of MU CEBYMH's training. The proposed mental health provider trainings are a collaboration between MU CEBYMH and FACE. Specifically, MU CEBYMH will support the delivery of high quality, interactive, evidence-based assessment and treatment workshops that are provided throughout the year, free of charge, to any provider working with Boone County youths 0-19 yrs. The PSC administrative support and the affiliation with the APA- and PCSAS-accredited doctoral program at MU allows these trainings to count toward continuing education requirements for most Missouri-licensed mental health providers. This MU CEBYMH proposal will support faculty and staff time to provide (1) formal workshops in evidence-based practice (EBP), (2) EBP learning collaboratives, (3) individual EBP consultations, and (4) measurement-based therapy feedback support through the Missouri Therapy Tracker. These four training components are currently supported by our Pilot and will not be possible to continue without continued funding.

Through our ongoing collaboration with FACE, FACE proposes (in their current proposal) to support the following enhancements to our provider trainings: (1) additional trained experts to expand the content of available EBP workshops (e.g., Keith Herman for motivational interviewing; Kelly Schieltz for applied behavior analysis), (2) additional training targeted to Boone County School MH Coalition regional coordinators and school counselors and FACE's clinical case managers and community liaisons, (3) coordination of training offerings with empirically-identified community needs (specifically, FACE's integrated data management system tracks youth/family needs, available services, and clinical outcomes so that CEBYMH offerings can be targeted to address real gaps in the availability or in the quality of care in Boone County), and (4) greatly expanded incentives for pursuing and completing training to encourage more providers to take advantage of training and to make real changes to their day-to-day practice (e.g., variety in timing and location of various trainings to include Burrell and FACE, not just MU; supporting supply costs for therapist toolkits; providing refreshments at each training; providing monetary payment to compensate providers for missed work time and for implementing the Therapy Tracker with clients). These enhancements are supported by FACE and will not be possible without continued collaboration and support from FACE.

In short, CEBYMH and FACE each provide separate but interlocking pieces of a comprehensive, data-driven provider training program. Our contribution is the provision of expert-led workshops, learning collaboratives, and consultations, as well as provision of a useful therapy tracking and outcomes monitoring tool. Our collaboration with FACE allows us to make our MU CEBYMH trainings more data-driven and responsive to the specific needs of Boone County, and supports ways to help providers take full advantage of the offerings.

19. The total requested amount to provide Evidence-Based Practice Training is high.

Action Required: Provide your best and final offer for this service.

By working with the MU PSC to subsidize office staff costs and with FACE to support most supply costs associated with this project, we are able to propose a revised "best and final offer" of \$61 per hour unit rate. Please note that this rate reflects our remaining costs to provide this service, adjusted for MU PSC and FACE support.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

20. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Organization Name: The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)				
Program Name: MU Center for Evidence-Based Youth Mental Health				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Behavioral Health Assessment	1 assessment	738	120	120 (unduplicated)
Individual Therapy – Child	1 hour	102	1120	80 (also included in Service 1)
Family Therapy	1 hour	139	1040	16 (unduplicated)
Group Therapy – Child	1 session	40	366	21 (also included in Service 1)
Evidence-Based Practice Training	1 hour	61	1400	140 (unduplicated – adults trained)

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Behavioral Health Assessment	\$88,560	120
Individual Therapy – Child	\$114,240	1120
Family Therapy	\$144,560	1040
Group Therapy – Child	\$14,640	366
Evidence-Based Practice Training	\$85,400	1400
Development/Start Up Service Funding	\$21,600	
Total Amount Requested to Boone County:	Y1: \$469,000 (Y2: \$456,162)	

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

October 23, 2017

The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)

Attn: Dr. Debora Bell, Director

211 South 8th Street

Columbia, MO 65211

belldeb@missouri.edu

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Dr. Bell:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymmo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda Bobbitt", with a stylized flourish at the end.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)
Name of Program	MU Center for Evidence-Based Youth Mental Health

Organization Profile	
-----------------------------	--

1. The Governing Board does not list all the current Curators.

Action Required: Update the Governing Board section with all current Curator Members. All information fields need to be provided for all members.

--

Program Overview Form	
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2. The Consumer Demographics section does not include the family members that are receiving Family Therapy services.

Action Required: Provide the number of adults that would receive family therapy. The Consumer Demographics section will need to be updated during final negotiations of the contract.

--

3. The amount requested for Year 2 is less than Year 1 but the difference is not the development costs factored into Year 1.

Action Required: Provide clarification on the amount requested for Year 2 of funding.

--

Program Services Form (1-5)

4. The unit measure is not provided for Service 1. The unit measure needs to be 'one assessment'.
Action Required: Provide the unit measure for Service 1 in the attached 'Service Change Table'.

5. Under current Boone County Children's Services Fund Purchase of Service contracts, the maximum rate of reimbursement for Behavioral Health Assessments is \$480 and are provided by licensed mental health professionals.

Action Required: Provide the name of the assessment being provided and a revised unit rate.

6. The amount requested needs to be adjusted to reflect the unit rate and total number of units to be provided.

Action Required: Provide an updated funding request amount and the number of units that will be funded by the Boone County Children's Services Fund on the attached table.

7. The Outputs section states 120 unduplicated individuals will to receive a Behavioral Health Assessments but there are 136 youth listed in the consumer demographics.

Action Required: Provide clarification on why Behavioral Health Assessments are not performed for all 136 unduplicated individuals.

Service 2

8. The unit measure is not provided for Service 2. The unit measure needs to be 15 minutes or 1 hour of Individual Therapy – Child.

Action Required: Provide the unit measure for Service 2 in the attached table.

9. The unit rate has increased significantly from the current contract amount.

Action Required: Provide a best and final offer for the unit rate for this service in the field below.

--

10. The amount requested needs to be adjusted to reflect the unit rate and total number of units to be provided.

Action Required: Provide an updated funding request amount and the number of units that will be funded by the Boone County Children's Services Fund on the attached table.

--

Service 3

11. The unit measure is not provided for Service 3. The unit measure should be 15 minutes or one hour.

Action Required: Provide the unit measure for Service 3 in the attached table.

--

12. The unit rate has increased significantly from the current contract amount.

Action Required: Provide a best and final offer for the unit rate for this service in the field below.

--

13. The number of individuals to be served appears to not include the family members that will be receiving Family Therapy services.

Action Required: Provide the total number of unduplicated individuals that includes family members receiving Family Therapy.

--

14. The amount requested needs to be adjusted to reflect the unit rate and total number of units to be provided.

Action Required: Provide an updated funding request amount and the number of units that will be funded by the Boone County Children's Services Fund on the attached table.

--

Service 4

15. The unit measure is not provided for Service 4. The unit measure should be 15 minutes or one hour.

Action Required: Provide the unit measure for Service 4 in the attached table.

--

16. The outputs are unclear if the unit rate and total number of units provided are per one child or one group therapy session.

Action Required: Provide clarification on if the outputs are for one child or one group session.

--

Service 5

17. The unit measure is not provided for Service 5. The unit measure should be 'one individual'.

Action Required: Provide the unit measure for Service 5 in the attached table.

--

18. How are these trainings different than the trainings currently offered by FACE?

Action Required: Provide a narrative that explains the difference between the professional development trainings/workshops offered through this contract and the FACE contract.

--

19. The total requested amount to provide Evidence-Based Practice Training is high.
Action Required: Provide your best and final offer for this service.

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

20. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.
Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Organization Name: The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)				
Program Name: MU Center for Evidence-Based Youth Mental Health				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Behavioral Health Assessment				
Individual Therapy – Child				
Family Therapy				
Group Therapy – Child				
Evidence-Based Practice Training				

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Behavioral Health Assessment		
Individual Therapy – Child		
Family Therapy		
Group Therapy – Child		
Evidence-Based Practice Training		
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)

DBA:

Federal EIN Number:

43-6003859

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

310 Jesse Hall

310 Jesse Hall

City

Columbia

State

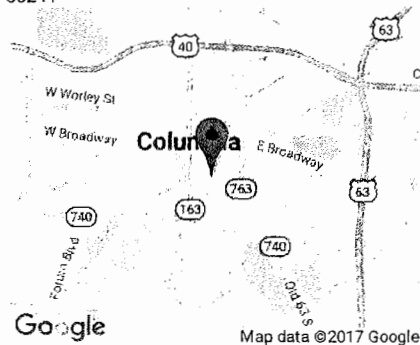
Missouri

County

Boone County

Zip

65211



Organization Phone Number:

573-882-7560

Address

310 Jesse Hall

City

Columbia

State

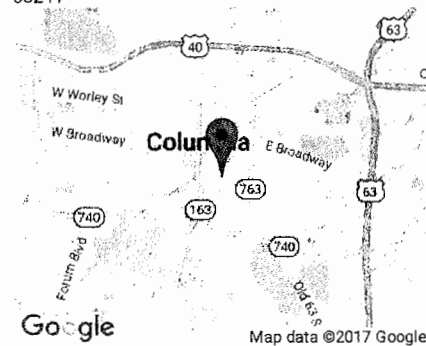
Missouri

County

Boone County

Zip

65211



Organization Fax Number:

Website:

<http://research.missouri.edu>

Head of Organization

Craig David

Head of Organization Phone:

573-882-7560

Email:

grantsdc@missouri.edu

Head of Organization Title (e.g. Director, President, CEO)

Director, OSPA

Head of Organization Email:

grantsdc@missouri.edu

Local Organization Contact Information (If there is a local office with differen**Local Organization Name:**

The Psychological Services Clinic

Address

211 South 8th Street

City

Columbia

State

Missouri

County

Boone County

Zip

65211

**Local Organization Fax:**

573-882-4583

Address

211 South 8th Street

City

Columbia

State

Missouri

County

Boone County

Zip

65211

Local Contact Name:

Debora Bell

Local Contact Email:

belldeb@missouri.edu

Local Contact Title:

Executive Director

Local Contact Phone:

573-882-2254

General Information**Organization****Mission****Statement****(Purpose):****Provide your organization's mission statement. (600 character limit)**

The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Organization**History:****Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)**

The University of Missouri has provided teaching, research and service to Missouri since 1839. The university, the first publicly supported institution of higher education to be established in the Louisiana Purchase territory, was shaped in accordance with the ideals of Thomas Jefferson, an early proponent of higher education. Founded in Columbia, the university had one campus until 1870, when the School of Mines and Metallurgy was established in Rolla. In the same year, the university assumed land-grant responsibilities of providing higher education opportunities for all citizens.

Brief Statement of**Organization's****Major Goals:****Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**

The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Articles of
Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1472228736_30405_MUarticlesofincorporationforBCCSOrgProfile.pdf/

**Provide a copy
of the
organization's
Articles of
Incorporation.**

**Bylaws: Provide
a copy of the
organization's
Bylaws.**

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1469832121_34051_300010FBylawsoftheUniversity.pdf/

Organizational
Chart
(must be for the
entire
organization):

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1486759191_30406_ums-orgchart-2016.pdf/

Strategic Plan:

Strategic Plan (MUST BE IN PDF FORMAT)

Service Area:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

The University of Missouri's service area is world-wide.

Population
Served:

Briefly describe the population(s) served by your organization. (600 character limit)

All populations.

Conflict of
Interest Policy:

Does your organization have a written Conflict of Interest policy?

yes

Whistleblower
Policy:

Does your organization have a written Whistleblower policy?

yes

Business
Continuity Plan:

Does your organization have a written Business Continuity plan?

yes

Records
Retention
Policy:

Does your organization have a written Records Retention policy?

yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

6 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member

Link Info

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Pamela Quigg Hendrickson	District 3 member	01/01/2011	01/01/2017	Board of Curators Office 316 University Hall Columbia, MO 65211	<input checked="" type="checkbox"/>	Added on 08/26/2016
Donald L. Cupps	District 7 member	01/01/2011	01/01/2017	Board of Curators Office 316 University Hall Columbia, MO 65211	<input checked="" type="checkbox"/>	Added on 07/21/2016
David L Steelman	District 8 member	01/01/2014	01/01/2019	Board of Curators Office 316 University Hall Columbia, MO 65211	<input checked="" type="checkbox"/>	Added on 08/26/2016
Phillip H. Snowden	District 6 member	01/01/2015	01/01/2021	Board of Curators Office 316 University Hall Columbia, MO 65211	<input checked="" type="checkbox"/>	Added on 08/26/2016
John R. Phillips	District 5 member	01/01/2013	01/01/2019	Board of Curators Office 316 University Hall Columbia, MO 65211	<input checked="" type="checkbox"/>	Added on 08/26/2016
Maurice B Graham	District 2 member	01/01/2015	01/01/2021	Board of Curators Office 316 University Hall Columbia, MO 65211	<input checked="" type="checkbox"/>	Added on 08/26/2016
Don M Downing	Chairman, Curators of the University of Missouri				<input checked="" type="checkbox"/>	Added on 06/26/2015
Donald L. Cupps	Vice Chairman				<input checked="" type="checkbox"/>	Added on 06/26/2015

Total Active Links:8, Total Deactivated Links:12, Current Active Links:8, Current Deactivated Links:12

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Notes

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

July 1 through June 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1469832121_29953_FedTaxLetterExempt.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1486759191_29954_FY15A-133AuditReport.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1486759191_29955_990-TPublicDisclosure2014%2806-30-15%29.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

http://www.umsystem.edu/ums/rules/collected_rules/financial The Office of Finance provides leadership in the areas of cash, investment and debt management, facilities planning, internal audit, procurement, budgeting, financial reporting and financial systems management. Just as important, we ensure the integrity of the university's financial statements and provide leadership in the management of financial, operational and compliance risk. These responsibilities define our purpose.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Professor	Ph.D	1.00	\$170,000.00	\$60,129.00	✓	Added on 08/26/2016
Professor	Ph.D.	1.00	\$187,000.00	\$66,142.00	✓	Added on 08/26/2016
Curators' Professor	Ph.D.	1.00	\$187,616.00	\$66,360.00	✓	Added on 08/26/2016
Curators' Professor	Ph.D.	1.00	\$199,600.00	\$70,599.00	✓	Added on 08/26/2016
Curators' Professor	Ph.D.	1.00	\$209,561.00	\$74,122.00	✓	Added on 08/26/2016

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

The Higher Learning Commission
Institutional Accreditation
initial accreditation: 1-1-1913
Last Re-Affirmation of Accreditation: 2014-2015
Next Re-Affirmation of Accreditation: 2024-2025
institutional-level accreditation for University of Missouri

Accreditation 2:

American Psychological Association Commission on Accreditation
Accredited
initial accreditation: 1-24-1958
Next Site Visit (for reaccreditation): 2021
program level accreditation for University of Missouri doctoral program in clinical psychology (which houses/administers the Psychological Services Clinic)

Accreditation 3:

Psychological Clinical Science Accreditation System
Accredited
initial accreditation: 5-25-2011
Next Program Review (for reaccreditation): 2021
program level accreditation for University of Missouri doctoral program in clinical psychology (which houses/administers the Psychological Services Clinic)

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

no

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet						Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date	
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/05/2017	
Children's Services Fund - PILOT RFP #28-24JUN14 (Interim Pilot Reporting ends 08/01/2017 12:01 PM CDT)	The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)	County Children's Services Fund Pilot	Boone County	RFP #28-24JUN14	✓	Added on 06/26/2015	
Children's Services Fund - POS RFP #27-10JUN14 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)	Children's Services Fund - POS	Boone County	RFP #27-10JUN14	✓	Added on 06/26/2015	

Total Active Links:3, Total Deactivated Links:0, Current Active Links:3, Current Deactivated Links:0

System Fields

Record ID

17313

Modification Date

02/10/2017 2:39 PM CST

Modified By

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

MU Center for Evidence-Based Youth Mental Health

Amount of Request

\$507,920.00

County-Children's Services - Service Type (check all that apply)

Prevention programs which promote healthy lifestyles among children and youth and strengthen families

Individual, group, or family professional counseling and therapy services

Psychological evaluations

Mental health screenings

Program Information

Program Website (will default to Organization website)

<http://youthmentalhealth.missouri.edu>

Address

211 South 8th Street

City

Columbia

State

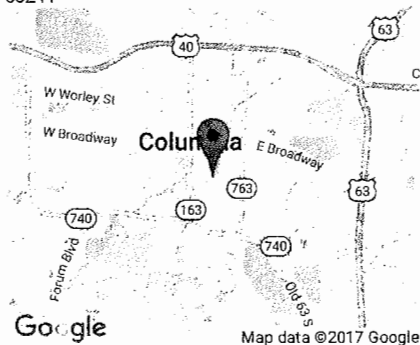
Missouri

County

Boone County

Zip

65211



Program Administrator Name

Debora Jeneen Bell

Phone Number

573-882-2254

Address

211 South 8th Street

City

Columbia

State

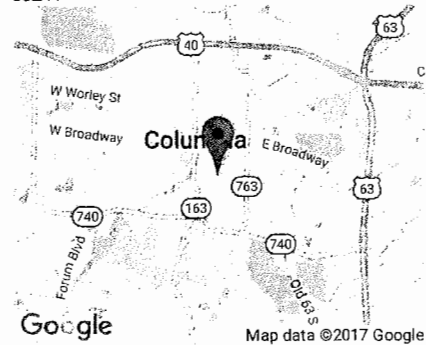
Missouri

County

Boone County

Zip

65211



Program Administrator Title

Director

Email

belldeb@missouri.edu

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500400774_30421_MUPSC-BCCSBPOSapp-attachmentAandcoverletter.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500400774_30420_MUPSC-BCCSBPOSapp-attachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500400774_30419_MUPSC-BCCSBPOSapp-attachmentC.pdf/

Signed Addendums

/document/download/filename/1500400774_30418_MUPSC-BCCSBPOSapp-signedaddenda.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

Organization Mailing
Address:

Head of
Organization

Link Info

Active Date

The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the
Psychological Services Clinic)

310 Jesse Hall

Craig David



Added on
07/05/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-6003859

July 14, 2017

Melinda Bobbitt
Director of Purchasing
Boone County Purchasing Department
Boone County Annex
613 E. Ash, Rm 110
Columbia, MO 65201

RE: Boone County POS Contract for The Curators of the University of Missouri/ Debora Bell, Ph.D

Enclosed please find the above-referenced proposal which is being submitted on behalf of The Curators of the University of Missouri. The project director is Debora Bell, Ph.D. at the University of Missouri-Columbia.

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

Boone County Insurance Requirements

The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.

Reasoning: It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

Indemnity Agreement

To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Reasoning: The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

Attachment D—2017 Agency Assurance Sheet

- *Certificate of Corporate Good Standing*

Reasoning: We will be unable to provide a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states "any tax-exempt, not organized for profit agency or governmental entity" should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such assessment is made, but the same shall bear interest at the rate of six percent per annum from its date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Hannah Clampitt at 573-884-7757 or clampitth@missouri.edu for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren
Authorized Signer and Pre-Award Lead
Office of Sponsored Programs Administration
University of Missouri | 310 Jesse Hall | Columbia, MO 65211
Phone: 573.882.4451 | Fax: 573.884.4078 | gerenk@missouri.edu



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Program Information and Requirements
- 4) Application Information
- 5) Attachment A - Organization Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1) one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://clk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.
- 4.3. **Competitive Negotiation of Proposals:**
The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:
- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing *n/a The Curators of The University of Missouri is a governmental
- Organization Strategic Plan entity of the State of Missouri
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Karen M. Geren, Authorized Signer, Grants & Contracts*

*As authorized signer, she is delegated authority to sign grant/contract agreements

Printed Name - Organization Executive Director/President/CEO

Date

Karen M. Geren

Signature - Organization Executive Director/President/CEO

7/14/2017

Date

n/a

Printed Name - Organization Board Chair

Date

n/a

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Authorized Signer, Grants & Contracts

Name and Title of Authorized Representative

Karen M. Geren
Signature

7/14/2017
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

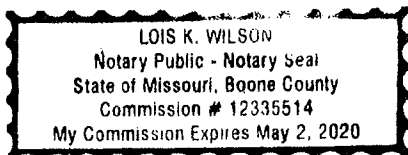
My name is Karen M. Geren. I am an authorized agent of The Curators of The University of Missouri (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Karen M. Geren 7/14/2017
Affiant Date

Karen M. Geren, Authorized Signer, Grants & Contracts
Printed Name

Subscribed and sworn to before me this 14th day of July, 2017.



Lois K. Wilson
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

Company ID Number: 62231

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and The Curators of the University of Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

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5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

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8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

- A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
- B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

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a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

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ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

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the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

Company ID Number: 62231

without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer The Curators of the University of Missouri

Dona R McKinney

Name (Please type or print)

Title

Electronically Signed

10/17/2007

Signature

Date

Department of Homeland Security – Verification Division

Company ID Number: 62231

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

10/17/2007

Signature

Date

Company ID Number: 62231

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: The Curators of the University of Missouri

Company Facility Address: Office of Sponsored Program Administration
310 Jesse Hall, UMC
Columbia, MO 65211-1230

Company Alternate Address: _____

County or Parish: BOONE

Employer Identification Number: 436003859

North American Industry
Classification Systems Code: 611

Parent Company: _____

Number of Employees: 1,000 to
2,499 Number of Sites Verified for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

• MISSOURI 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Dona R McKinney** Fax Number: **(573) 884 - 4078**
Telephone Number: **(573) 882 - 7560**
E-mail Address: **grantsdc@missouri.edu**



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?
Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.
 - b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?
Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.
 - c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 -- *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:
<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:

Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of The University of Missouri

Address: 115 Business Loop 70W, Mizzou North, Room 501, Columbia MO 65211-0001

Phone Number: 573-882-7560

Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7-14-17

Authorized Representative Printed Name: Karen M. Geren

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David Critchfield	Haystack Bank	419-9233	419-3277
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank K.C.	874-8506	874-8432
8.	Bob Hull	US Bank	446-3394	446-2061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

23.	Bonnellaylin	Central Bank		874-8501
24.	Jennifer Heckman	US Bank		446 6736
25.	Eric Wright	US Bank		673-231-5902
26.				
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following question and is providing a response:

a. You included the following requested attachments:

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Room 501

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7/17/2017

Authorized Representative Printed Name: Karen M. Geren



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

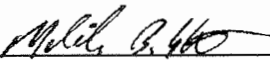
ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

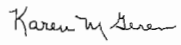
OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Room 501

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature:  Date: 7/17/2017

Authorized Representative Printed Name: Karen M. Geren

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valorie Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Jim Artage	U of Mo CFR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Katre Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1832
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trauer	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Lucke	Rainbow House	573-473-2963	
15.	Ron Rone	YC2	573-554-7011	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Berri Jorgensen	Tree Top LLC	886-4391	
3.	Ernestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klostermann	CMCA BRIDGE	573-427-7897	
5.	Mernell King	CMCA Bridge	573-999-4119	
6.	Bonnie Gantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A's	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vikki Dawett	EC-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Julie Kiessling	Kiessling & Assoc.	573-554-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Baling	SOAR	573-884-6324	
17.	Carole Schuck	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(777) 677-1215	
19.	Becky Markt	CHA Low-Income Svcs	573-443-2556	0551
20.	Gay Litken	MLJ CLC	573-449-5600	573-875-1535
21.	Miriam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Cheryl	ML Bridge	265-5129	
24.	Billy Polansky	CCWA	514 4174	
25.	Bernice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys Girls Club	268 8549	
28.	Mark Brendel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dimmitt	Fletcher, BBS	573-874-3677	
31.	Laine Long-Walker	Rep of Ryd	884-6136	
32.	Michelle Shikler	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Kelly H71	Heart of MO CASA	442-4670	N/A
23.	Joan Thurst	Grade A Plus	573-268-4372	
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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	MU Center for Evidence-Based Youth Mental Health
Amount of Request	\$507,920.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The MU Psychological Services Clinic's Center for Evidence-Based Youth Mental Health's (CEBYMH) mission is to serve the mental health (MH) needs of children, youth, and families from Boone County and surrounding communities by providing evidence-based assessment and treatment, and training providers in these services. In pursuing this mission, the CEBYMH addresses several community-level issues. First, CEBYMH's evidence-based services directly address many common and impairing youth MH conditions. National data indicate 20-30% of youth will meet criteria for a severely impairing MH disorder during their lifetime (Merikangas et al., 2010); state and local data show similar rates (SAMSHA, 2015; MO DMH, 2017a, 2017b). The Boone Impact Group (BIG; 2017) identified youth legal involvement and intentional self-injury as particularly important MH issues facing our county; both are specific foci of our services. Second, our work with families, schools, and community addresses BIG-identified family/community factors that increase risk for youth MH conditions, including child abuse/neglect, and family and neighborhood poverty (BIG, 2017). Finally, our focus on improving health and education outcomes can directly and indirectly affect many BIG-identified community issues (e.g., education attendance and attainment, hospitalization, healthcare utilization, employment opportunities affecting future income), as well as rates of youth MH disorder.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The CEBYMH program targets two Boone County populations: (1) youth and their families in need of MH services, and (2) MH providers who serve youth and families. We serve children/youth from 3 to 19 in the context of their families, homes, schools, and community. Most of our clients reside within the city of Columbia, are white and non-Hispanic, and are in families below 200% of the poverty line. Compared to county demographics, our clientele is similar in age and racial/ethnic makeup, but somewhat more likely to reside within city limits, and includes an over-representation of children in poverty and, not surprisingly, with significant MH issues (BIG, 2017; US Census Bureau, 2017). Youth seen for assessment are of slightly lower SES and higher minority representation than those in treatment. These data reflect our goal to serve high-need, low-resource youth who have traditionally been the least likely to receive needed MH care. Our provider training targets all MH providers who serve Boone County youth. The exact number of MH providers

currently working with county youth is unknown, but a recent report to BCCSB identified 60 agencies/programs that provide youth housing, respite, healthy lifestyle, and MH services (MU Institute of Public Policy, 2014). Staff from many of these agencies (and almost all of the MH treatment providing agencies) have participated in our training program, as have numerous private practitioners.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

To increase access to evidence-based youth mental health assessment and treatment that result in accurate diagnosis and evidence-based treatment recommendations, reduced emotional and behavioral symptoms and diagnoses, increased adaptive functioning, and maintenance of gains after treatment ends.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

CEBYMH is part of the MU Psychological Services Clinic, a training and service delivery clinic that provides evidence-based MH care to children, families, and adults. Established 2.5 years ago with support from BCCSB funds, CEBYMH is a vibrant environment, nationally-recognized for excellence in science-based training and service delivery, interdisciplinary collaboration, and campus-community partnerships. The proposed program will allow us continue the CEBYMH's successful assessment, treatment, and training services. The proposed program includes 5 inter-related evidence-based services (individuals may be duplicated across 1-4): (1) Behavioral Health Assessment that provides families with diagnostic conclusions and recommendations and referrals for evidence-based treatment, (2) Individual Child Therapy for a range of problems, (3) Multisystemic Family Therapy for juvenile offenders, (4) Group Therapy for select problem areas, and (5) Provider Training in Evidence-Based Practice, an innovative program to increase community providers' use of evidence-based practice. Assessment and treatment are provided by doctoral trainees in clinical, counseling, and school psychology, under the supervision of licensed psychologist faculty. Community providers participate in a variety of training activities to increase their skill and use of evidence-based practices, including routine outcomes monitoring using Therapy Tracker, a state-of-the-art therapy and client monitoring system.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Consumers served by the PSC CEBYMH include: (1) youth and their families, and (2) MH services providers. Youth clients represent a broad range of ages, socioeconomic and family backgrounds, and presenting problems. Our target population for this application includes children aged 3 to 19 years, and their caregivers, who reside within Boone County and who are seeking mental or behavioral health care. The majority of clients seen in 2016 resided within Columbia, were white and non-Hispanic, and were in families below 200% of the poverty line. Youth seen for assessment were of slightly lower SES and higher minority representation than those seen in treatment. Over 90% of clients were of school age (elementary to high school). Common youth problems addressed include anxiety disorders and phobias, obsessive compulsive disorder, Tourette's and tic disorders, trichotillomania and excoriation disorders, depression and suicidality, PTSD, oppositional/defiant and conduct disorders, juvenile offending, ADHD, substance use concerns, borderline personality features/disorder, academic difficulties, parenting issues, and relationship distress. These characteristics suggest that our clientele is generally representative of Boone County youth in age and racial/ethnic makeup, although includes an over-representation of children in poverty and with significant MH issues (BIG, 2017; US Census Bureau, 2017). Targeted MH providers include those serving youth in Boone County.

b. Why will these particular consumers be served? (1500 character limit)

National and local data indicate up to 20% of youth are in need of mental health (MH) services (Costello et al., 2005; MU Institute of Public Policy, 2012; Thirteenth Judicial Circuit, 2014; Weisz & Hawley, 2002). However, 50-75% of these youth never receive needed services (Achenbach et al., 2003; Ringel & Sturm, 2001); barriers include lack of available providers, long wait times, family's inability to pay for services (MU Institute of Public Policy, 2011). County surveys suggest limited access to affordable MH services remains a critical concern for Boone County (MU Institute of Public Policy, 2014). For families who do manage to access MH care, that care is often not evidence-based and outcomes are frequently sub-optimal (e.g., Bickman et al., 2000; Thirteenth Judicial Circuit, 2014; Weisz et al., 2013), particularly for low income families (Jensen-Doss et al., 2011; Powell et al., 2013). Given the long lag from research to practice (Balas & Boren, 2000; Westfall et al., 2007), it is not surprising that many providers lack adequate training in current research supported treatments. These data, along with county data indicating that many of our youth struggle with environmental and personal issues such as poverty, maltreatment, intentional self-injury, juvenile office contacts, and poor educational outcomes (BIG, 2017), suggest a pressing need to increase accessible, affordable, evidence-based services for Boone County youth.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Primary challenges to serving our clients include the typical service barriers of client and provider resources, and availability of services. BCCSB funding has allowed us to create and maintain a thriving CEBYMH, but we remain a small clinic. Typical of youth most in need of MH services, our clients have limited financial, emotional, and instrumental resources to pursue services. Providing family-centered, evidence-based, low/no-cost services in an accessible downtown clinic or clients' homes, and partnering with other community providers, allows us to leverage BCCSB funding and our impact.

d. Total number of unduplicated individuals to be served by the proposed program:

276

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

2779.43

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

136

City of Columbia

118

Other Counties

0

Residence Total

136

Record Lock

0

Race

White (alone)

111

Black or African American (alone)

12

Native American Indian or Alaskan Native

2

Asian (alone)

2

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

9

Some Other Race

0

Race Total

136

Ethnicity

Hispanic or Latino (of any race)

7

Not Hispanic or Latino

129

Ethnicity Total

136

Gender

Female

69

Male

64

Other

3

Gender Total

136

Income

At or below 200% of Federal Poverty Level

112

Over 200% of Federal Poverty Level

24

Income Total

136

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

0

Preschool (3 years – 5 years)

10

School Age (6 years – 11 years)

48

Middle School (12 years – 14 years)

26

High School (15 years – 19 years)

52

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

136

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

140

b. Provide information on the types of training that will be offered. (1500 character limit)

Our provider training is designed to increase the availability of evidence-based services in Boone County by offering training in EBP to service providers across MH disciplines (e.g., psychology, counseling, social work). Training is open to any MH service provider who serves Boone County youth and includes ongoing opportunities to learn new evidence-based treatments, discuss cases, rehearse new behaviors with feedback on performance, and receive printed materials and post-training consultation and reinforcement of new skills. We also offer training in routine monitoring of client progress, a central aspect of evidence-based practice. Our online "Therapy Tracker" tool allows clinicians and clients to monitor youth progress by tracking therapist, caregiver, and youth reports of session activities and youth symptoms (Athay et al., 2012; Hawley, 2013; Weisz et al., 2011). Training opportunities will include graduate-level coursework in EBP that providers are invited to attend, multiple half-day workshops in specific youth evidence-based treatments identified as critical community needs, learning collaborative groups and individual professional consultation to support EBP implementation in providers' ongoing practice, and training and support in use of Therapy Tracker for session-by-session tracking of EBP implementation and client progress. Providers may participate in all training activities or select specific activities that fit their needs and availability.

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

Clinic-based assessment and treatment services are typically provided at the PSC, with some services provided in home or community locations as indicated by research evidence. The PSC is in downtown Columbia, 211 S. 8th Street. Hours are Monday 9-7, Tues-Thurs 9-8, Fri 9-5. MST services are provided in the home, school, and community at the mutual convenience of therapist and family. Provider training is typically scheduled on weekdays at various campus and community locations; dates and locations are chosen based on room availability, convenience, and size to accommodate participants.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character

limit)

Eligibility criteria include: 3-19 year old youth residing in Boone County; presenting concerns indicating utility of a behavioral health assessment or outpatient MH treatment. MST services require referral by Juvenile Office. PSC refers out individuals who require more intensive immediate intervention (e.g., hospitalization), or who require only comprehensive developmental (e.g., autism spectrum disorder) or legal (e.g., child custody, abuse verification) assessment or medication management. More intensive or psychiatry services may occur in conjunction with ongoing therapy at the PSC.

c. Will program consumers be charged a fee for the proposed program service(s)?

Yes

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

Clients pay a fee for all services except MST. For groups, clients pay a flat fee. For other services, clients whose services are covered by insurance are charged their insurance-determined co-pay. Uninsured or underinsured clients pay a fee based on our income-based fee assistance schedule. Medicaid clients do not pay an out-of-pocket fee, consistent with their Medicaid coverage (requiring no out-of-pocket payment) and to remove this barrier for these very low income clients. MST service clients are not charged for services, to remove financial and motivational barriers to treatment.

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Narrative

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Yes

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

PSC clients who are uninsured or underinsured are charged an out-of-pocket fee based on our income-based fee assistance schedule. Our fee assistance schedule (updated in July, 2016) is comparable to fee schedules at university-based training clinics in communities similar to Boone County. We considered federal poverty data and an average family size of 4 in determining income/fee categories; family size is not considered separately in fee determination. For all clients except Medicaid and MST clients, the minimum session charge is \$10, with amounts increasing based on family income.

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

/document/download/filename/1499965147_40756_PSCFeeAssistance7-1-16-distributioncopy.docx/

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Narrative

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

The PSC CEBYMH services are provided as part of the clinical psychology doctoral training program at the MU Department of Psychological Sciences. These services are not separately accredited or licensed, but are evaluated as part of the program's accreditation. In addition, they meet standards for doctoral and post-doctoral preparation for licensure of health service psychologists in Missouri (and most other states).

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

If Yes - Provide the name of the accreditation agency. (300 character limit)

American Psychological Association Commission on Accreditation; Psychological Clinical Science Accreditation System

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

APA: continuous accreditation since 1959; current accreditation effective through 2021; PCSAS: 2011-2021.

If Yes - Provide a description of the accreditation process: (600 character limit)

APA and PCSAS accreditation are designed to protect the public and ensure quality preparation of health service psychologists. Both are regulated by the Council of Higher Education Accreditors; APA is also regulated by the USDE. Accredited programs must meet comprehensive standards to ensure quality of training and competence of program graduates, including readiness for licensure, in the scientific knowledge base and practice of psychology. Program review involves annual reporting of program characteristics and outcomes, with lengthier reports and site visits every 3-10 years.

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

The APA Task Force on Evidence-Based Practice with Children and Adolescents (EBPCA; APA, 2008) outlines the definitions, assumptions, principles, scientific underpinnings, implementation, and training of youth evidence-based practice. These best practices dictate that assessment should be scientifically-grounded and guide diagnosis, treatment planning and intervention; that treatment should utilize research supported treatments wherever possible; and that services should be guided by ongoing monitoring with scientifically-based assessments including both clinician and client input.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

The EBPCA best practice standards are central to CEBYMH services. They are reflected in our behavioral assessments; individual, family, and group treatments; and provider training. Further, our services are developmentally and culturally sensitive and family-centered, consistent with APA's three-part definition of evidence-based service, which encompasses demonstrated research support for the specific diagnosis or problem area, clinician expertise in psychological therapy with youth, and sensitivity to individual youth/family characteristics, culture and preferences (APA, 2006).

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

Narrative

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

A primary goal of the CEBYMH is to provide evidence-based MH services and to train others in the use of these services. Our behavioral health assessments and ongoing client monitoring use empirically-supported instruments (e.g., Child and Adolescent Symptom Inventory-5 for DSM-5 disorders; Gadow & Sprafkin, 2013; Youth Outcomes Questionnaire; Burlingame et al., 2004) to diagnose youths' MH disorders and problem behaviors, identify personal and environmental resources and strengths, and develop recommendations for evidence-based treatment. We use several evidence-based individual, family, and group treatments to address the variety of issues faced by Boone County youth (e.g., Interpersonal Therapy for Adolescent Depression, Mufson et al., 2004; Exposure plus Response Prevention for OCD, March & Mulle, 1998; Trauma-Focused CBT, Cohen et al., 2006; Multisystemic Therapy, Henggeler et al., 1998; Dialectical Behavior Therapy, Linehan, 1993; group parent behavior therapy for youth disruptive behaviors, Kaminski & Claussen, 2017). Research supports each of these established treatments' ability to reduce symptoms or problem behaviors in youth (Society of Clinical Child and Adolescent Psychology, 2017). Our provider training employs validated measures to evaluate provider knowledge about, attitudes toward and use of evidence-based treatments and resulting client outcomes (e.g., Cognitive Behavioral Therapy Adherence Measure, Hawley, 2013; Top Problems Assessment, Weisz et al., 2011).

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

Narrative

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

Several unique and innovative features enhance the quality of CEBYMH services. First, because the CEBYMH grew out of a strong clinical science academic department, an evidence-based approach is at the core of the program's identity; we adopt this EB approach in all of our activities and services. This benefits our clients, whose services are grounded in scientific evidence, and our trainees, for whom EBP also becomes central to their practice. Second, program faculty are accomplished and well-respected leaders in professional training, and in dissemination, implementation and evaluation of evidence-based practices. Our faculty include the co-developer of MST, arguably the most effective treatment for juvenile offenders; developer of the Therapy Tracker and CBT Adherence Measure, useful tools for monitoring client progress and clinician adherence to EBP; and local and national experts in evidence-based assessment, Dialectical Behavior Therapy, training program development, and education of MH professionals. This collective expertise enables the CEBYMH to provide cutting edge treatments and training. Finally, CEBYMH is uniquely positioned to participate in development and evaluation of methods to routinely monitor therapy process and outcomes. Increasingly expected, routine monitoring is still foreign and cumbersome to many clinicians and clients; we are at the forefront of developing feasible, effective methods critical for widespread adoption of this EBP.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Our quality improvement process includes several clinic-wide procedures to systematically track and improve services and client outcomes. A quality assurance committee regularly audits client charts to ensure clinicians are adhering to clinic policies for client contact and service documentation. A utilization review team reviews clients' treatment plans and progress to ensure treatment is guided by measurable goals, and that progress on goals guides future treatment decisions. Ongoing supervision, with regular observation of therapy sessions, allows clinicians and supervisors to evaluate clinicians' adherence to EBPs and clients' responsiveness to treatment. Two additional QA procedures allow us to obtain data that are more objective, immediate, and involve clients more directly in the evaluation process. We administer the Youth Outcomes Questionnaire (Burlingame et al., 2004) to parents (and older youth) before each session; the Y-OQ allows us to track client engagement in therapy, symptoms, and functioning and we can use this information immediately in the treatment session. We end each session with the Therapy Tracker, to evaluate how well the clinician has implemented the evidence-based treatment, youth and family engagement, and progress on top problems. Together, these measures can help clinicians determine when treatment is working well vs. warrants modification. Finally, our post-treatment client satisfaction survey allows us to evaluate overall service delivery.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Client feedback about their experiences is typically collected at two time points. First, Behavioral Health Assessments are followed by completion of the Behavioral Health Assessment Outcome Survey that tracks whether clients have followed treatment recommendations. This survey is a good opportunity to seek feedback on the client's experience with the assessment and referral process. Although the survey does not include specific satisfaction questions, we have found that clients informally share feedback about their experiences. We have been able to use this feedback to identify instances where clients need additional support (e.g., additional referral options, help contacting a provider), and to fine-tune our referral process. Second, our post-treatment client satisfaction survey, provided to clients (with a stamped return envelope) at discharge, provides very useful feedback on clients' views on the quality and effectiveness of treatment. Although most returned surveys rate our services very positively, client comments and occasional lower ratings sometimes identify areas for improvement. Finally, one aspect of the weekly-administered Y-OQ and Tracker is assessment of factors that may affect the client's engagement in treatment, such as the therapist-client alliance. These items can alert the clinician to possible problems in therapy, allowing immediate action to resolve issues and help clients become more satisfied and engaged in the therapy process.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Our current funding has enabled us to develop or enhance several collaborative relationships that facilitate clients' access to assessment and intervention that is well-suited to their needs. We receive and make referrals to a wide range of service providers, including Boone County Schools Mental Health Coalition (BCSMHC), Family Access Center of Excellence (FACE), Burrell Behavioral Health, Family Counseling Center, Great Circle, Rainbow House, Missouri Psychiatric Center (MUPC), and Thompson Center for Autism and Neurodevelopmental Disorders. Streamlined cross-referral procedures with several agencies facilitate clients' ability to receive timely and appropriate services. We meet regularly with staff from BCSMHC, MUPC, FACE and Burrell to coordinate services and referrals, and with Boone County Juvenile Office to manage referrals to our MST program and coordinate our services with the juvenile office. We also routinely work with our clients' schools, health providers, and other professionals to track progress across the youths' environments and develop and implement coordinated treatment plans. We are partnering with FACE to target our provider training to identified skill and service gaps, and to incentivize provider use of Therapy Tracker. Finally, our community provider training and referral directory have

allowed us to network with health care providers and private practice therapists and to increase awareness of available community services at our and other programs.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Program Director, Professor	MQ1 Ph.D., licensed psychologist	FTE1 0.33	SR1 FROM \$109,674.00	SR1 TO \$300,790.00
P2 Clinical Supervisor, Professor	MQ2 Ph.D., licensed psychologist	FTE2 0.17	SR2 FROM \$109,674.00	SR2 TO \$300,790.00
P3 Clinical Supervisor, Associate Professor	MQ3 Ph.D., licensed psychologist	FTE3 0.50	SR3 FROM \$99,190.00	SR3 TO \$112,638.00
P4 Clinical Supervisor, Clinical Assistant Professor 1	MQ4 Ph.D., licensed psychologist	FTE4 0.63	SR4 FROM \$79,990.00	SR4 TO \$81,814.00
P5 Assessment/Treatment Clinician	MQ5 M.A. or advanced graduate program standing	FTE5 1.50	SR5 FROM \$24,036.00	SR5 TO \$24,036.00
P6 Graduate Research Assistant	MQ6 B.A., graduate program standing	FTE6 1.00	SR6 FROM \$24,036.00	SR6 TO \$24,026.00
P7 Office Support Staff II	MQ7 high school diploma or equivalent	FTE7 1.00	SR7 FROM \$11.23	SR7 TO \$18.05

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Paid personnel include clinical, research, and administrative staff required to support CEBYMH assessment, treatment, and training services. The PI (Bell), a faculty member and licensed psychologist, serves as Director of the program, overseeing all aspects of program development and administration for the five CEBYMH services (e.g., personnel management; policy development; clinical service tracking, invoicing, and evaluation; preparation of funding applications and reports; and interface with department, campus, and community units). Four licensed psychologist faculty supervisors (Borduin, Hawley, O'Neill, Waller) will lead teams of paid and volunteer doctoral student assessment and treatment clinicians. Year-round supervision includes weekly individual and group meetings, review of session video-recordings, and review and sign-off on all chart documents. One faculty supervisor (Hawley) also administers the provider training program and Therapy Tracker dissemination. Three paid clinicians will provide behavioral health assessment and MST services (volunteer doctoral student clinicians will provide clinic-based therapy services). Two half-time graduate research assistants will provide data analysis and administrative support for the program, with one GRA assigned to the clinical service programs and the other assigned to provider training. Two half-time Office Support Staff will serve as front office receptionists in the PSC.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

	PROPOSED	% OF PROPOSED TOTAL
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1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
University support for costs dedicated to PSC youth services/CEBYMH (supervisors, youth interventions course that is open to providers, .25 of PSC office manager, .50 of PSC general operating expenses to support CEBYMH).. Support from community partners (Burrell, FACE) for training program costs.	\$243,640.00	32

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Requested funding to support 5 CEBYMH program services	\$507,920.00	66
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %

Narrative	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Narrative	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
anticipated program service fees if maximum units provided across all 5 CEBYM programs	\$15,562.00	2
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	767122	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$569,955.00	74
Personnel Narrative (300 character limit)		
University-covered personnel expenses (\$142,240 to cover 3 supervision sections, 1 course, .25 PSC office mgr) + requested personnel expenses (\$427,715)		
2. Non-Personnel	2.	2. %
	\$197,167.00	26
Non-Personnel Narrative (300 character limit)		
University-covered expenses (40k) + Partner-covered training program expenses (61400) + requested funds to cover MST home visit mileage, assessment laptop/tablet replacements, assessment instrument forms, copies/mailling, client follow-up incentives, indirects (\$74,167) & programmer time (21,600)		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	767122	

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$507,920.00

Year 2 Total Request

\$499,281.00

Total Amount Request from CSF

1007201

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

We have explored the option of obtaining Medicaid provider status for our trainees, but the length of time required to obtain this status makes it prohibitive for trainees. The university supports approximately 1/3 of our budget, but given recent budget cuts, is an unlikely source for increased funding. Our best option for alternative funding will likely be training and service delivery grants. We have applied (unsuccessfully) for one such grant, and will continue to seek these opportunities.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

Select References are provided here. The complete reference list is available at this link: https://psychology.missouri.edu/sites/default/files/people-files/mu_psc_-_bccsb_pos_app_reference_list_7-18-17.pdf.

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Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	MU Center for Evidence-Based Youth Mental Health
Amount of Request	\$507,920.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$21,600.00

b. Describe how the funds will be utilized. (600 character limit)

We request funding to support cover the cost of hiring a programmer to automate the Therapy Tracker (therapy adherence and client outcomes monitoring tool used in Service 5). Bright Beam (Mr. Will Spiller) has provided a cost estimate for the job, which involves 240 hours @ \$90/hr.

c. Provide justification for the request for one-time funding. (600 character limit)

The Therapy Tracker is an online tool that supports therapist implementation of evidence-based treatment, including routine outcomes monitoring. It includes several component measures that assess therapist adherence to evidence-based treatment and track client outcomes, as well as features that support utilization of therapist and client data in treatment planning, implementation, and record-keeping. Fully automating the Therapy Tracker will increase the tool's standardization and ease of use, making it a useful and attractive tool that can support all interested Boone County youth MH provider

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

4.8 BEHAVIORAL HEALTH ASSESSMENT

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Assessment by a qualified mental health professional of an individual's history, mental health and functioning with the purpose of establishing a treatment plan and/or diagnosis

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Evidence-based assessment is an essential first step to providing effective treatment (Mash & Hunsley, 2005). We must accurately identify the primary diagnosis or problem, as well as co-morbid conditions, before we can select the appropriate intervention. Our evidence-based Behavioral Health Assessments are designed to provide comprehensive psychological evaluation to establish appropriate diagnoses, identify the youth's individual challenges and resources that affect functioning, and develop recommendations for evidence-based treatment appropriate to the identified diagnoses/problems. These assessments are appropriate for youth, aged 3-19, who are seeking treatment for psychological or behavioral concerns. Youth may be self-referred or referred by parents, schools, physicians, or other health or education professionals.

Our multifaceted Behavioral Health Assessments are conducted with the youth and, for minor-aged youth, their parents/caregivers, and include:

- Background interview and paperwork regarding developmental, medical, academic, and social history, presenting concerns, history of symptoms and prior treatment

- Clinician behavioral observations and mental status examination

- Youth/caregiver report of emotional and behavioral symptoms and current functioning on the Child and Adolescent Symptom Inventory-5 for DSM-5 disorders (CASI-5; Gadow & Sprafkin, 2013) and the Youth Outcomes Questionnaire (YOQ; Burlingame et al., 2004) – commonly used and validated youth/caregiver-report measures of youth MH symptoms and current functioning

- Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-Kid; Sheehan et al., 2010) – a widely-used and psychometrically valid and reliable structured diagnostic interview that covers all major DSM-5 child/adolescent diagnoses and suicidality risk

- validated problem-specific scales where indicated

The assessment results in a report consisting of: 1) integration of history and background information, diagnostic interview, and additional assessment results, 2) DSM-5 diagnostic conclusions, 3) specific recommendations for evidence-based treatment appropriate to the diagnoses/problem areas, and (4) appropriate referrals for evidence-based treatment (e.g., to our CEBYMH treatment team, other PSC psychologists, community providers). The report is presented to the youth/caregiver(s) during a feedback session with the assessor to facilitate client understanding and encourage follow-through on recommendations.

Specific recommendations and treatment referrals will be facilitated by our extensive network of community providers, including those identified in our referral directory. This directory, developed as part of our BCCSB-funded Pilot project, is available on our website

(<http://youthmentalhealth.missouri.edu/referraldirectory.html>) and includes information on over 60 community agencies and providers. In collaboration with FACE, we continue to grow this directory.

Record Lock

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Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

Notes

b. Unit Rate (#1)

\$750.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

Our proposed rate per assessment balances MO HealthNet's fee schedule (MO Division of Social Services, 2017) for services included in our behavioral health assessment (diagnostic evaluation, psychological testing; \$500), costs for similar assessments in the community (\$900+), and our current contracted rate for conducting these assessments (\$798). Some of our costs have risen over the past 3 years, but slightly lower than anticipated assessment costs and use of other resources (support from general PSC funds, recent increase in client fees) allowed us to lower our unit cost slightly.

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

Narrative

d. Total Number of Units of Service to be Provided (#1)

120

e. Total Number of Unduplicated Individuals (#1)

120

f. Average Number of Units of Service per Unduplicated Individual (#1)

1

g. Average Cost of Service per Individual (#1)

750

Service #1 - Service Fee**a. Will the proposed service (#1) consumers be charged a fee?**

Yes

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

Clients pay a fee for the assessment; the amount is kept small to remove barriers to high-quality evidence-based care for clients who may have low motivation or resources to pursue MH services. Out-of-pocket fees for uninsured or underinsured clients are based on our income-based fee assistance schedule. Medicaid clients do not pay an out-of-pocket fee, consistent with Medicaid coverage that enables them to receive services at no charge to them. We estimate client/insurance income to average \$15/client for assessments.

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

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If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Narrative

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

Narrative

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

Narrative

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

Because our behavioral health assessments are provided by doctoral student trainees, they are typically not eligible for insurance reimbursement; in such instances clients are treated as uninsured. In addition, our clinicians are not eligible to be Medicaid providers. Uninsured or underinsured clients are charged a fee based on our income-based fee assistance schedule. For Medicaid clients we waive the client fee, consistent with their Medicaid coverage that has no co-pay for services to children.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Out-of-pocket fees for uninsured or underinsured clients are based on our income-based fee assistance schedule. Medicaid clients do not pay an out-of-pocket fee, consistent with Medicaid coverage that enables them to receive services at no charge to them. Payment is expected at the time of service. Payments plans may be approved for instances in which clients cannot pay the full amount at the time of service.

Service #1 - Amount Received From Other Funders**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)**

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$798.00	1a2. 120	1a3. \$95,760.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00

c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$90,000.00

b. Proposed Number of Units of Service (#1)

120

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

Our current Pilot program has allowed us to greatly expand our behavioral health assessments, increasing community access to timely, affordable, evidence-based assessment. We have easily met our Pilot program goal of 120 assessments/year, supporting a clear community need. Recent university budget cuts have threatened some PSC supervised clinical services, but county funding and university commitment to this campus-community partnership has protected our evidence-based youth services. Continued funding is essential to maintain and grow our assessment services to benefit Boone County youth.

Service #1- Performance Measures

Outcome (1-1)	Indicator (1-1)	Method of Measurement (1-1)
youth will receive evidence-based diagnostic conclusions and treatment recommendations	100% of assessments will result in reports and feedback that includes: - Diagnostic conclusions - Recommendations for evidence-based treatment as appropriate to identified diagnoses/problems - Referrals to appropriate providers (at PSC or community providers)	Ongoing PSC Quality Assurance Tracking System (internal system that tracks service provision and chart documentation) – tracks report completion and feedback with client/caregiver for each mental health assessment
Additional Outcome (1-2)	Additional Indicator (1-2)	Additional Method (1-2)
youth/caregivers will follow through with treatment referrals	75% of youth/caregivers will pursue referrals made in recommendations (i.e., contact referral)	Behavioral Health Assessment Outcome Survey (BHAOS) - completed by PSC staff for internal referrals and electronically or by phone for external referrals post Behavioral Health Assessment Feedback Session.
Additional Outcome (1-3)	Additional Indicator (1-3)	Additional Method (1-3)
youth/caregivers will initiate recommended treatment	75% of youth/caregivers will successfully initiate recommended assessment or treatment (i.e., attend first appointment)	Behavioral Health Assessment Outcome Survey (BHAOS) - completed by PSC staff for internal referrals and electronically or by phone for external referrals post Behavioral Health Assessment Feedback Session.
Additional Outcome (1-4)	Additional Indicator (1-4)	Additional Method (1-4)
Text	Text	Text
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)
Text	Text	Text

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Service 1 outcomes are all directly related to our program goal of increasing access to youth MH assessment that leads to appropriate evidence-based treatment, reduced youth symptoms/diagnoses, increased adaptive functioning, post-treatment maintenance of improvements. Our diagnostic assessment and specific treatment recommendations and referrals should set the stage for youth/family engagement in treatment that is matched to their specific needs and has demonstrated effectiveness for the youth's diagnoses/problem areas, thereby laying a foundation for good treatment outcomes.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

Completion of a behavioral assessment report with diagnoses and treatment recommendations is under our control and should only be affected by

(unlikely) serious external factors such as loss of client flow or assessment team members. Client follow-up on treatment recommendations and initiation of treatment could be affected if appropriate treatment options are not available, or if clients face long wait lists or other access barriers. We attempt to minimize these factors through regular contact with treatment providers (both PSC and community providers) and follow-up with families.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

Outcome levels proposed in our original Pilot program (100% reports completed, but 50-75% of clients would follow-up on recommendations and initiate treatment) were based on published literature indicating generally low levels of client follow-through with treatment initiation (Lavigne, Arend, & Rosenbaum, 1998; NAMHC, 2001; Ringel & Sturm, 2001). However, our data to date indicate that our assessment procedures have better outcomes, with 80% or more of clients following through to treatment. We thus propose continued good outcomes.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Our methods to track assessor report/feedback completion and client follow through conform to recommended practices (Bickman, 2008, 2011; Boswell et al., 2013; Sherman et al., 2017; WHO, 2007). Our systematic quality assurance tracking serves as both a data collection tool and a reminder/teaching tool so that complete and timely completion of assessment reports and feedback sessions become automatic. Our Behavioral Health Assessment Outcomes Survey likewise serves as a data collection tool and an opportunity to connect with clients to seek feedback and provide additional assistance if needed.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

4.19 INDIVIDUAL THERAPY, CHILD

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

National and local data suggest that up to 20% of youth are in need of mental health (MH) services (Costello et al., 2005; MU Institute of Public Policy, 2012; Weisz & Hawley, 2002). Unfortunately, 50-75% of these youth never receive needed MH services (e.g., Achenbach et al., 2003; NAMHC, 2001; Ringel & Sturm, 2001). In Boone County, this translates to as many as 3000 youth with unmet MH needs (2015 county demographic data; BIG, 2017). County surveys suggest that limited access to affordable MH services remains a critical concern for the Boone County community (MU Institute of Public Policy, 2014). For youth who do manage to access MH care, that care is often not evidence-based and outcomes are frequently sub-optimal (e.g., Bickman et al., 2000; Weisz et al., 2006, 2013). Together, these data suggest a pressing need for additional accessible, affordable, evidence-based treatment (EBT) services for Boone County youth.

Our individual youth EBT services are designed to provide evidence-based intervention to youth, aged 3-19, who meet criteria for DSM-5 diagnoses or whose MH symptoms or problem behaviors are impairing their psychological, social, or academic functioning. Youth may be self-referred or referred by parents, schools, physicians, or other health or education professionals. We use well-validated treatment strategies derived from cognitive, behavioral, and interpersonal therapies, strategic family therapy, structural family therapy, dialectical behavior therapy, and behavioral parent therapy, to directly

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

Notes

b. Unit Rate (#2)

\$109.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

Our proposed session rate balances public rates for individual and family therapy (MO Dept of Mental Health, MO Division of Social Services; \$64 & \$81 for 45- & 60-min indiv sessions; \$64-70 for 30-min family sessions, or \$128-\$140/hr), and costs for comparable evidence-based individual therapy (Blueprints for Healthy Youth Development, 2017; estimated costs range=\$85-160/hr). Our proposed unit cost represents the mid-point of these ranges.

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

Narrative

d. Total Number of Units of Service to be Provided (#2)

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

Yes

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

Clients pay a fee for therapy services. Clients whose services are covered by insurance are charged their insurance-determined co-pay. Uninsured or underinsured clients are charged a fee based on our income-based fee assistance schedule. Medicaid clients do not pay an out-of-pocket fee, to be consistent with their Medicaid coverage (requiring no out-of-pocket payment) and in order to remove barriers to treatment for these very low income clients. We estimate client/insurance income to average \$10/session.

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

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If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Narrative

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

Narrative

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

Narrative

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$89.00	1144	\$101,816.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$122,080.00

b. Proposed Number of Units of Service (#2)

1120

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

With BOCE funding, we greatly expanded our youth EBT services, adding over 200 new youth clients since 2015. These services impact several

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
---------------	-----------------	-----------------------------

Improvements in youth's diagnosis, symptoms, and presenting problems

Youth who complete treatment will show statistically and clinically significant improvement in diagnostic status, and self- and caregiver- reported MH symptom. At least 65% of youth will show improvements on diagnostic status and 75% will show symptom/problem improvements.

Pre-post, and period assessments (i.e., one or more of the following, as appropriate for each youth);
-MINI-Kid
-CASI-5
-Y-OQ
- Top Problems

Additional Outcome (2-2)

Improvements in adaptive functioning (e.g., family, school, peer)

Additional Indicator (2-2)

Youth who complete treatment will show statistically and clinically significant improvement in adaptive functioning. At least 75% of youth will show improvements.

Additional Method (2-2)

Pre-post and periodic assessments of functioning via:
-Clinical Global Impressions Scale - Severity and Improvements scales (CGI)
-Y-OQ

Additional Outcome (2-3)

Prevention of need for

Additional Indicator (2-3)

At least 90% of youth in treatment (65% of youth receiving DBT treatment) will remain in their homes and will not require hospitalization or other intensive intervention

Additional Method (2-3)

Ongoing collection of records via notification by caregiver or other

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

Service 2 outcomes are all directly reflected in our program goal of reducing emotional and behavioral symptoms and diagnoses, increasing adaptive functioning, and facilitating maintenance of gains after treatment ends. Implementation of treatments with demonstrated effectiveness, along with routine monitoring of treatment progress and outcomes, should facilitate good treatment outcomes.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Two factors that may affect proposed outcomes are the appropriateness of an EBT for specific clients, and the fidelity of treatment delivery. We attend to both issues with ongoing evaluation of therapists' implementation of treatment as validated, but tailored to meet specific client characteristics and values. The severity of client issues can also affect outcomes. As we treat clients with more severe or chronic diagnoses, complete remission may be a less realistic outcome than symptom reduction or symptom management. Thus, the nature of our clientele will impact the strength of outcomes.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

Proposed outcome levels (youth will show statistically and clinically significant reductions in symptoms/problem behaviors and improvements in adaptive functioning; and avoidance of more intensive intervention) are based on published meta-analyses of youth evidence-based treatment outcomes (e.g., Weisz et al., 2013). Our data to date suggest that these outcome goals are ambitious but achievable in our setting, with more modest outcomes expected for youth with severe, chronic disorders (Melhum et al., 2014, 2016).

d. Provide a rationale for each method of measurement (2). (600 character limit)

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

4.15 FAMILY THERAPY

Service #3 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Boone County data indicate that juvenile offending is a significant local issue (Boone Indicators Dashboard, 2017; Thirteenth Judicial Circuit, 2014). In 2015, there were almost 1300 juvenile office referrals (3.6% of all county youth). In 2013, the Juvenile Office estimated that at least 41% of referrals warranted comprehensive MH services. More than half of youths with referrals in 2013 also had referrals in prior years, suggesting that the services available to those youths and their families had not been effective in preventing future antisocial behavior. These data underscore the pressing need for accessible evidence-based treatment services for juvenile offenders. To address this need, the CEBYMH provides Multisystemic Therapy (MST, Henggeler et al., 1998) to youth referred by the Boone County Juvenile Office. We are the only providers in Boone County of MST, the most extensively-validated and widely-transported, and perhaps the most effective evidence-

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

Notes

b. Unit Rate (#3)

\$150.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

Our proposed rate is consistent with public rates for home- and community-based family therapy (MO Division of Social Services, 2017; \$75 for 30-min sessions or \$150/hr), as well as costs for MST in other communities (e.g., Blueprints for Healthy Youth Development, 2017; Dopp et al., 2014; estimated costs range=\$150-175/hr).

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

MST service clients are not charged for services. This is consistent with provision of MST services in Boone County over the past 25+ years, as well as with national practice. These court-involved, high-need families frequently have limited financial resources and tenuous motivation to participate in treatment. Providing treatment at no financial cost to court-referred families removes one barrier to treatment engagement.

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$119.00	1280	\$152,320.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$156,000.00

b. Proposed Number of Units of Service (#3)

1040

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Service #3 - Performance Measures

Outcome (3-1)

Decrease in youth's primary presenting problem

Indicator (3-1)

At least 65% of youth who complete treatment will show moderate to substantial improvement in primary problem behaviors.

At least 70% of youth in treatment will show reduction in self-reported and other-reported person and property crimes

Method of Measurement (3-1)

Pre and post tests:
-Self-Report Delinquency Scale
-Revised Behavior Problem Checklist
-Brief Symptom Inventory
Ongoing evaluation of arrests/crimes
-external reports

Additional Outcome (3-2)

Substantial decrease in other mental health symptoms/disorders and problem behaviors (e.g., social isolation or involvement with antisocial peers, academic functioning)

Additional Indicator (3-2)

At least 75% of youth who complete treatment will show moderate to substantial reduction in self- and caregiver- reported MH symptom severity

Additional Method (3-2)

Pre and post tests:
-Self-Report Delinquency Scale
-Revised Behavior Problem Checklist
-Brief Symptom Inventory

Additional Outcome (3-3)

Moderate to substantial improvement in adaptive functioning within the family

Additional Indicator (3-3)

At least 65% of youth who complete treatment will show moderate to substantial improvement in adaptive

Additional Method (3-3)

Pre and post tests:
- Family Adaptability and

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

Service 3 outcomes are all directly reflected in our program goal of reducing emotional and behavioral symptoms, increasing adaptive functioning, and facilitating maintenance of gains after treatment ends. MST's strong evidence-base for improving behavioral, psychological, social, educational, and legal outcomes for youth offenders indicate that it will be an effective treatment to achieve proposed outcomes to address these program goals.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Two factors that may affect proposed outcomes are the suitability of referred families for MST services, and the fidelity of treatment delivery. We attend to the first issue through ongoing communication with juvenile officers who select cases for referral, to educate them on the client characteristics that best predict engagement in and improvement with this treatment. We encourage referrals early in youths' legal involvement, to capitalize on benefits of early intervention. We attend to the second issue with close supervision and ongoing evaluation of therapists' MST implementation.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

Proposed outcome levels (youth will show statistically significant reductions in symptoms/problem behaviors and arrests, and improvements in adaptive family functioning; 90% will avoid more intensive intervention) are based on published treatment outcomes in two randomized clinical trials of MST versus usual services in Boone County (Borduin et al., 1995, 2009). Our data to date suggest that these outcome goals are ambitious but achievable in our

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

4.17 GROUP THERAPY- CHILD

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for children with a related problem arranged in a group format with a qualified mental health professional. Group Therapy places focus on all group members.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

A growing empirical literature demonstrates that for many youth problems, therapy conducted in group settings has unique benefits as an alternative or adjunct to individual or family treatment. In a group therapy setting, clients who share similar treatment goals can develop relationships characterized by opportunities for clients to provide motivation, social support, learn from, or practice new skills with one another while they engage in therapy. Group therapy also provides the opportunity for clients to work on their treatment plans between individual sessions, or while on waiting lists for individual therapy. Especially for youth problems such as anxiety disorders and disruptive behaviors, group format therapies for youth (or in the case of disruptive behaviors, their parents) have met criteria as "well established" treatments, the highest level of treatment effectiveness (e.g., Higa-McMillan, Francis, Rith-Najarian, & Chopita, 2015; Kaminski & Claussen, 2017; Society of Clinical Psychology, 2017). For youth in Dialectical Behavior Therapy for serious affective instability, a therapeutic skills group is a required aspect of this evidence-based treatment (Miller et al., 2007).

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

Notes

b. Unit Rate (#4)

\$40.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

Our proposed rate is consistent with public reimbursement rates for group therapy (MO Dept of Mental Health, MO Division of Social Services; \$13.49 per 30-min, with max of \$40.47 per session) and costs for comparable evidence-based 1.5-2hr group therapy sessions (Blueprints for Healthy Youth Development, 2017; estimated costs range=\$40-60/session). It is also unchanged from our current contracted rate (\$20/hr, or \$40 per 2hr session).

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate. If so, appropriate justification is provided.

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

Yes

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

Clients (except for those on Medicaid) pay a flat fee of \$10 per 2-hour session for group therapy services. Medicaid clients do not pay an out-of-pocket fee, to be consistent with their Medicaid coverage (requiring no out-of-pocket payment) and in order to remove barriers to treatment for these very low income clients. There is no fee assistance for group rates. We estimate client income to average \$7/session (averaging across flat-fee and no-fee clients).

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

Narrative

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

..

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$40.00	4a2. 160	4a3. \$6,400.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$14,640.00

b. Proposed Number of Units of Service (#4)

366

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any

Services #4 - Performance Measures

Outcome (4-1)

Improvements in youth's symptoms and presenting problems

Indicator (4-1)

at least 75% of group treatment participants will show improvements in youth- and caregiver-reported youth symptoms and problem behaviors (for youth DBT group members, this will be reflected in symptom stabilization)

Method of Measurement (4-1)

Pre-post, and period assessments (i.e., one or more of the following, as appropriate for each youth):
 -MINI-Kid
 -CASI-5
 -Y-OQ/OQ
 - Top Problems Scale
 - Borderline Symptom List 23
 - Ohio Youth Problem, Functioning, and Satisfaction Scales

Additional Outcome (4-2)

Improvements in adaptive functioning (e.g., family, school,

Additional Indicator (4-2)

Group participants will show statistically and clinically significant improvement in adaptive functioning. At least 75% of youth will show improvements.

Additional Method (4-2)

Pre-post and periodic assessments of functioning (as appropriate for specific service) via:
 -Clinical Global Impressions Scale -

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

Service 4 outcomes are all directly reflected in our program goal of reducing emotional and behavioral symptoms and diagnoses, increasing adaptive functioning, and facilitating maintenance of gains after treatment ends. Implementation of treatments with demonstrated effectiveness, along with routine monitoring of treatment progress and outcomes, should facilitate good treatment outcomes.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Two factors that may affect proposed outcomes are client engagement in therapy, and the fidelity of treatment delivery. We attend to both issues with ongoing evaluation of therapists' implementation of treatment as validated, but tailored to meet specific client characteristics and values. The severity of client issues can also affect outcomes. Especially for our DBT clients who have more severe and chronic diagnoses, complete remission may be a less realistic outcome than symptom reduction or symptom management.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

Proposed outcome levels (non-DBT youth will show significant reductions in symptoms/problem behaviors, improved adaptive functioning and diagnosis

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

8.9 EVIDENCE-BASED PRACTICE TRAINING

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Children's lack of access to effective and affordable mental health (MH) services is a well-documented issue, both nationally (Achenbach et al., 2003; Ringel & Sturm, 2001) and locally (BIG, 2017). Workforce development, focused specifically on helping providers become trained and competent in effective, evidence-based practices (EBPs), is critical to addressing this need (Hawley, 2005, 2008; Weisz et al., 2013). Given the oft-cited finding of a 17-year lag from research to practice (Balas & Boren, 2000; Westfall et al., 2007), it is not surprising that many providers lack adequate training in the most current EBPs (e.g., Cook & Hawley, 2008; Jensen-Doss & Hawley, 2011; Taylor et al., 2013).

Our provider training services are designed to increase the availability of evidence-based services in Boone County by offering training in EBP to service providers across MH disciplines (e.g., psychology, counseling, social work). Our training includes ongoing opportunities to learn new EBPs, discuss

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

Notes

b. Unit Rate (#5)

\$74.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

Narrative

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

Training services are offered free of charge to Boone County MH providers. Our research with Missouri providers has indicated that cost is a significant barrier to participating in training, especially for clinicians who serve predominantly poor and low income families (Powell, McMillen, Hawley & Proctor, 2013). We feel that if we are to reach a critical mass of providers in Boone County, and by extension their clients, to increase availability of evidence-based treatment, we need to minimize barriers, including cost.

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$77.52	5a2. 1500	5a3. \$116,280.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$103,600.00

b. Proposed Number of Units of Service (#5)

1400

Service #5 - Performance Measures

Outcome (5-1)

Clinicians endorse utility of evidence-based practices covered in trainings.

Indicator (5-1)

Clinician post-training ratings of acceptability, feasibility, and appropriateness of EBTs covered in trainings will average 4.0 or higher (1-5 rating scale).

Method of Measurement (5-1)

post-training administration of Provider Training Evaluation Form (Lyons scale)

Additional Outcome (5-2)

Additional Indicator (5-2)

Additional Method (5-2)

Clinicians demonstrate increases in self-reported knowledge, attitudes, and practice of EBP following participation in training.

Clinician ratings of pro-EBT attitudes, and EBT knowledge and EBT use will show significant increases in the year following participation in training.

annual administration of Provider Questionnaire covering knowledge, attitudes and practices (Aarons EBPAS; Chorpita KEBSQ; Hawley UEBTSS)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

Service 5 outcomes are tied to our program goal of reducing emotional and behavioral symptoms and diagnoses, increasing adaptive functioning, and facilitating maintenance of gains after treatment ends, via the intermediate goal of increasing providers' knowledge and use of evidence-based treatment and client progress/outcomes monitoring. Implementing treatments with demonstrated effectiveness, along with routine monitoring of treatment progress and outcomes, should facilitate good treatment outcomes for providers' clients.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

A factor that may affect proposed outcomes is the extent of providers' engagement in training. Providers who participate minimally in training, such as attending 1-2 workshops but not attending Learning Collaboratives, Individual Consultation, or not using Therapy Tracker, may be less likely to use evidence-based treatments in their practice. In addition, we will not be able to track client outcomes for providers who do not elect to use Therapy Tracker.

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

507920



MISSOURI

November 3, 2015

RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

Ed Knollmeyer

Ed Knollmeyer
Director, Risk & Insurance Management

EK



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing/Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.

2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Program Information and Requirements
- 4) Application Information
- 5) Attachment A - Organization Assurance Sheet
- 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

- 4.2.4. **Offeror's Contacts:** Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.
- 4.3. Competitive Negotiation of Proposals:**
The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:
- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of _____)
) ss
 State of _____)

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Date _____

Printed Name

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

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AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Service Contract
System of Offering Actions for Resilience
(SOAR)

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **The Curators of the University of Missouri (on behalf of the Department of Psychiatry)** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **SOAR**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, SOAR has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

WHEREAS, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY SOAR

SOAR is expected to the greatest extent possible to maximize funding from all other sources. SOAR shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. SOAR shall only request reimbursement for services not reimbursable by any other source. SOAR shall not invoice the Children's Services Fund for units of service invoiced to another funding source. SOAR shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** SOAR will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and SOAR's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over SOAR's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from SOAR and SOAR agrees to furnish the **System of Offering Actions for Resilience (SOAR) for Early Childhood** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in SOAR's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$506,677.25** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. SOAR agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of SOAR be renewed for **an additional one (1), one-year period**. SOAR agrees and understands that the BCCSB may require supplemental information to be submitted by SOAR prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Best Practices Training (EC-PBS)	One individual	\$39.07	400	\$15,628.00
Professional Coaching (EC-PBS)	One hour	\$34.51	6,007	\$207,301.57
Parenting Skills Training	One individual	\$55.56	270	\$15,001.20
Family Therapy	One hour	\$39.69	1,507	\$59,812.83
Service Coordination	One hour	\$46.83	2,154	\$100,871.82

Professional Coaching (SOAR Reflective Supervision)	One hour	\$45.27	1,388	\$62,834.76
Best Practices Training (SOAR Staff Training)	One individual	\$3,804.01	7	\$26,628.07
Behavioral Health Assessment	One assessment	\$929.95	20	\$18,599.00

All billing shall be invoiced to BCCSB monthly by the 20th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of SOAR, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. Availability of Funds. Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. Reporting. The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by SOAR to monitor service delivery and program expenditures. SOAR agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by SOAR and, if so stipulated, are noted on this contract document. Payments may be withheld from SOAR if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. SOAR agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. Audits. SOAR also agrees to make available to the BCCSB a copy of its annual audit upon completion by the auditing agency. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from SOAR, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** SOAR agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect SOAR's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, SOAR hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event SOAR requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from SOAR may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with SOAR's policies and procedures and in accordance with any local/state/federal regulations. SOAR agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. SOAR must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** SOAR will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** SOAR agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to SOAR's provision of such services.

14. **Accreditation/Licensure/Certifications.** SOAR must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** SOAR agrees that any conflicts of interest between its Board and/or employees and SOAR shall be appropriately identified and managed.

16. **Subcontracts.** SOAR may enter into subcontracts for components of the contracted service as SOAR deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, SOAR shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** SOAR agrees to comply with Missouri State Statute section 285.530. SOAR also agrees that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. SOAR shall require each subcontractor to affirmatively state in its Agreement with the SOAR that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** SOAR agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against SOAR or any individual acting on the SOAR's behalf, including subcontractors, which seek to enjoin or prohibit SOAR from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If SOAR ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if SOAR no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, SOAR will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event SOAR, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to SOAR as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should SOAR fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, SOAR shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the SOAR for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, SOAR agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of the Department of Psychiatry** (meaning anyone, including but not limited to consultants having a contract with SOAR or subcontractor for part of the services), or anyone directly or indirectly employed by SOAR, or of anyone for whose acts SOAR may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Organization.** SOAR shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. SOAR will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. SOAR will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. SOAR agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and SOAR. The BCCSB does not recognize any of the SOAR's employees, agents, or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** SOAR shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to SOAR shall be mailed or delivered to:

The Curators of the University of Missouri
(on behalf of Department of Psychiatry)
Office of Sponsored Programs
115 Business Loop 70 West, Mizzou North, Room 501
Columbia, MO 65211

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**The Curators of the University of Missouri
(on behalf of the Department of Psychiatry)**

By: Karen M. Geren 12-11-17
Signature

By: Karen M. Geren | Pre-Award Manager, OSPA
Printed Name/ Title

Boone County, Missouri

By: Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk **DKB**

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

James Richford by jj 12/20/17 (2161/71106/\$506,677.25)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 20, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: The Curators of the University of Missouri
Address: 115 Business Loop 70 West, Mizzou North
Room 501, Columbia, Missouri 65211

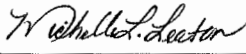
Telephone: 573-882-7560

Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Michelle L. Leaton

Title: Assistant Pre-Award Manager, OSPA

Signature: 

Date: November 20, 2017

E-mail: grantsdc@missouri.edu

MU Project 00059966

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #2

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	MU (Department of Psychiatry)
Name of Program	SOAR

Program Services	
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Service 3 – Social/Emotional Screenings

- 1. Service 3 provides Social/Emotional Screenings to child care providers. The best and final offer in the Written Clarifications requests 440 units (screenings). SOAR is also providing training and coaching to child care providers to conduct social/emotional screenings.**
Action Required: Provide clarification on why SOAR is requesting units for Social/Emotional Screening. There are child care providers receiving Children's Services Funds to conduct screenings as well.

Our original proposal suggested that Program Service 3 unit type be considered "per hour." We changed the unit type to "screening" per Boone County Children's Service Boards request. Program Service 1 does include all Ages and Stages Questionnaire (ASQ-3 and ASQ-SE2) training for our childcare providers who in return complete all Ages and Stages Questionnaires (ASQ-3 and ASQ-SE2).

Program Service 3 represents the amount of effort needed from our EC-PBS coaches to support our childcare providers and ensuring the successful completion of ASQ-3 and ASQ-SE2. Although this effort resembles the effort of "coaching" in Program Service 2 we chose to separate this effort into its own program service due to the nature of providing screening support rather than overall EC-PBS support with universal strategies.

It takes an average of 5-10 minutes for our childcare providers to complete one screen, this time does not include determining child's age specific assessment and making copies which would take the childcare provider out of the classroom. The majority of our EC-PBS sites are unable to provide time in the classroom for our childcare providers to remove themselves as a teacher to complete screenings creating a situation where our childcare providers are being asked to complete screenings on their own time without pay or during their lunch period. One of our EC-PBS goals is to value our childcare provider's time. Working with our EC-PBS sites we have been able to use our coaches' efforts towards creating an environment where childcare providers are able to complete screens as our EC-PBS coaches perform tasks that enhance social-emotional

development of the children. These include: conducting large/small groups or engaging during free play with the childcare provider still in the classroom. Our coaches also collect children's birthdates and provide/make copies of the age specific assessments to be completed by the providers.

Program Service 3 also represents effort from our coaches in answering questions and helping childcare providers become familiar and comfortable with the ASQ-3 and ASQ-SE2. Our coaches also provide a resource for our childcare providers in discussion of screening results. If a referral is to be made our EC-PBS coaches will work in partnership with the childcare provider to locate possible referral source as well as role play with our childcare providers of how to discuss results with parents.

With added support for our childcare providers we have noticed an increase in their confidence/competence to both successfully administer the ASQ-3 and ASQ-SE2 and successful navigation of situations in which a referral is needed. It is a goal of EC-PBS to create a sustainable environment constructed through childcare provider's confidence and competence in the child's overall social emotional wellbeing. With that being said we feel it is critical for our coaches to provide additional effort in the screening process.

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 17, 2017

The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Attn: Karen Geren, Pre-Award Manager, OSPA
Office of Sponsored Programs
115 Business Loop 70 West, Mizzou North, Room 501
Columbia, MO 65211
grantsdc@missouri.edu

RE: Written Clarification #2 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Geren:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 21, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melinda Bobbitt', is written above the typed name.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Dr. Laine Young-Walker – youngwalkerl@health.missouri.edu

Attachments: Written Clarification Form #2

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	MU (Department of Psychiatry)
Name of Program	SOAR

Program Services	
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1. Service 3 provides Social/Emotional Screenings to child care providers. The best and final offer in the Written Clarifications requests 440 units (screenings). SOAR is also providing training and coaching to child care providers to conduct social/emotional screenings.

Action Required: Provide clarification on why SOAR is requesting units for Social/Emotional Screening. There are child care providers receiving Children's Services Funds to conduct screenings as well.

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Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 3, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Mizzou North, Room 501
Columbia, Missouri 65211

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Michelle L. Leaton

Title: Assistant Pre-Award Manager, OSPA

Signature: *Michelle L. Leaton*

Date: 11/3/17

E-mail: grantsdc@missouri.edu

MU Project 00059966

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts*

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Name of Program	System of Offering Actions for Resilience (SOAR) in Early Childhood

Organization Profile	
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1. The contact information, employer, and expertise, experience, and qualifications are not provided for all the board members.
Action Required: Provide all fields for each board member on the Governing Board section in Apricot. Provide any comments and/or questions in the field below.

All bios and contact number have been updated in Apricot.

2. David Stewart does not have any information fields completed.

Action Required: Complete all the information fields for David Stewart on the Governing Board section in Apricot. Provide any comments and/or questions in the field below.

Not sure who David Stewart is under the Governing Board. Spoke to Melinda and Joanne who said to note that I did not see David Stewart under the Governing Board segment in Apricot (10/24/17).

3. The 990 needs to be updated. The tax year is listed for July 1, 2014 to June 30, 2015.

Action Required: Provide updated 990 on Apricot. Provide any comments and/or questions in the field below.

Uploaded 2017 signed version to Apricot.

Proposal Cover Sheet	
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4. Attachment B on the Proposal Cover Sheet is not the correct form.

Action Required: Provide the correct form for Attachment B with the required signatures. Provide any comments and/or questions in the field below.

Correct Attachment B should be attached to the email

Program Overview Form	
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5. The Statement of Issue Being Addressed for field a. does not provide information on the community-level issue with supporting references. The narrative only describes EC-PBS, Fussy Baby Network, and CPP Program.

Action Required: Describe and document the community-level issue to be addressed by the proposed program utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID).

The SOAR initiative aims to build and provide a holistic continuum of care through promotion of early childhood wellness, information/referral, and intervention services that promote and support healthy development in children ages 0-6 in Boone County, Missouri through all SOAR programming (EC-PBS, FAN, FBN and CPP).

Community-level issues to be addressed by Early Childhood Positive Behavior Support (EC-PBS) include: limited knowledge of early childcare providers and parents on positive behaviors strategies and social-emotional well-being of children, the identification of developmental and social/emotional delays in young children, and limited resources for early childcare providers in low income and rural areas of Boone County. These issues are noted on the Boone Indicators Dashboard (BID) <http://booneindicators.org/>, which reports that one out of ten children in Boone County are not behavioral ready for kindergarten. Boone County's Cradle to Career (2016), over the past four years fewer and fewer students have arrived at kindergarten with skill levels believe necessary for a student to benefit from ordinary classroom instruction without additional assistance. These trends make improvement to high quality prekindergarten experiences an urgent priority. EC-PBS also offers parenting classes to parents of children participating in the program. According to Boone Indicators Dashboard (BID) <http://booneindicators.org/>, one out of every four children (ages 0-5) living in the city of Columbia are living in poverty. Family income can be risk factors that impact young children's social-emotional health and development. Research suggests that up to 50 percent of the impact of income on children's development can be mediated by interventions that target parenting and childcare education. (Copper, Masi, & Vick 2009)

Community-level issues to be addressed by Fussy Baby Network (FBN) include: child abuse, family stress, parent depression, and parent infant relationship distress. In 2015 there were 11, 250 children under 5 residing in Boone County (Boone Impact Group, 2017.) One in five babies is considered fussy. Although crying is a normal part of development, it can place babies and families at risk for child abuse, family stress, parental depression, parent infant relationship distress, and developmental and behavioral problems. (Barr, Trent, & Cross, 2006; Gilkerson & Gray, 2014; Maxted et al, 2005; Papusek & Von Hofakr, 1998; Gilkerson et al, 2012) In light of the national opioid epidemic, infants are increasingly born with addiction, compounded by irritability, dysregulation, and difficulty with sleeping, feeding, calming, or other behaviors. In Missouri the rate at which babies are born addicted to opiates has increased 538% in the last 10 years (MHA, 2017). These infants require specialized interventions and supports to meet their needs. Excessive crying places children at increased risk for child abuse (Barr, Trent & Cross, 2006). In 2015, there were 53 reported incidents of emotional or physical abuse in Boone County (Boone Impact Group, 2017). In 2014, 7.1% of children in Boone County were born at low birth weight, and 8.7% were born prematurely (Boone Impact Group, 2017). These children are likely to be seen in the NICU where services will be provided. Additionally, over one third of babies born in Boone County were on WIC and nearly one-quarter were on food stamps in 2013 (MICA, 2013). These families are also considered high risk and will be targeted for FBN consultations.

Community - level issues to be addressed by Child-Parent Psychotherapy (CPP) include children and families experiencing trauma. The Boone County indicator data shows that in 2015 children under the age of 5 years experienced various forms of trauma. According to the Boone County indicators there were 1,628 incidents of domestic violence, 648 children are living in poverty, 26 substantiated cases of sexual abuse, 45 substantiated cases of physical abuse, 93 cases of substantiated neglect, 9 cases of medical neglect, 20 cases of emotional abuse and 5 cases of educational neglect. There were a total of 850 substantiated cases referred to Juvenile and Family Division for Law and Status offenses in Boone County in 2015. This data reflect a need for education and implementation of an evidenced based trauma treatment program in Boone County for children between the ages of 0-5 years of age. Child-Parent Psychotherapy program provides psychotherapy for the child-parent dyad whose relationship and child's current behaviors and functioning are being negatively impacted by some form of trauma. CPP is designed to address child trauma, heal their primary relationship, and restore the child's developmental trajectory. Studies have shown improved child attachment, security, representation of self, and a reduction in child symptoms and behaviors when provided an attachment based psychotherapy like CPP (Cicchetti, Rogosch & Toth, 2006; Toth, Maughan, Manly, Spangnola & Cicchetti, 2002)

6. The Program Overview section does not provide sufficient information on EC-PBS, Fussy Baby Network, and CPP. The overview only provides a few sentences for each program.

Action Required: Provide specific information on each program. Incorporate the information provided in the service descriptions for each program.

The overarching vision and mission of the SOAR Project is provide services and programs that will grow a nurturing community that enhances the social and emotional well-being of young children and their families, allowing them to reach their full potential through the continuum of education/prevention to intervention services. We will achieve this mission as we provide a continuum of services and supports which partner to create a collaborative system that promotes social emotional wellbeing of young children and their families.

Understanding infant mental health is key to preventing and treating problems in very young children and their families, and helps guide the development of healthy social-emotional behavior. The Erikson Institute FAN (Facilitating Attuned Interactions) model will be used to support Boone County early childhood providers in learning new methods to support and engage parents. All SOAR staff (i.e. CPP, EC-PBS and Fussy Baby Staff) will be trained in the FAN meta conceptual model. Fourteen other key community providers (i.e. Healthy Steps, First Chance for Children Home Visitors and WIC/MU Lactation consultants) will be FAN Trained. After FAN training and support from the Erikson Institute, SOAR will become a Fussy Baby Network affiliate site, working with parents and infants to address challenging infant behaviors such as crying, sleeping, and feeding through consultations and home/clinic visits.

Early Childhood Positive Behavior Support (EC-PBS) offers a unique systems approach for implementing the highly effective tier-based Positive Behavior Support (PBS) framework within a social-emotional competence context through early child care home, group and center program-wide training, team-building, behavioral consultation, universal coaching, and intervention services. Given the strong presence PBS has in school districts throughout the county, EC-PBS strengthens the preschool environment and promotes school readiness and successful transition to kindergarten. EC-PBS is expanding this approach in Boone county school districts early preschool programs with the implementation of EC-PBS in Centralia's Chance Elementary School in the fall of 2017. EC-PBS also provides parent training classes that strengthen social-emotional competence in the home environment and bridges the gap between home and childcare. The goal of EC-PBS is to provide both education and coaching to improve the ability of early childcare providers and parents in the child's natural environment to promote healthy social-emotional development, prevent and reduce challenging behaviors, foster school readiness, conduct developmental / social-emotional screenings and provide consultation for children ages 0-5 ½. EC-PBS services will take place directly at childcare sites located in Boone County. Through this program we plan to provide EC-PBS services in childcare sites located in Hallsville, Centralia, Harrisburg, Sturgeon, Ashland and Columbia.

In addition to intensive, program-wide training and weekly coaching, EC-PBS promotes early identification of developmental delays through standardized screening using the ASQ-3 and ASQ: SE2. The benefits of regular and periodic screening in early childcare and

education are myriad: early detection of delays allows for timely intervention; caregivers can use activities that strengthen a child's skills; information/activities can be shared with parents to support development in the home environment; screening data provides a common reference for parents, educators, primary care providers, and others. EC-PBS promotes the integration of screening into practice through ASQ training/re-training, ASQ kits, and referral support.

The goal of CPP, is to support and strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect leading to improving the child's cognitive, behavioral, and social functioning. Research shows that CPP is successful in assisting children in returning to their developmental trajectory and improve outcomes for parents with depression, anxiety, and responses to traumatic stress events in their lives. The SOAR CPP program comprises of program components that must be implemented according to the program fidelity model. The fidelity model consists of Assessment and Engagement Phase (Behavioral Health Assessment and Service Coordination) Core Intervention Phase (Family Therapy and Service Coordination) and Termination Phase (Family Therapy and Service Coordination). The Assessment and Engagement Phase (Behavioral Health Assessment and Service Coordination) comprises of 5-6 session that includes observation of parent-child interactions; how the child is functioning in different settings; developmental history; current symptoms; child and parent's behavioral health and trauma history and; cultural context of the family. The type of trauma experienced and the child's age or developmental status determine the structure of CPP sessions. Depending on the complexity of the family's trauma and functioning. The Core Interventions Phase (Family Therapy and Clinical Case Management) will consist of 32-52 sessions that include both the child and parent. When the parent has a history of trauma that interferes with his or her response to the child, the therapist (a master's- or doctoral-level psychologist, a master's-level social worker or counselor, or a supervised trainee) helps the parent understand how this history can affect perceptions of and interactions with the child and helps the parent interact with the child in new, developmentally appropriate ways. When needed therapist provides service coordination to connect families to existing services and supports in an effort to promote optimal family functioning. This can include but not limited to referrals/meetings to/with child development services, early childhood education, child health services, parent support, adult education and employment, family health services, adult mental health, and other concrete needs. In studies reviewed, mother-child dyads participated in weekly sessions for approximately 1 year with therapists who principally used of CPP. CPP uses behavioral strategies, play, and verbal interpretations for therapeutic change. Weekly joint parent-child sessions are interspersed with parent only sessions, depending on age of child and needs of family. Trauma can derail the parent-child relationship and CPP repairs this by helping the parent accurately translate the child's internal world and needs, and meet those needs. Interventions target changing maladaptive behaviors, support developmentally appropriate interactions, and improve caregivers coping to decrease impact of caregiver's problems on the child. CPP addresses sensorimotor disorganization and disruption of biological rhythms; fearfulness; reckless, self-endangering behavior; aggression; punitive and critical parenting; play; and the relationship with the perpetrator of violence and/or absent parent. Core Interventions (Family Therapy and Service Coordination) will be provided in the home or in the SOAR clinic depending on level of safety and family needs. The Termination Phase of Treatment is 8 weeks long to prepare the family to use skills and strategies

independently after the intervention has terminated. As mentioned above, research shows that CPP is successful in assisting children in returning to their developmental trajectory and improve outcomes for parents with depression, anxiety, and responses to traumatic stress events in their lives. (Lieberman, VanHorn, & Ippen)

7. Field a. in the Program Consumers section states that "Missouri ranks 10th out of 40 states in number of expulsion from preschool due to challenging behaviors." The statement does not provide a clear citation of the reference source.

Action Required: Provide the references source for the statement above.

According to The Can to End School Expulsion, Policy Brief, Center for Family Policy, University of Missouri, <http://hdfs.missouri.edu/cfpri/documents/briefs/expulsion.nd11>). Missouri ranks 10th out of 40 states in number of expulsion from preschool settings due to challenging behaviors.

8. The total number of unduplicated individuals in the Race Demographics section does not equal all the other demographic totals and total number of unduplicated individuals to be served.

Action Required: Complete the table below

Race	# of Individuals
White	1468
Black or African American (alone)	296
Multiple Races	100
Asian (alone)	40
Native American Indian or Alaskan Native	14
Native Hawaiian or other Pacific Islander (alone)	2
Some Other Race	5
Race Total	1925

9. The Administration personnel salary range has an error in the base salary amount.

Action Required: Provide clarification on the salary range for the Administration position.

We have eliminated the Administration position.

10. The Program Budget lacks information in the narratives for funds received from Boone County Children's Services (BCCS) and the personnel and non-personnel expenses.

Action Required: Provide sufficient information on the revenues and expenses for the program.

Personnel: The amount of funding used for personnel that includes salaries and benefits. ECPBS Personnel Costs: \$215,129.42, Fussy Baby Personnel Costs: \$137,622.89, CCP/Coaching/Organizational Training Personnel Costs: \$160,232.49, MIMH Personnel Costs: \$45,197.67 (Total \$558,182.47)

Non-Personnel: Amount of funding used for all other required aspects of the program. ECPBS Non-Personnel Costs: \$22,150.00, Fussy Baby Non-Personnel Costs: \$48,000.00, CCP/Coaching/Organizational Training Non-Personnel Costs: \$9,660.00, Combined Programs Non-Personnel Costs: \$22,200.00, MIMH Non-Personnel Costs: \$1,000.00 (Total \$103,010.00)

F&A: Total F&A for the entire grant: \$99,178.87

Program Services Form (1-5)

11. Professional Services needs to be removed as a service and the cost incorporated into the unit rates for services.

Action Required: Complete the following clarification questions and output changes that reflect these changes. Provide comments or questions in the field below.

Program Service 15 has been removed.

Service 1 – Best Practices Training

12. The service needs to be renamed to "Best Practices Training (EC-PBS)" to differentiate the different types of training offered by SOAR.

Action Required: Provide comments or questions in the field below.

We are in agreement with the name change.

- 13. The service description does not describe how SOAR will promote the trainings to child care providers.**

Action Required: The Missouri Workshop Calendar lists trainings that are available but what other efforts does SOAR make to promote trainings, especially to rural child care providers?

EC-PBS coaches will promote all EC-PBS trainings to child care providers and administrators through direct communication, emails to directors, Missouri workshop calendar, and flyers/sign-in sheets located at all childcare sites for each individual training. The communication strategies will be the same for both urban and rural child care providers.

- 14. When measuring a unit per person, there should not be more units than individuals served.**

Action Required: Provide corrected unit rate and Total # of Units of Service to be provided.

There are more units (individual child care providers trained) than total number of unduplicated individuals served due to the fact that individual childcare providers will attend several different EC-PBS trainings throughout the year. For example one childcare provider might attend all seven different trainings which would create seven total units of service for one unduplicated individual. Looking at our data and our childcare training trends from the last two years we have determined that most childcare providers attend 2-3 different trainings per year. Knowing this information we are confident with our original proposed Total # of Units of Service to be provided.

- 15. The description states that additional providers will be trained in ASQ-3 and ASQ-SE.**

Action Required: Please explain why additional trainings will be provided for ASQ-3 and ASQ-SE when the Early Childhood program and the Fussy Baby Network will utilize a different screening tool.

EC-PBS will continue to use the ASQ-3 and ASQ-SE2 as our primary developmental / social emotional screening tool in the upcoming grant cycle which creates the need for additional trainings for new and existing childcare providers. We chose to continue using both evidence based tools moving forward for two main reasons. First, we have spent the last two years training and supplying all of our EC-PBS sites with the ASQ-3 and ASQ-SE2 materials. One of our goals for EC-PBS is to create an environment/culture of consistency and sustainability within our childcare sites. Being consistent and using the same tool will both build our childcare providers confidence and competence in understanding social emotional health and the importance of early identification. Second, the SWYC which is the tool being used by Fussy Baby Network and the Early Childhood program has a "Family Questions" subpart to the tool which contains several sensitive family questions. We presented this tool to some of our EC-PBS childcare site directors as a possible addition to this grant cycle. We received feedback in which most directors were uncomfortable having this tool administered to their families because of the sensitive family questions. Due to director's responses and the already developed child care providers knowledge base we feel it is best for EC-PBS to continue using and training childcare providers in the ASQ-3 and ASQ-SE.

16. The Funding Request section states that SOAR wants to expand to three more childcare sites and preschool classrooms in Centralia. However, the Other Funders Chart shows that the current contracted number of units is 483 but the proposed number of units is 400. Also, the amount requested to BCCS is not correct.

Action Required: Complete the 'Service Change Chart' for Service 1. Provide clarification below on why there is a decrease in the number of units to be provided compared to the current contract when SOAR is wanting to expand services. Provide an updated funding request amount.

After examining our actual numbers in the 2016 Year End report of individuals trained in EC-PBS trainings we were able to detect a training trend in which most childcare providers attended between 2 and 3 trainings a year. We have proposed 160 unduplicated individuals which if multiplied by 2.5 (average number of trainings per individual) would total 400 units. Knowing this information we are confident with our original proposed Total # of Units of Service to be provided. Please see Question 14 for more clarification.

17. The seven trainings that are provided to child care providers vary in subjects. The Performance Measures section only lists one outcome and indicator for a general increased level of knowledge.

Action Required: Provide specific performance measures that could be gathered from the different trainings offered to child care providers. Provide these additional outcomes, indicators, and method of measurements in the 'Service Change Chart' for Service 1.

Additional Outcomes, indicators and methods of measurements have been added to the Service Chart for Service 1.

Service 2 – Site-Based Mentoring

18. The service was proposed as "Site-based Mentoring" but should be "Professional Coaching". There is another proposed service called Professional Coaching but is only for supervision to organization personnel. To differentiate the two services, Service 2 will be renamed to Professional Coaching (EC-PBS) and will only include EC-PBS coaching to child care providers.

Action Required: Complete the 'Service Change Chart' for Service 2 as Professional Coaching (EC-PBS).

We are in agreement with name change.

19. The unit rate for the current contract is \$33.74 but the proposed unit rate has increased to \$35.08. The Funding Request section explains that services will expand to additional sites but does not explain the increased funding rate.

Action Required: Please provide your best and final offer in the 'Service Change Chart' for Service 2.

The proposed unit rate has been updated in "Service Change Chart" for Service 2. Our rate unit has increased slightly from our current contract in order to support additional staff which will allow us to expand to three additional sites.

20. The Funding Request amount is not correct for Service 2.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Service 2 that reflects output changes.

The proposed Funding Request amount has been updated in "Service Change Chart" for Service 2.

21. The proposal lacked information on the method of measurements.

Action Required: Provide more information below on the PreSET and SDQ tools.

The Preschool-wide Evaluation Tool (Pre-SET) is an adaptation of an assessment tool called the School-wide Evaluation Tool (SET) used in K-12 educational settings to measure critical features of school-wide positive behavior support (Horner, Benedict, & Todd, 2005). Due to the distinct differences between K-12 and early childhood educational settings, the Pre-SET was developed to assess and evaluate the implementation status of program-wide positive behavior support in early childhood settings. Items included on the Pre-SET were informed by current research on program wide positive behavior support (PBS) in early childhood settings and developmentally appropriate practice. The Pre-SET assesses classroom and program-wide variables across 9 key sub scales: 1. Expectations Defined 2. Behavioral Expectations Taught 3. Appropriate Behavior Acknowledged 4. Organized and Predictable Environment 5. Additional Supports 6. Family Involvement 7. Monitoring & Decision-Making 8. Management 9. Program & District-Wide Support. The University of Oregon Internal Review Board has approved the Pre-SET as a research tool. Current research on the reliability and validity of the Pre-SET has demonstrated high interrater reliability (96.88%). An assessment of content validity was conducted, revealing a strong, positive response to the utility and appropriateness of the Pre-SET to measure program-wide positive behavior support features in early childhood settings. Ongoing data in preschool classrooms are being collected to further validate the Pre-SET.

The Strengths and Difficulties Questionnaire (SDQ) is a relatively short instrument developed to screen for emotional and behavioral problems in children. The SDQ is a 25-item questionnaire with three response categories from zero to two (not true, somewhat true, and

certainly true). Of all 25 items, 15 are negatively phrased and 10 are positively phrased. The questionnaire has five subscales of five items each: emotional problems, conduct problems, hyperactivity/inattention problems, peer problems, and prosocial behavior. The sum of the first four subscales provides a total difficulties score; a high score being less favorable. The prosocial scale provides information on protective factors of the child; a low score is less favorable.

Service 3 - Social/Emotional Screening

22. The Outputs section will need to be redone with a unit measure of “one screening”. This will change the unit rate and total number of units to be provided. The cost of each screening and the time to administer and analyze the results should be included in the unit rate. The cost of coaching child care providers to use the ASQs should not be included in Service 3.

Action Required: Complete the ‘Service Change Chart’ for Service 3. Provide information on how the updated outputs were determined. Please provide your best and final offer.

The unit measure of “one screening”, the proposed unit rate and total number of units to be provided have been updated in “Service Change Chart” for Service 3. The updated outputs were determined by the number of children in EC-PBS childcare sites between 2 months and 5 ½ years of age that will have a completed ASQ3 and/or ASQSE-2 throughout the year.

23. The Funding Request amount will need to be updated for Service 3.

Action Required: Provide an updated Funding Request amount in the ‘Service Change Chart’ for Service 3 that reflects output changes.

The Funding Request amount has been updated in “Service Change Chart” for Service 3.

Service 4 – Parent Skills Training

24. The number of units to be provided is high compared to current utilization.

Action Required: Propose an amount that is more reflective of current utilization.

After examination we have decreased our number of “units of service to be provided” to better reflect total number of parents trained.

25. The unit rate for the current contract is \$53.33 but the proposed unit rate has increased to \$57.05. The Funding Request section explains that services will expand to additional sites but does not explain the increased funding rate.

Action Required: Please provide your best and final offer in the 'Service Change Chart' for Service 4.

The proposed unit rate has been decreased to \$54.46. This number reflects a slight increase from our current contract due to extra expenses in childcare and food cost. Our initial proposal did not take into account parents attending trainings would need to bring all of their children not just children attending our EC-PBS sites. Our initial unit rate only captured food cost and childcare expenses for children participating in the EC-PBS program and not their siblings. In order for successful parent participation we need to increase funding in order to provide food and child care providers for all children.

26. The Funding Request amount will need to be updated for Service 4.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Service 4 that reflects output changes. Please provide your best and final offer in the 'Service Change Chart' for Service 4.

The Funding Request amount has been updated in "Service Change Chart" for Service 4.

27. The Performance Measures lack outcomes and indicators that show an increase of knowledge in parents following the parent events. This could be measured with the pre-post tests that are already being administered.

Action Required: Provide additional outcomes, indicators, and method of measurements in the 'Service Change Chart' for Service 4.

Additional Outcomes, indicators and methods of measurements have been added to the Service Chart for Service 4.

Service 5 – Public Awareness/Education

28. The Performance Measures provides multiple outcomes, indicators, and method of measurements; however, the service description lacks information on how activities mentioned in the performance measures will be implemented in the events.

Action Required: Provide more information on the Public Awareness/Education on how information mentioned in the Performance Measures will be incorporated.

We will continue to build on our successes in creating awareness in the community while shifting our focus to issues directly related to infant & toddler mental health, including sleep, eating, development, parental postpartum mental health, etc.

SOAR will continue to work to raise awareness about the importance of children's social emotional health and that positive mental health is essential to a child's healthy development from birth. This will be accomplished through the provision of Early Childhood Networking Nights/parenting presentations in collaboration with the Columbia Public Library and Hallsville and Harrisburg PAT programs. Parent and provider led topics for support and education such as sleep, anxiety, temperament, discipline, etc. will be the focus. Further, parent support groups will be offered through WIC, True North and the NICU to decrease parental isolation, build social and community supports and increase parenting confidence. FBN resources will be provided to the community to universally support parents of excessively crying or irritable babies. As crying is the number one reported trigger leading to cases of Shaken Baby/Abusive Head Trauma providing information and connection to support can have the potential not only improve the parent-infant relationship but to reduce the risk for child abuse. During these events surveys will be administered to measure knowledge, awareness of screening tools, and satisfaction. We will have printed material available during all the events about SOAR programs.

Awareness messaging will be available in print, through the SOAR website and via social-media. SOAR will also promote and participate in a variety of Boone County public events to promote understanding and awareness of children's social-emotional health, provide resources, and to build awareness of SOAR programs (i.e. FBN, CPP, and ECNN's). EC-PBS material will not be provided as it is for a targeted audience not the general public. Information will also be available about the BC ECC Triple P Campaign at all SOAR events.

- 29. The Performance Measures section mentions FAN and the Fussy Baby Network (FBN) frequently but no other programs of SOAR. Action Required: Provide clarification on whether this service is primarily tied to FAN and/or FBN.**

Public awareness and education focusing on children's social emotional development applies to all components of SOAR (FAN, FBN, CPP, and EC-PBS) and is the basis of early childhood mental health prevention. Through presentations, social media, printed materials, and the website, support and education related to social-emotional development will be provided to parents for all our programs.

As a new program, Fussy Baby services will also be promoted to the community via these avenues. Messaging will focus on the fact that "All babies cry, but there is help if you have concerns about your infant's behavior."

30. The service description mentions parent support groups offered through WIC, Harbor House, and the NICU but is unclear whether support groups operate as a service of SOAR or these other organizations.

Action Required: Provide clarification whether SOAR organizes and provides the parent support groups. If the parent support groups are a service operated by SOAR, then this should be listed as a separate service.

Through existing partnerships with community agencies SOAR will organize and lead parental support groups. The goals of these group will be to reduce isolation, provide education as to what to expect from a typically developing baby, and promote increased community support. Specifically, it is one of our goals to be able to provide support to NICU parents while their child is in the NICU, during the transition home and/or once the baby is home. These families are at higher risk as NICU babies are more likely to be fussy and a stay in the NICU can be overwhelming and emotional for parents.

31. The Outputs section is confusing based on the unit measure, number of units to be provided, and number of unduplicated individuals to be served.

Action Required: Provide clarification on how the outputs were determined.

- a. **Are the number of units to be provided reflective of the number of hours staff spend facilitating Public Awareness/Education or is it represent the number of individuals that will receive information?**

The total number of units to be provided are reflective of the number of hours that staff will spend in the community facilitating networking nights, presentations and participating in community events to increase awareness of social emotional development and SOAR programming services.

- b. **How was the unit rate established? The narrative in the proposal does not explain costs involved in facilitating this service.**

The Unit rate was based upon expenses associated with facilitating parenting presentations, community events and networking nights for 1000 individuals. This unit rate was also based upon expenses associated with public awareness through printed materials, website, etc. to reach 2000 individuals.

- c. **How will the total number of unduplicated individuals be tracked?**

Sign-in sheets, printed material log and portfolio

32. The funding request amount seems high and was not correct. Justification for the requested level of funding was not provided. There also seems to be overlap with the Boone County Early Childhood Coalition (BCECC) Public Awareness Campaigns.

Action Required: Please provide your best and final offer in the 'Service Change Chart' for Service 5. Provide justification for the requested level of funding in the field below.

The funding request has been adjusted and updated in Service Change Chart 5. The BC ECC Triple P Stay Positive campaign (level 1) is a communications strategy designed to reach a broad cross section of the population with positive parenting information and messages. SOAR's networking nights/presentations focus on topics to support children's social-emotional development (i.e. sleeping, anxiety, grief, etc.) and address parental social isolation which is an unfortunate trend in modern parenting. Today's parents are raising their children without the help of a "village" and that extra burden is taking a toll on them both physically and emotionally. We heard this theme echoed from the parents that participated in our focus groups in 2016. Our Networking Nights/presentations serve the dual purpose of providing education on specific topics and creating a space for parents to come together and feel supported by and connected to each other.

Program Services Form (6-10)	
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Service 6 – Organizational Capacity Building

33. The service name should be renamed Evidence-Based Practice Training (SOAR Team FAN Trainings) to differentiate between FAN and CPP trainings.

Action Required: Provide comments or questions in the field below.

We are in agreement with the name change.

34. The service description for the FAN trainings does not provide information on where the trainings take place.

Action Required: Provide clarification whether there are travel costs involved for all SOAR personnel to be trained.

FAN Trainings will be held in Boone County. Two fussy baby trainers from the Erikson Institute will travel to Columbia to provide training.

35. The Outputs section will need to be redone.

a. The total number of units to be provided should reflect the unit measure, which is 1 person.

b. The unit rate needs to reflect the total cost for one individual to be trained in FAN.

Action Required: Provide the corrected outputs on the 'Service Change Chart'. Please provide your best and final offer. Provide information on how the cost per staff member was determined in the field below.

The unit measure and unit rate have been corrected and updated on Service Change Chart 6. The cost of the FAN Level I core training followed by 5 months of monthly mentoring and a final Day 3 FAN training for 25 participants is contractually set through the Erikson Institute. This budget includes two days of curriculum development and training planning @ \$4,000, 2.5 days of Level I FAN Training for 25 staff and supervisors @ \$20,000, participant binders and training materials @ \$1,250, travel and expenses for Fussy Baby trainers (@ \$1,000 per trainer per trip x 2 trainers), 5 months of monthly mentoring for supervisors @ \$2,500, a final day of FAN training for supervisors and staff @ \$4,000, travel and expenses for fussy baby trainer @ \$1,000 and food for 25 provider's x 3 days of training @ \$500.00.

36. The cost per individual to be trained in FAN is expensive. The individuals who are identified to be trained already use evidence-based practices with families. Will this training replace provider's' existing practices? In addition, MU Pediatrics will be trained in Triple P through the BCECC and FACE has access to training through its contract.

Action Required: Please explain how this service is not duplicative of other trainings and how the training will be implemented through other providers when they already have a model of practice they need to adhere to.

The budget has been reduced and this training will not replace provider's existing practices. The FAN is meta-conceptual framework and a practical tool for attuned communication and reflective practice. It is not model specific and has been shown to help providers already utilizing evidence-based models (e.g., Healthy Families America and Parents as Teachers) to increase their reflective capacity and decrease burnout. The FAN conceptual model does not replace the existing evidence based practices of providers, instead it enhances the infant mental health practices of providers who currently work with parents and young children, even professionals that do not have any background in infant mental health (i.e. lactation consultants). The FAN tool helps providers address parental concerns, create attunement, and promotes greater family engagement. Professionals trained in the FAN rate themselves significantly higher in their capacity to read parent's cues for engagement and to maintain a focus on the parent's agenda. The FAN also helps professionals stay calmer in distressing situations and engage more effectively. The FAN provides a foundation for trauma-informed practice; strengthening the capacity to provide empathic listening, to share control, and to stay calm and regulated, three components of practice crucial to trauma informed support.

The invitation for FACE staff to attend FAN training was considered due to parents likely seeking services when they may be emotionally in distress. The FAN, as a framework for attunement to parents' current state, needs, and concerns, would likely enhance their clinical effectiveness. Recruitment for FAN training will be largely on those providers whose work is infant-family focused. The Erikson Institute has implemented FAN training for all 6,000 Healthy Families America (HFA) home visitors nationally in 2017. They are expanding training throughout the nation to Early Head Start and Parents as Teachers. FAN training will be extended to these same Boone County agencies. It is possible that providers trained in Triple P may also participate in FAN training. This is not duplicative as Triple P is a parenting program and the FAN is a conceptual tool to enhance infant family work, not a specific intervention.

37. The funding request amount seems high and needs to be updated. Justification for the requested level of funding was not provided.

Action Required: Please provide your best and final offer in the 'Service Change Chart' for Service 6. Provide justification for the requested level of funding in the field below.

The funding request has been reduced and updated on Service Change Chart 6. The prior plan had been to purchase the FAN Train the Trainer Curriculum and train an additional 2 cohorts of 50 providers with support and mentoring by the Erikson Institute. Program Service #7 has been eliminated to reflect that only FAN Level I Training (3.5 days total) will be done this year with 25 providers trained (i.e. SOAR staff and 14 other Boone County professionals). FAN training is necessary for us to become a Fussy Baby Network affiliate site. The initial costs to receive the FAN training are higher but will considerably improve the skills and reflective capacity of all SOAR programs (i.e. CPP, EC-PBS and FBN). Our focus in year one will be on training, integrating the FAN into practice and increasing parental and provider awareness of our services.

Service 7 – Best Practices Training

This program service has been moved to year 2.

In year 2, our plans will be to train and support 2 cohorts of 25 providers in FAN through a Train the Trainer model.

38. The service needs to be renamed "Evidence-Based Practice Training (Provider FAN Training)" to differentiate between the training offered through Service 1. The service description lacked information on coordination of providing FAN trainings and follow-up with providers.

Action Required: Provide more information on the FAN trainings to early childhood providers.

Although this program service has been moved to year 2, the description of the Level I core training, level II Facilitated practice and Day three follow up training is accurate and will still be provided through program service #6. The level I Core training is a two day training on the FAN theory of change, core processes and ARC, and attunement process with families. Supervisors receive an additional half day of training to prepare them to support their staff as they use the approach in their daily practice. Level II Facilitated Practice: Early

childhood providers practice using the FAN approach with two families for five months and complete a monthly FAN Learning Tool on each family. They process these tools with their supervisor during reflective supervision. The Erikson Institute provides mentoring for five months receiving individual and group mentoring by phone. Day Three Follow-Up Training: The cohort reconvenes after five months of practice to consolidate their FAN learning, receive additional training and to develop strategies to sustain the approach in each program. FAN Train-the-Trainer Program: Two SOAR staff will be trained in the FAN Train-the-Trainer curriculum and will lead two level I core trainings with mentoring from the FAN Master training. Trainer candidates will provide Level II supervisor mentoring over the phone for 5 months with support from the FAN Master Trainer.

39. Another proposed service is focused on providing extensive supervision to SOAR staff to comply with the FAN model. The service description for Service 7 does not provide information on whether the providers receiving FAN training need supervision to implement the FAN model.

Action Required: Provide information on follow-up requirements with FAN trained providers. Does the FAN model require supervision for trained professionals?

This is also part of the Level I FAN Training described in program service #6. The goal of FAN training is to embed the model into ongoing practice. Thus, the supervisor is an important part of learning the FAN and maintaining it in the program. The FAN model requires that the supervisor participate in the Level I two day training and a half-day supervisor training to prepare to provide the staff with support during the 6 month Level II Facilitated Practice period. During Level II, the staff complete 8 reflective tools and review them with their supervisor in at least 5 supervision sessions. The FAN trainer mentors the supervisor during this period. The full team then participates in the day three. After the third day, the goal is for each member and the team as a whole to use the FAN in their work. Technically, the practitioner can use the FAN without supervision after completing Level I and Level II training. In programs where the supervisor reinforces the use of the FAN in supervision and in team meetings, the staffs have more success in sustaining the model. The supervisor can reinforce the FAN in different ways, including using the FAN concepts when discussing cases, having the FAN out during supervision sessions and referring to it, using the FAN as framework for team discussions. As part of the training, each team develops its own sustainability plan which guides the team and the supervisor. For individuals who are trained and do not work in a team, it is encouraged for them to meet with others who are FAN trained in a Community of Practice to sustain and deepen their practice. Who mentors individuals who do not work on a team would be discussed before the training begins.

40. The Outputs need to be redone.

- a. The unit measure should be “one individual”.
- b. The units of service to be provided need to reflect the changed unit measure.
- c. The justification on the unit rate is not sufficient. How was the proposed unit rate determined?

Action Required: Provide the corrected outputs on the ‘Service Change Chart’. Please provide your best and final offer. Provide information on how the updated outputs determined in the field below.

This program service has been eliminated.

41. The Funding Request amount needs to be updated for Service 7. Justification for the requested level of funding was not provided.

Action Required: Provide an updated Funding Request amount in the ‘Service Change Chart’ for Service 7 that reflects output changes. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

This program service has been eliminated.

Service 8 – Postpartum Care

42. The service needs to be renamed to “Family Education”.

Action Required: Complete the ‘Service Change Chart’ for Service 8. Provide comments or questions in the field below.

We are in agreement with the name change and have made the change in Service Change Chart 8.

43. The service description lists multiple services that are provided through the FBN but does not provide sufficient information on each activity.

Action Required: Provide more information on the home visits, clinic visits, screenings, etc. that are mentioned in the service description.

Parents can call or email to receive FB support. Calls will be answered during regular office hours, 9-5 Monday-Friday. Messages left on the weekends will be returned within 48 hours. In contrast to ParentLink warmline, the FBN hotline will be used as a point of contact for new FB families, not for parenting support via phone. It is also not designed to be a crisis line.

The home visits are provided within a short period of time (week) after a parent calls the Fussy Baby Program. Together, the parent and the Fussy Baby Specialist decide the length and intensity of service. For some families, it may be one home visit and multiple phone

contacts. For others it might be more home visits or all phone support. The visits are guided by the parent's urgent concerns and use the FAN framework as a guide. The visits are structured around the ARC of Engagement which involves the use of the same reflective questions at the beginning, middle, and end of each visit. This structure provides a sense of security and predictability at a time in a family's life when, as one father said, "We are in a spin cycle."

The Fussy Baby Program is a brief intervention, typically involving from 1 -6 contacts. It differs from longer-term home visiting programs in the rapidity of the response and in the degree of control that the parents have in shaping the intervention. It is also unique in that it focuses on the crying, sleeping, and feeding concerns in the context of the parent/child relationship. It is universally available and does not require that families present with risk factors or that the child be referred from another provider.

Each family will have a FBN Specialist who will serve as the primary service provider. Visits will be offered at home or through the SOAR clinic. Most families average 4 visits with an average visit taking one to two hours. The length and intensity of services are defined collaboratively with the parent.

The SWYC will be used at intake for identification of pre-existing and emerging needs of the parent and child.

Research on this model shows that families receiving FBN services compared to families with infants who cry as much (as assessed by cry diaries) but who don't seek help reported greater decrease in infant crying over time than the families not receiving the intervention. In addition there was a greater impact on parenting efficacy—parenting self-confidence—separate from the decrease in crying, Parents felt stronger and more able in their parenting.

44. The services being described sound duplicative of other programs currently available in the community and/or contracted through the County (i.e. Healthy Steps, Parents as Teachers, etc.).

Action Required: Provide justification that the Fussy Baby Network is not a duplication of services in the community.

The FAN approach is a national model for family engagement and reflective practice that has been adapted to a variety of settings serving young children ranging from early childhood mental health consultation, pediatrician training and home visiting programs. The FAN conceptual model enhances practices of programs such as Parents as Teachers and Healthy Families America. While our community offers many incredible home visiting programs, we believe Fussy Baby offers to fill a gap that exists. Fussy Baby differs from other programs in a few important ways:

First, our families would all be self-referred, with the only requirement being that they believe their baby is fussy. We believe this will catch many families that may otherwise fall through the cracks because they do not have other risk factors, and there is nothing “wrong” with their baby. We know, however, that fussiness is a risk factor for both postpartum depression and child abuse, both of which we aim to prevent.

Another big difference in Fussy Baby versus other home visiting programs is that it is a brief, yet intensive intervention. Families that work with us will not see us long-term, but while they are in our program we can provide them continuous support, which will help get them through this tough time.

Lastly, while we will be available to the general public, our collaborative relationships with True North, and Children’s Division and the NICU will allow us to reach at-risk families that otherwise may have not been connected with the resources our community has to offer.

The overlap may be greatest with the Healthy Steps for Young Children program. Often, Healthy Steps Specialists are not able to make the kinds of home visiting support that is possible through the Fussy Baby Network. FBN Specialists work hand in hand with Healthy Steps specialists to provide a continuum of support. An introduction to the FAN has been incorporated into the Healthy Steps for Young Children national training curriculum as of 2015 and is seen as a value-added for the training of Healthy Steps specialists. Including MU Pediatrics Healthy Steps for Young Children in intensive FAN training will greatly benefit their program.

45. The description states, “Joint home visits will be offered to clients of existing home visiting programs”. What additional services will SOAR provide that other programs are not offering through home visits? What other organizations will SOAR partner with to provide joint home visits? Action Required: Provide clarification in the field below.

The team of Fussy Baby Network Specialists will be available to support our home visiting agencies (i.e. Parents as Teachers, First Chance for Children, Healthy Families America). The joint home visits will be offered to agencies where they experience families that are experiencing extreme challenges with infant mental health. It is likely that many parents who seek Fussy Baby Network services may be a part of an existing home visiting program. While our goal will be to train as many Boone County home visitors in the FAN, many providers will still struggle with difficult infants and families. The FBN will be a resource that agencies can utilize to support challenging cases. This joint model is being utilized successfully by Parents as Teachers and the Erikson Institute Fussy Baby program in Chicago. FBN team would also work towards linking families who would benefit from ongoing services to an appropriate home visiting agency. When the family has already formed a trusting relationship with one provider, the referral often work best when facilitated through a “warm hand off”. The FB team would utilize joint visits with other agencies to accomplish this referral.

46. The service description mentions offering consultations with WIC, Harbor House, and Children's Division but does not explain what services are being provided.

Action Required: Provide clarification in the field below.

SOAR has existing community partnerships with WIC (once monthly) and True North (twice a month) to provide consultation with parents. It is important for SOAR to maintain these relationships with the understanding that parents are supported and served where they seek services. Expecting parents struggling with their infants' sleeping, feeding, and crying so establishing links with a new agency may be difficult. SOAR will educate parents on typical infant behaviors and when and where to seek support in the community (including FACE, Fussy Baby Network, Child Parent Psychotherapy, home-visiting programs, parent groups, etc.) An evidence-based framework will be utilized in this work with models addressing infants and toddlers currently under review. The FAN will be used as the conceptual framework for addressing parental concerns, facilitating attunement and building parental capacity.

SOAR currently offers home visits to children in state custody (0-6) to determine developmental and social emotional needs and provide recommendations. Fussy Baby Network home visits will be extended to Children's Division foster families who have infants placed in their homes. The recent rise in substance addicted infants and the challenges that these infants face supports the need for foster families to be provided additional supports. A new partnership with the NICU will be established through this program. We will provide support to NICU parents while their child is in the NICU, during the transition home and/or once the baby is home.

47. The justification on the unit rate is not sufficient. How was the proposed unit rate determined?

Action Required: Provide information on how the unit rate was determined since it's not tied to a public rate.

The unit rate was determined to reflect 4 trained Fussy Baby Infant Specialists performing the components of consultations, screenings, clinic and home visits.

48. The Funding Request amount is not correct for Service 8. Justification for the requested level of funding was not provided.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Service 8. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

Funding request has been updated in Service Change Chart 8.

49. The Performance Measures section refers to the Survey of Well Being of the Young Child (SWYC) but does not provide information on the screening tool.

Action Required: Provide information on the SWYC and whether this is an evidence-based tool.

The Survey of Well Being of Young Children (SWYC) is a free, parent-report screening instrument for children under five years of age. The SWYC was developed to provide first-level screening for a wide range of developmental-behavioral domains in a single instrument: cognitive, language, motor milestones, social-emotional/behavioral functioning, as well as autism and family risk factors. The entire instrument requires 15 minutes to complete and is easy to score and interpret.

There is an age-specific SWYC form for each age on the pediatric periodicity schedule up to five years of age (2, 4, 6, 9, 12, 15, 18, 24, 30, 36, 48, and 60 months). Each of these 12 forms consists of questions appropriate for children in its designated age range.

The SWYC/MA is a modified version of the SWYC tool that incorporates the Edinburgh Postnatal Depression Scale (EPDS), a validated 10-item questionnaire to identify postpartum depression.

Initial validation studies of the survey have been completed and larger scale studies are underway. It has not attained evidence-based status at this time but is considered a promising practice.

Service 9 – Behavioral Health Screening

After our meeting it was decided to eliminate this program for cost efficiency measures.

50. The service description states that the Behavioral Health Screening is conducted to screen for eligibility and part of the intake process. The service output section indicates it takes an average of 15.6 hours to complete each screening.

Action Required: Please provide additional information regarding the amount of time it takes to complete a screening.

After our meeting it was decided to eliminate this program for cost efficiency measures.

51. The Outputs need to be redone with a unit measure of "one screening. Since the screening is completed to determine eligibility, the number of units should equal the number of unduplicated individuals receiving the screening. The unit measure includes conducting and analyzing the results.

Action Required: Provide updated outputs in the 'Service Change Chart' for Service 9. Provide information on how the unit rate was determined with specific information on the public funding source utilized. Please provide your best and final offer.

After our meeting it was decided to eliminate this program for cost efficiency measures.

52. The Funding Request amount needs to be updated for Service 9. The justification in the proposal was not sufficient.

Action Required: Complete the 'Service Change Chart' with your best and final offer. Provide sufficient justification on the funding request amount.

After our meeting it was decided to eliminate this program for cost efficiency measures.

Service 10 – Family Therapy

53. The Funding Request amount is not correct for Service 10. Justification for the requested level of funding was not provided.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Family Therapy that reflects output changes. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

Please see Service Change Chart 10. This rate is based on the aggregate of clinical staff salaries to provide appropriate level of care.

54. The Service Fee section states that CPP requires 32-52 sessions and is not reimbursable by insurance or Medicaid or private insurance.

Action Required: Provide an update on getting CPP approved for Medicaid. Also explain whether any portion of the hours are billable to Medicaid or private insurance.

Conversations with the State Committee that bundles evidenced based practices (EBP) for reimbursement have occurred. Our discussion explored strengths/assets and challenges to getting CPP approved for Medicaid reimbursement. Strengths/assets identified: 1. CPP is the only evidenced based practice for children ages 0-2 years. 2. Research strongly supports the effectiveness of therapy for the children ages 0-5 years. Challenges identified: 1. Bundling of specific services of an EBP must already approved by Medicaid. 2. Identification of CPT codes for services for the 0-2 years population. CPT Codes currently exist for the 3-5 years range to support the bundling for CPP. 3. Policy states one cannot bill Medicaid only. All insurances must be billed. Below is the status of CPP services covered by Medicaid:

ASSESSMENT: CPT: 90791.

All children: Up to 3 hours per year. One unit = 30 minutes face to face with child/caregiver. Child must be present 75% of the session in order to bill. Child can be seen alone or with caregiver. Therapy Precertification Limits: Adjustment Disorder or nonspecific diagnosis: maximum of 10 hours of therapy a year. Specific Diagnoses—Maximum number of hours per 6 months: New clients 3 yrs. and older get 4 hours of therapy before a precertification is needed. Note: Maximum 1 unit of family therapy (50 minutes) billed per day, 5 hours per month

Maximum 1 unit of 90834 (45 minute individual therapy) billed per day, 5 units per month

MO HealthNet reimbursement rates:

Assessment = 60 minutes, Individual Therapy = 45 minutes, Family Therapy = 50 minutes

Child Not in State Custody

	Individual	Family	Family w/o Patient	
Under 3	0	10	5	
3 y/o	5	10	5	
4 y/o	10	10	5	
5 – 6 y/o	10	20	5	

Child in State Custody

	Individual	Family	Family w/o Patient	
Under 3	0	25	5	
3 y/o	10	20	5	
4 y/o	20	20	5	
5 – 6 y/o	20	20	5	

Because of the strengths/assets and challenges mentioned above we propose the following action plan.

Action Plan – Approving CPP for Medicaid Reimbursement and Private Insurances

Within the first quarter of the year the program will reach out to the State Medicaid committee to collaborate on the identification of CPT Codes for the 0-2 yr. population. At the end of the second quarter the program will provide a full report on coverage of CPP services by Medicaid and private insurances.

Program Services Form (11-15)**Service 11 – Clinical Case Management**

55. The service description for Clinical Case Management indicates the service is Service Coordination.

Action Required: Please refer to the Taxonomy of Services Case management definition and provide more information on the support the clinician provides clients.

We are in agreement with the name change to Service Coordination. The activities that the clinician will provide to support the optimal functioning of both the child and caregiver in treatment include communication, information sharing, and collaboration with other staff serving the child/parent/caregiver relationship within and/or between agencies in the community such as FACE or Children's Division. Activities in this program service are used to reduce barriers, establish linkages, reduce unmet needs, improve access to resources, promote self-management skills and enhance communication among provider/family and community partners.

56. The justification on how the unit rate was determined does not specify the source that was utilized.

Action Required: Provide specific information on how the unit rate was determined.

Unit rate is based on aggregated of salary and fringe of clinicians to provide the service.

57. The Funding Request amount is not correct for Service 11. Justification for the requested level of funding was not provided.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Clinical Case Management that reflects output changes. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

The proposed Funding Request amount has been updated in "Service Change Chart" for Service 11. The funding request was based upon clinician providing a professional service.

58. The Performance Measures lack sufficient outcomes, indicators, and method of measurements for Clinical Case Management.

Action Required: Provide additional outcomes, indicators, and method of measurements for in the 'Service Change Chart'. Provide comments or questions in the field below. Completed see 'Service Change Chart'.

Additional Outcomes, indicators and methods of measurements have been added to the Service Chart for Service 11.

Service 12 – Professional Coaching

59. The service name will need to change to "Professional Coaching (SOAR Supervision)" to differentiate between the Professional Coaching provided to child care providers.

Action Required: Provide any comments or questions in the field below.

We are in agreement with the name change but feel that it needs to state Reflective Supervision in the title to differentiate it from program supervision which has been integrated in the respective program services. We have added the word Reflective to the title so it now reads (SOAR Reflective Supervision).

60 .The number of units to be provided for Professional Coaching is extremely high. The average number of units to be provided for 14 staff members is 180 hours of supervision.

Action Required: Provide specific information on the number of hours of supervision required for EC-PBS, FBN, FAN, and CPP.

Understanding ourselves and our part in relationships is a fundamental aspect of infant and early childhood mental health and necessary to establish genuine and supportive relationships. Reflective Supervision is a requirement in the implementation of FBN and CPP fidelity models; it consist of one hour of group reflective supervision and individual reflective supervision each week for five CPP Clinicians and one hour of individual reflective supervision each week for four FBN Specialists and one hour weekly group reflective supervision for five EC-PBS coaches to provide the opportunity for best practice to be successful when delivering services surrounding both education/coaching and improves the ability of early childcare providers and parents in the child's natural environment.

61. The Funding Request amount is not correct for Service 12. Justification for the requested level of funding was not provided.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Professional Coaching (SOAR Supervision) that reflects output changes. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

Funding request has been updated and adjusted in Service Chart 12. Professional coaching (SOAR Reflective supervision) is a required professional component of early childhood mental health consultation (EC-PBS, CPP and for Fussy Baby Network work). It is critical for early childhood mental health providers to be able to sustain attunement to the child, parent and parent child relationships. Reflective supervision is considered best practice and a fundamental aspect of infant mental health services.

62. The Performance Measures lack outcomes and indicators supporting the benefit of this level of supervision.

Action Required: Provide additional outcomes, indicators, and method of measurements in the 'Service Change Chart' demonstrating the benefits of supervision. Provide any comments or questions in the field below.

Additional Outcomes, indicators and methods of measurements have been added to the Service Chart for Service 11.

Service 13 – Organizational Capacity Training

63. The service should be renamed to Best Practices Training (CPP Trainings) to differentiate between CPP and FAN.

Action Required: Provide any comments or questions in the field below.

We are in agreement with the name change but feel that it needs to state Best Practices Training (SOAR Team Trainings) in the title because this program service incorporates professional development training for all SOAR staff. We have replaced CPP with SOAR in the title so it reads (SOAR Team Trainings).

64. The outputs need to be redone.

Anthem unit measure should be "one individual".

The unit measure has been renamed to "one individual."

b. The service descriptions includes the FAN training for CPP clinicians, however, the service description for Service 7 already included all SOAR staff. The number of units seems high for CPP related trainings for 12 personnel. Make sure units for FAN training are not included in this service.

All 10 SOAR staff (EC-PBS, FBN and CPP) will receive FAN training and are accounted for in Program Service #6.

c. The service does not provide information on specific personnel that are included in the 12 individuals.

All 10 SOAR staff will participate in professional development.

Action Required: Please provide your best and final offer in the 'Service Change Chart' for this service. Provide information on the 12 personnel that will receive CPP related trainings.

65. The Funding Request amount is not correct for Service 12. Justification for the requested level of funding was not provided.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' that reflects output changes. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

Four CPP Clinicians will receive continued training that supports implementation of Child-Parent Psychotherapy, Three Fussy Baby Specialist will receive continued training that supports implementation of Fussy Baby Network, and Three EC-PBS coaches will receive continued training that supports implementation of social emotional health and regulation strategies for childcare providers and parents.

66. Additional indicator (13-3) does not provide a measurable indicator (i.e. percentage).

Action Required: Rewrite Additional Indicator (13-3) so that it can be measured. Provide the correction in the 'Service Change Chart'.

Indicators have been updated in Service Chart for Service 13.

Service 14 – Behavioral Health Assessment

67. The service description does not provide information on the assessment that will be conducted and which program that utilizes it.

Action Required: Provide clarification on the assessment being provided and for which SOAR program.

Service description information has been updated in the Service Change Chart 14.

68. The Outputs section will need to be redone with a unit measure of "one assessment". This will change the unit rate and total number of units to be provided. The cost of each assessment and the time to administer and analyze the results should be included in the unit rate. The proposed number of units to provide the assessments was high. The average number of units per individual was close to 40 hours.

Action Required: Complete the 'Service Change Chart' for Behavioral Health Assessment. Provide information on how he updated outputs were determined. Please provide your best and final offer.

The unit of measure has been updated to "one assessment." According to the CPP Assessment Fidelity Model, in order to determine if the child/parent dyad are appropriate for CPP or a referral to another form of treatment they are required to complete a series of five sessions. In session 1, the child's trauma is assessed through use of parental interview, the administering of the YCPC and TESI instruments. In session 2, the child's development and relationships are assessed with the use of the ASQ3/ASQS, (if not previous administered in the past 6 months), Internal Working Model of the Child and Angels in the Nursery Interviews. In session 3, the caregiver's trauma is assessed through the use of interview, the administering of the PCL-5 and CERDD. The fourth session the parent-child relationship is assessed through the use of parent-child relational protocol such as the Crowell. The fifth session is referred to as the Feedback session which is a required fidelity protocol to review with the parent and child findings from the tools utilized in previous sessions and to discuss and determine if CPP is appropriate or if a referral to another form of treatment is necessary. If CPP is deemed appropriate, the behavioral assessment is finalized and an individualized plan for the treatment is formulated for the child-parent dyad.

69. The justification on how the unit rate was determined does not specify the source that was utilized.

Action Required: Provide specific information on how the unit rate was determined.

Please see question above for detailed description of effort to complete the Assessment. The series of consists of five 1.5 hr. sessions. Twenty assessments will be completed in the first year of the project to serve 40 unduplicated individuals.

70. The Funding Request amount is not correct for Service 14.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Behavioral Health Assessment that reflects output changes.

The Funding Request amount has been updated in "Service Change Chart" for Service 14. . Cost was based on amount of effort of clinician for a professional service.

71. The Performance Measures need to be written to reflect the service provided. There are multiple method of measurements listed for one outcome.

Action Required: Provide updated performance measures in the 'Service Change Chart' for Behavioral Health Assessments.

Performance measurements have been updated in Service Chart for Service 14.

72. This should not be listed as a separate cost. Administrative costs should be incorporated in the unit rate for the other program services.

Action Required: Incorporate the cost into the unit rate for program services.

Program service 15 has been removed

73. The following 'Service Change Charts' are in order of the services are listed below.

Overview of Service Changes	
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Service #	Service Name
1	Best Practices Training (EC-PBS)
2	Professional Coaching (EC-PBS)
3	Social/Emotional Screenings
4	Parenting Skills Training
5	Public Awareness/Education
6	Evidence-Based Practice Trainings (SOAR Team FAN Trainings)
7	Evidence-Based Practice Training (Provider FAN Trainings)- Eliminated
8	Family Education
9	Behavioral Health Screening-Eliminated
10	Family Therapy
11	Service Coordination
12	Professional Coaching (SOAR Reflective Supervision)
13	Best Practices Training (SOAR Team Training)
14	Behavioral Health Assessment

74. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #1 – Taxonomy of Service Name: Best Practices Training (EC-PBS)			
Service #1 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual	\$38.76	400	160
Funding Request			
Amount Requested to Boone County: \$15,504.93		Proposed Number of Units of Service: 400	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increased trained childcare providers social-emotional and classroom universal knowledge.	80% of trained providers will have a higher knowledge post-test score after attending a group training	Pre/Post knowledge test administered at every group training.	
Increased trained childcare providers knowledge in temperament and challenging behaviors strategies.	80% of trained providers will have a higher knowledge post-test score after attending a group training.	Pre/Post knowledge test administered at every group training.	
Increased trained childcare providers knowledge in building positive relationship and self-care strategies	80% of trained providers will have a higher knowledge post-test score after attending a group training.	Pre/Post knowledge test administered at every group training.	
Increased trained childcare providers social-emotional regulation knowledge.	80% of trained providers will have a higher knowledge post-test score after attending a group training	Pre/Post knowledge test administered at every group training.	

Increased trained providers knowledge, confidence, and competency in providing developmental screening.	80% of trained providers will have a higher knowledge, confidence, and competency post score after attending a group training	Pre/Post knowledge test administered at every group training.
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Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #2 – Taxonomy of Service Name: Professional Coaching (EC-PBS)			
Service #2 – Taxonomy Definition of Service: Provides individualized support for professional development.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Hour	\$34.03	5,750	160
Funding Request			
Amount Requested to Boone County: \$195,694.85		Proposed Number of Units of Service: 5,750	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase Positive Behavior Support strategies used throughout the entire EC-PBS site.	80% of EC-PBS sites will improve on the majority of key sub scales of the PreSET.	PreSET - Measures Positive Behavior Classroom/Center Universals.	
Positive change in social emotional health of children.	80% of children will show a decrease in difficult behaviors.	Pre/Post Strength and Difficulties Questionnaire (SDQ).	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #3 – Taxonomy of Service Name: Social/Emotional Screening			
Service #3 – Taxonomy Definition of Service: Identifies if a child is at risk for social emotional delays, problem behaviors, and potential mental health concerns.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Screening	\$34.86	440	220
Funding Request			
Amount Requested to Boone County: \$15,339.36		Proposed Number of Units of Service: 440	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Children, ages 0 to 5 1/2, enrolled in EC-PBS programs will receive an developmental screening	80% of children will receive a developmental screening.	Screening log	
Children, ages 0 to 5 1/2, enrolled in EC-PBS programs will receive an social emotional screening	80% of children will receive a social emotional screening.	Screening log	
Children, ages 0 to 5 1/2, enrolled in EC-PBS programs, whose screening fall within "cutoff" will be referred	5% of children will be referred to appropriate services.	Referral log	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #4 – Taxonomy of Service Name: Parenting Skills Training			
Service #4 – Taxonomy Definition of Service: Develops effective parenting skills.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Individual	\$54.81	270	52
Funding Request			
Amount Requested to Boone County: \$14,799.76		Proposed Number of Units of Service: 270	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Improve the relationship between parent and child (ren) by decreasing parental stress	80% of parents will show a decrease in parental stress	Pre/Post Parental Stress Scale	
Increased parent's social-emotional knowledge.	80% of parents will have a higher knowledge post-test score after attending a parenting class series.	Pre/Post knowledge test administered at the beginning and end of every parenting class series.	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #5 – Taxonomy of Service Name: Public Awareness/Education			
Service #5 – Taxonomy Definition of Service: Increases the public's level or understanding of a particular issue.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Hour	\$35.61	1,564.76	1000
Funding Request			
Amount Requested to Boone County: \$55,719.78		Proposed Number of Units of Service: 1,564.76	
Performance Measures			
Increase early childhood providers and parents/families in Boone awareness of social-emotional development by conducting 6 parenting presentations, 24 Early Childhood Networking Nights (ECNN), and attending 6 community events	80% of individuals attending parenting presentations, community events, and Early Childhood Networking Nights will have an increase in knowledge and awareness of social-emotional developmental screening tools.	Post survey administered immediately after events	
1) Increase early childhood providers and parents/families satisfaction attending parenting presentations, ECNN, and attending community events 2) Increase number of early childhood providers and parents/families in Boone attending parenting presentations, ECNN, and attending community events	1) Participants will have 90% satisfaction with parenting presentations, community events, and Early Childhood Networking Nights 2) 1000 individuals will attend community events, networking nights, and/or parenting presentations	1) Post survey administered immediately after events 2) Sign-in sheets	

<p>1) Increase parents' social support and parenting confidence by conducting 18 parenting support groups year 1 and 40 groups year 2</p> <p>2) Increase the number of parents attending parenting support groups</p> <p>3) Increase satisfaction of parents' attending support groups</p>	<p>1) 80% of parents will indicate that the support group increased their parenting confidence and/or social support</p> <p>2) 75 individuals will attend parenting support groups year 1, 200 during year 2</p> <p>3) Participants will have 90% satisfaction</p>	<p>1) Post survey administered immediately after parenting group</p> <p>2) Sign-in sheets</p> <p>3) Post satisfaction survey</p>
Educate and raise awareness of FAN and Fussy Baby Network by creating 5 different printed materials/disseminate material during Early Childhood Networking Nights, FAN Trainings, community events, parenting support	2000 early childhood providers and parents/families in Boone County will receive information about FAN and/or Fussy Baby Network via printed material (e.g., brochure flyer, postcard, etc.)	Printed material log and portfolio, sign-in sheets
Increase community awareness of FAN and Fussy Baby Network	1000 website and social media posts and hits	Number of website and social media posts and hits

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #6 – Taxonomy of Service Name: Evidence-Based Practice Training (SOAR Team FAN Trainings)			
Service #6 – Taxonomy Definition of Service: Trains, and as applicable, certifies professionals in practice strategies that have been scientifically proven to be effective.			
<p>Provide a detailed description of the proposed service: Provide more information on coordination of trainings. FAN Trainings will be held in Boone County. Two fussy baby trainers from the Erikson Institute will travel to Columbia to provide training. The FAN, as a framework for attunement to parents' current state, needs, and concerns, would likely enhance their clinical effectiveness. Recruitment for FAN training will be largely on those providers whose work is infant-family focused. The Erikson Institute has implemented FAN training for all 6,000 Healthy Families America home visitors nationally in 2017. They are expanded training throughout the nation to Early Head Start and Parents as Teachers. FAN training will be extended to these same Boone County agencies. It is possible that providers trained in Triple P may also participate in FAN training. In addition to SOAR staff, we will train Healthy Steps, MU Peds and WIC lactation consultants and First Chance for Children Parents as Teachers throughout Boone County.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual	\$2,356.46	25	25
Funding Request			
Amount Requested to Boone County: \$58,911.53		Proposed Number of Units of Service: 25	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
1) Increase SOAR team members capacity to use the FAN model	1) 10 SOAR team members will complete the training	1) Certificate of completion	
2) Increase trained team members' satisfaction with FAN training	2) Team members will have a 90% satisfaction with the training	2) Post satisfaction survey	
1) Increase community provider's capacity to use the FAN model.	1) 14 community providers will complete the training	1) Certificate of completion	
		2) Post satisfaction survey	

[illegible]

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #7 – Taxonomy of Service Name: Evidence-Based Practice Training (Provider FAN Trainings)			
Service #7 – Taxonomy Definition of Service: Trains, and as applicable, certifies professionals in practice strategies that have been scientifically proven to be effective.			
<p>Provide a detailed description of the proposed service: <u>THIS PROGRAM SERVICE HAS BEEN ELIMINATED AND IS FOR YEAR 2.</u> The <u>level I Core training</u> is a two day training on the FAN theory of change, core processes and ARC, and attunement process with families. Supervisors receive an additional half day of training to prepare them to support their staff as they use the approach in their daily practice.</p> <p><u>Level II Facilitated Practice:</u> Early childhood providers practice using the FAN approach with two families for five months and complete a monthly FAN Learning Tool on each family. They process these tools with their supervisor during reflective supervision. The Erikson Institute provides mentoring for five months receiving individual and group mentoring by phone.</p> <p><u>Day Three Follow-Up Training:</u> The cohort reconvenes after five months of practice to consolidate their FAN learning, receive additional training and to develop strategies to sustain the approach in each program.</p> <p><u>FAN Train-the-Trainer Program (YEAR TWO FOCUS):</u> Two SOAR staff will be trained in the FAN Train-the-Trainer curriculum and will lead two level I core trainings with mentoring from the FAN Master training. Trainer candidates will provide Level II supervisor mentoring over the phone for 5 months with support from the FAN Master Trainer. Two cohorts of trainings for 50 community providers will be conducted.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #8 – Taxonomy of Service Name: Family Education			
Service #8 – Taxonomy Definition of Service: Develops communication and coping skills with the goal of strengthening family relationships.			
Provide a detailed description of the proposed service:			
<p>1) Parents can call or email to receive FB support. Calls will be answered during regular office hours, 9-5 Monday-Friday. Messages left on the weekends will be returned within 48 hours; 2) home visits are provided within a short period of time (week) after a parent calls the Fussy Baby Program. Together, the parent and the Fussy Baby Specialist decide the length and intensity of service. For some families, it may be one home visit and multiple phone contacts. For others it might be more home visits or all phone support. The visits are guided by the parent's urgent concerns and use the FAN framework as a guide. The visits are structured around the ARC of Engagement which involves the use of the same reflective questions at the beginning, middle, and end of each visit. 3) Fussy Baby Program is a brief intervention, typically involving from 1 -6 contacts. It differs from longer-term home visiting programs in the rapidity of the response and in the degree of control that the parents have in shaping the intervention. It is also unique in that it focuses on the crying, sleeping and feeding concerns in the context of the parent/child relationship. It is universally available and does not require that families present with risk factors or that the child be referred from another provider. 4) Each family will have a FBN Specialist who will serve as the primary service provider. Visits will be offered at home or through the SOAR clinic. Most families average 4 visits with an average visit taking one to two hours. The length and intensity of services are defined collaboratively with the parent. 5) The SWYC will be used at intake for identification of pre-existing and emerging needs of the parent and child.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Hour	\$32.99	3,237.04	200
Funding Request			
Amount Requested to Boone County: \$106,780.25		Proposed Number of Units of Service: 3,237.04	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase number of families receiving early childhood mental health information and support through on-site consultation	100% of parents will have 90% satisfaction with on-site consultation	1) Visit log 2) Satisfaction survey administered at end of consultation	

Increase number of families receiving early childhood mental health information and support through warmline and/or referral network	100% of parents will have 90% satisfaction with warmline and/or referral network	1) Call and referral log 2) Satisfaction survey administered (verbally) at end of call
Increase number of families receiving early childhood mental health information and support through home visitation	1) 100% of parents will have 90% satisfaction with home visiting services 2) 90% of parents will indicate that the home visit helped with their infant's behavior	1) Visit log 2) Satisfaction survey administered at last home visit
1) Decrease parenting stress 2) Increase parent confidence in dealing with infant behavior problems	1) Parents will show a 50% decrease in parenting stress 2) Parents will show a 50% increase in parenting confidence	1) Pre-Post Parenting Stress Scale administered during the first and last home visits 2) Pre-Post Parenting Efficacy Survey administered during the first and last home visits
1) Increase identification of family risk factors 2) Increase identification of developmental and behavioral concerns in young childhood	1) Number of screenings conducted using SWYC 2) Number of referrals made	1) SWYC 2) Referral log

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #9 – Taxonomy of Service Name: Behavioral Health Screening-Eliminated			
Service #9 – Taxonomy Definition of Service: Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One screening			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #10 – Taxonomy of Service Name: Family Therapy			
Service #10 – Taxonomy Definition of Service: Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Hour	\$40.45	1,507	40
Funding Request			
Amount Requested to Boone County: \$60,954.99		Proposed Number of Units of Service: 1,507	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Improve the health and wellness for parents	80% of individuals (parents) with clinically elevated scales will show clinically significant improvements.		Traumatic Events Screening Inventory-Parent report revised(TESI-PRR); Center for Epidemiologic Studies(CESD-R); Working Model of the Child Interview; Parent-Child interaction Observation; PTSD Checklist (PCL-5)
Improve the health and wellness for children	80% of individuals (parents) with clinically elevated scales will show clinically significant improvements.		Ages and Stages Questionnaire(ASQ3); Ages and Stages Social Emotional (ASQ SE2);Child Behavior Checklist(CBCL); Young Child PTSD Checklist(YCPC)

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #11 – Taxonomy of Service Name: Service Coordination			
Service #11 – Taxonomy Definition of Service: Assists an individual receiving support to bridge access to resources.			
Provide a detailed description of the proposed service: The activities that the clinician will provide to support the optimal functioning of both the child and caregiver in treatment include communication, information sharing, and collaboration with other staff serving the child/parent/caregiver relationship within and/or between agencies in the community such as FACE or Children’s Division. Activities in this program service are used to reduce barriers, establish linkages, reduce unmet needs, improve access to resources, promote self-management skills and enhance communication among provider/family and community partners.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Hour	\$48.57	2,153.84	40
Funding Request			
Amount Requested to Boone County: \$104,617.35		Proposed Number of Units of Service: 2,153.74	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Caregiver/child dyad that do not meet criteria for the CPP program (based off behavioral health assessment see program service # 14) will be referred	80% of Caregiver/child dyad will be referred	Behavioral Health Assessment	
Caregiver/child dyad enrolled in the CCP program will receive service coordinate based on need	80% of Caregiver/child dyad will receive service coordination	Assessment and Engagement Fidelity Tool; Core Intervention Fidelity Tool; and Termination Fidelity Tool	
Caregiver/child dyad in the CPP program who need additional services will be referred	5% of Caregiver/child dyad will be referred to appropriate services	Community Referral Form	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #12 – Taxonomy of Service Name: Professional Coaching (SOAR Reflective Supervision)			
Service #12 – Taxonomy Definition of Service: Provides individualized support for professional development.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Hour	\$44.36	1,716	14
Funding Request			
Amount Requested to Boone County: \$76,128.00		Proposed Number of Units of Service: 1,716	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Complete 1 hour of weekly reflective supervision as outlined by EC-PBS principles.	90% of EC-PBS members will complete 1 hour of reflective supervision monthly.	EC-PBS Reflection Supervision log	
Complete 1 hours of weekly reflective supervision as outlined by fidelity requirements of the FAN program.	90% of four team members will complete 1 hours of reflective supervision weekly	FAN Post Reflection Supervision log	
Complete 2 hours of reflective supervision as outlined by the fidelity requirements of the Child-Parent Psychotherapy evidenced based practice.	90% of four therapist will complete 2 hours of reflective supervision weekly.	Completed Supervision Fidelity Tool	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #13 – Taxonomy of Service Name: Best Practices Training (SOAR Team Training)			
Service #13 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Hour	\$101.56	366.60	11
Funding Request			
Amount Requested to Boone County: \$37,230.46		Proposed Number of Units of Service: 366.60	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Increase capacity of EC-PBS coaches to use evidence-based practices.	100% of team members will have 90% satisfaction with meetings, conferences, and trainings.	Satisfaction survey	
Increase capacity of SOAR infant mental health specialists to use evidence-based practices	1) Increase capacity of SOAR infant mental health specialists to use evidence-based practices 2) Increase capacity of SOAR infant mental health specialists to use evidence-based practices. 100% of team members will have 90% satisfaction with meetings, conferences, and trainings	1) Attendance log 2) Satisfaction survey	
Increase clinician's capacity to provide evidenced based treatments	CPP Clinicians will be trained and master evidenced based practices	Certificates of Completion	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #14 – Taxonomy of Service Name: Behavioral Health Assessment			
Service #14 – Taxonomy Definition of Service: Assessment by a qualified mental health professional of an individual's history, mental health, and functioning with the purpose of establishing a treatment plan and/or diagnosis.			
Provide a detailed description of the proposed service: According to the CPP Assessment Fidelity Model, in order to determine if the child/parent dyad are appropriate for CPP or a referral to another form of treatment they are required to complete a series of five sessions. In session 1, the child's trauma is assessed through use of parental interview, the administering of the YCPC and TESI-PRR instruments. In session 2, the child's development and relationships are assessed with the use of the ASQ3/ASQS, (if not previous administered in the past 6 months), Internal Working Model of the Child and Angels in the Nursery Interviews. In session 3, the caregiver's trauma is assessed through the use of interview, the administering of the PCL-5 and CERDD. The fourth session the parent-child relationship is assessed through the use of parent-child relational protocol such as the Crowell. The fifth session is referred to as the Feedback session which is a required fidelity protocol to review with the parent and child findings from the tools utilized in previous sessions and to discuss and determine if CPP is appropriate or if a referral to another form of treatment is necessary. If CPP is deemed appropriate, the behavioral assessment is finalized and an individualized plan for the treatment is formulated for the child-parent dyad.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One assessment	\$934.50	20	20
Funding Request			
Amount Requested to Boone County: \$18,690.08		Proposed Number of Units of Service: 20	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Caregiver/child dyad in the CPP program will receive a behavioral health assessment	80% of caregiver/child dyad will receive behavioral health assessment	Behavioral Health Assessment	

Program Outputs and Funding Request Tables – Best and Final Offer

Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)				
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
1 Best Practices Training (EC-PBS)	1 Individual	\$38.76	400	160
2 Professional Coaching (EC-PBS)	1 Hour	\$34.03	5,750	160
3 Social/Emotional Screenings	1 Screening	\$34.86	440	220
4 Parenting Skills Training	1 Individual	\$54.81	270	52
5 Public Awareness/Education	1 Hour	\$35.61	1,564.76	1000
6 Evidence-Based Practice Trainings (SOAR Team FAN Trainings)	1 Individual	\$2,356.46	25	25
8 Family Education	1 Hour	\$32.99	3,237.04	200
10 Family Therapy	1 Hour	\$40.45	1,507	40
11 Service Coordination	1 Hour	\$48.57	2,153.84	40
12 Professional Coaching (SOAR Supervision)	1 Hour	\$44.36	1,716	14
13 Best Practices Training (CPP Training)	1 Hour	\$101.56	366.60	11
14 Behavioral Health Assessment	1 Assessment	\$934.50	20	20

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
1 Best Practices Training (EC-PBS)	\$15,504.93	400
2 Professional Coaching (EC-PBS)	\$195,694.85	5,750
3 Social/Emotional Screenings	\$15,339.36	440
4 Parenting Skills Training	\$14,799.76	270
5 Public Awareness/Education	\$55,719.78	1564.76
6 Evidence-Based Practice Trainings (SOAR Team FAN Trainings)	\$58,911.53	25
8 Family Education	\$106,780.25	3,237.04
10 Family Therapy	\$60,954.99	1,507
11 Service Coordination	\$104,617.35	2,153.84
12 Professional Coaching (SOAR Supervision)	\$76,128.00	1.716
13 Best Practices Training (CPP Training)	\$37,230.46	366.60
14 Behavioral Health Assessment	\$18,690.08	20
Development/Start Up Service Funding		
Total Amount Requested to Boone County:	\$760,371.34	

Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIDUALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in effecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Authorized Signer, Grants & Contracts

Name and Title of Authorized Representative

Karen M. Geren
Signature

7/14/2017
Date

System of offering Assistance
for Resilience (SoAR)

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110

Columbia, MO 65201

Phone: (573) 886-4391

Fax: (573) 886-4390

E-mail: mbobbitt@boonecountymo.org

October 26, 2017

The Curators of the University of Missouri (on behalf of the Department of Psychiatry)

Attn: Karen Geren, Pre-Award Manager, OSPA

Office of Sponsored Programs

115 Business Loop 70 West, Mizzou North, Room 501

Columbia, MO 65211

grantsdc@missouri.edu

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Geren:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

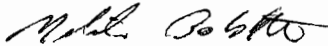
The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 8, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Dr. Laine Young-Walker – youngwalkerl@health.missouri.edu

Wendy Ell – ellw@health.missouri.edu

Melody Boling – bolingm@health.missouri.edu

Vicki Davolt – davoltv@health.missouri.edu

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Name of Program	System of Offering Actions for Resilience (SOAR) in Early Childhood

Organization Profile	
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1. The contact information, employer, and expertise, experience, and qualifications are not provided for all the board members.

Action Required: Provide all fields for each board member on the Governing Board section in Apricot. Provide any comments and/or questions in the field below.

--

2. David Stewart does not have any information fields completed.

Action Required: Complete all the information fields for David Stewart on the Governing Board section in Apricot. Provide any comments and/or questions in the field below.

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3. The 990 needs to be updated. The tax year is listed for July 1, 2014 to June 30, 2015.

Action Required: Provide updated 990 on Apricot. Provide any comments and/or questions in the field below.

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Proposal Cover Sheet	
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4. Attachment B on the Proposal Cover Sheet is not the correct form.

Action Required: Provide the correct form for Attachment B with the required signatures. Provide any comments and/or questions in the field below.

Program Overview Form

5. The Statement of Issue Being Addressed for field a. does not provide information on the community-level issue with supporting references. The narrative only describes EC-PBS, Fussy Baby Network, and CPP Program.

Action Required: Describe and document the community-level issue to be addressed by the proposed program utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID).

6. The Program Overview section does not provide sufficient information on EC-PBS, Fussy Baby Network, and CPP. The overview only provides a few sentences for each program.

Action Required: Provide specific information on each program. Incorporate the information provided in the service descriptions for each program.

7. Field a. in the Program Consumers section states that “Missouri ranks 10th out of 40 states in number of expulsion from preschool due to challenging behaviors.” The statement does not provide a clear citation of the reference source.

Action Required: Provide the references source for the statement above.

8. The total number of unduplicated individuals in the Race Demographics section does not equal all the other demographic totals and total number of unduplicated individuals to be served.

Action Required: Complete the table below.

Race	# of Individuals
White	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native	
Native Hawaiian or other Pacific Islander (alone)	

Some Other Race	
Race Total	

9. The Administration personnel salary range has an error in the base salary amount.
Action Required: Provide clarification on the salary range for the Administration position.

10. The Program Budget lacks information in the narratives for funds received from Boone County Children's Services (BCCS) and the personnel and non-personnel expenses.
Action Required: Provide sufficient information on the revenues and expenses for the program.

Program Services Form (1-5)

11. Professional Services needs to be removed as a service and the cost incorporated into the unit rates for services.
Action Required: Complete the following clarification questions and output changes that reflect these changes. Provide comments or questions in the field below.

Service 1 – Best Practices Training

12. The service needs to be renamed to "Best Practices Training (EC-PBS)" to differentiate the different types of training offered by SOAR.
Action Required: Provide comments or questions in the field below.

13. The service description does not describe how SOAR will promote the trainings to child care providers.

Action Required: The Missouri Workshop Calendar lists trainings that are available but what other efforts does SOAR make to promote trainings, especially to rural child care providers?

14. When measuring a unit per person, there should not be more units than individuals served.

Action Required: Provide corrected unit rate and Total # of Units of Service to be provided.

15. The description states that additional providers will be trained in ASQ-3 and ASQ-SE.

Action Required: Please explain why additional trainings will be provided for ASQ-3 and ASQ-SE when the Early Childhood program and the Fussy Baby Network will utilize a different screening tool.

16. The Funding Request section states that SOAR wants to expand to three more childcare sites and preschool classrooms in Centralia. However, the Other Funders Chart shows that the current contracted number of units is 483 but the proposed number of units is 400. Also, the amount requested to BCCS is not correct.

Action Required: Complete the 'Service Change Chart' for Service 1. Provide clarification below on why there is a decrease in the number of units to be provided compared to the current contract when SOAR is wanting to expand services. Provide an updated funding request amount.

17. The seven trainings that are provided to child care providers vary in subjects. The Performance Measures section only lists one outcome and indicator for a general increased level of knowledge.

Action Required: Provide specific performance measures that could be gathered from the different trainings offered to child care providers. Provide these additional outcomes, indicators, and method of measurements in the 'Service Change Chart' for Service 1.

Service 2 – Site-Based Mentoring

18. The service was proposed as “Site-based Mentoring” but should be “Professional Coaching”. There is another proposed service called Professional Coaching but is only for supervision to organization personnel. To differentiate the two services, Service 2 will be renamed to Professional Coaching (EC-PBS) and will only include EC-PBS coaching to child care providers. *Action Required:* Complete the ‘Service Change Chart’ for Service 2 as Professional Coaching (EC-PBS).

--

19. The unit rate for the current contract is \$33.74 but the proposed unit rate has increased to \$35.08. The Funding Request section explains that services will expand to additional sites but does not explain the increased funding rate.

Action Required: Please provide your best and final offer in the ‘Service Change Chart’ for Service 2.

--

20. The Funding Request amount is not correct for Service 2.

Action Required: Provide an updated Funding Request amount in the ‘Service Change Chart’ for Service 2 that reflects output changes.

--

21. The proposal lacked information on the method of measurements.

Action Required: Provide more information below on the PreSET and SDQ tools.

--

Service 3 - Social/Emotional Screening

22. The Outputs section will need to be redone with a unit measure of “one screening”. This will change the unit rate and total number of units to be provided. The cost of each screening and the time to administer and analyze the results should be included in the unit rate. The cost of coaching child care providers to use the ASQs should not be included in Service 3.

Action Required: Complete the 'Service Change Chart' for Service 3. Provide information on how the updated outputs were determined. Please provide your best and final offer.

--

23. The Funding Request amount will need to be updated for Service 3.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Service 3 that reflects output changes.

--

Service 4 – Parent Skills Training

24. The number of units to be provided is high compared to current utilization.

Action Required: Propose an amount that is more reflective of current utilization.

--

25. The unit rate for the current contract is \$53.33 but the proposed unit rate has increased to \$57.05. The Funding Request section explains that services will expand to additional sites but does not explain the increased funding rate.

Action Required: Please provide your best and final offer in the 'Service Change Chart' for Service 4.

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26. The Funding Request amount will need to be updated for Service 4.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Service 4 that reflects output changes. Please provide your best and final offer in the 'Service Change Chart' for Service 4.

--

27. The Performance Measures lack outcomes and indicators that show an increase of knowledge in parents following the parent events. This could be measured with the pre-post tests that are already being administered.

Action Required: Provide additional outcomes, indicators, and method of measurements in the 'Service Change Chart' for Service 4.

--

Service 5 – Public Awareness/Education

28. The Performance Measures provides multiple outcomes, indicators, and method of measurements; however, the service description lacks information on how activities mentioned in the performance measures will be implemented in the events.

Action Required: Provide more information on the Public Awareness/Education on how information mentioned in the Performance Measures will be incorporated.

--

29. The Performance Measures section mentions FAN and the Fussy Baby Network (FBN) frequently but no other programs of SOAR.

Action Required: Provide clarification on whether this service is primarily tied to FAN and/or FBN.

--

30. The service description mentions parent support groups offered through WIC, Harbor House, and the NICU but is unclear whether support groups operate as a service of SOAR or these other organizations.

Action Required: Provide clarification whether SOAR organizes and provides the parent support groups. If the parent support groups are a service operated by SOAR, then this should be listed as a separate service.

--

31. The Outputs section is confusing based on the unit measure, number of units to be provided, and number of unduplicated individuals to be served.

Action Required: Provide clarification on how the outputs were determined.

- a. Are the number of units to be provided reflective of the number of hours staff spend facilitating Public Awareness/Education or is it represent the number of individuals that will receive information?

- b. How was the unit rate established? The narrative in the proposal does not explain costs involved in facilitating this service.
- c. How will the total number of unduplicated individuals be tracked?

32. The funding request amount seems high and was not correct. Justification for the requested level of funding was not provided. There also seems to be overlap with the Boone County Early Childhood Coalition (BCECC) Public Awareness Campaigns.

Action Required: Please provide your best and final offer in the 'Service Change Chart' for Service 5. Provide justification for the requested level of funding in the field below.

Program Services Form (6-10)	
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Service 6 – Organizational Capacity Building

33. The service name should be renamed Evidence-Based Practice Training (SOAR Team FAN Trainings) to differentiate between FAN and CPP trainings.

Action Required: Provide comments or questions in the field below.

34. The service description for the FAN trainings does not provide information on where the trainings take place.

Action Required: Provide clarification whether there are travel costs involved for all SOAR personnel to be trained.

35. The Outputs section will need to be redone.

- a. The total number of units to be provided should reflect the unit measure, which is 1 person.
- b. The unit rate needs to reflect the total cost for one individual to be trained in FAN.

Action Required: Provide the corrected outputs on the 'Service Change Chart'. Please provide your best and final offer. Provide information on how the cost per staff member was determined in the field below.

36. The cost per individual to be trained in FAN is expensive. The individuals who are identified to be trained already use evidence-based practices with families. Will this training replace providers' existing practices? In addition, MU Pediatrics will be trained in Triple P through the BCECC and FACE has access to training through its contract.

Action Required: Please explain how this service is not duplicative of other trainings and how the training will be implemented through other providers when they already have a model of practice they need to adhere to.

37. The funding request amount seems high and needs to be updated. Justification for the requested level of funding was not provided.

Action Required: Please provide your best and final offer in the 'Service Change Chart' for Service 6. Provide justification for the requested level of funding in the field below.

Service 7 – Best Practices Training

38. The service needs to be renamed "Evidence-Based Practice Training (Provider FAN Training)" to differentiate between the training offered through Service 1. The service description lacked information on coordination of providing FAN trainings and follow-up with providers.

Action Required: Provide more information on the FAN trainings to early childhood providers.

39. Another proposed service is focused on providing extensive supervision to SOAR staff to comply with the FAN model. The service description for Service 7 does not provide information on whether the providers receiving FAN training need supervision to implement the FAN model.

Action Required: Provide information on follow-up requirements with FAN trained providers. Does the FAN model require supervision for trained professionals?

40. The Outputs need to be redone.

- a. The unit measure should be "one individual".
- b. The units of service to be provided need to reflect the changed unit measure.
- c. The justification on the unit rate is not sufficient. How was the proposed unit rate determined?

Action Required: Provide the corrected outputs on the 'Service Change Chart'. Please provide your best and final offer. Provide information on how the updated outputs determined in the field below.

41. The Funding Request amount needs to be updated for Service 7. Justification for the requested level of funding was not provided.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Service 7 that reflects output changes. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

Service 8 – Postpartum Care

42. The service needs to be renamed to "Family Education".

Action Required: Complete the 'Service Change Chart' for Service 8. Provide comments or questions in the field below.

43. The service description lists multiple services that are provided through the FBN but does not provide sufficient information on each activity.

Action Required: Provide more information on the home visits, clinic visits, screenings, etc. that are mentioned in the service description.

44. The services being described sound duplicative of other programs currently available in the community and/or contracted through the County (i.e. HealthySteps, Parents as Teachers, etc.).
Action Required: Provide justification that the Fussy Baby Network is not a duplication of services in the community.

45. The description states, "Joint home visits will be offered to clients of existing home visiting programs". What additional services will SOAR provide that other programs are not offering through home visits? What other organizations will SOAR partner with to provide joint home visits?

Action Required: Provide clarification in the field below.

46. The service description mentions offering consultations with WIC, Harbor House, and Children's Division but does not explain what services are being provided.

Action Required: Provide clarification in the field below.

47. The justification on the unit rate is not sufficient. How was the proposed unit rate determined?

Action Required: Provide information on how the unit rate was determined since it's not tied to a public rate.

48. The Funding Request amount is not correct for Service 8. Justification for the requested level of funding was not provided.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Service 8. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

49. The Performance Measures section refers to the Survey of Wellbeing of the Young Child (SWYC) but does not provide information on the screening tool.

Action Required: Provide information on the SWYC and whether this is an evidence-based tool.

Service 9 – Behavioral Health Screening

50. The service description states that the Behavioral Health Screening is conducted to screen for eligibility and part of the intake process. The service output section indicates it takes an average of 15.6 hours to complete each screening.

Action Required: Please provide additional information regarding the amount of time it takes to complete a screening.

51. The Outputs need to be redone with a unit measure of "one screening. Since the screening is completed to determine eligibility, the number of units should equal the number of unduplicated individuals receiving the screening. The unit measure includes conducting and analyzing the results.

Action Required: Provide updated outputs in the 'Service Change Chart' for Service 9. Provide information on how the unit rate was determined with specific information on the public funding source utilized. Please provide your best and final offer.

52. The Funding Request amount needs to be updated for Service 9. The justification in the proposal was not sufficient.

Action Required: Complete the 'Service Change Chart' with your best and final offer. Provide sufficient justification on the funding request amount.

Service 10 – Family Therapy

53. The Funding Request amount is not correct for Service 10. Justification for the requested level of funding was not provided.
Action Required: Provide an updated Funding Request amount in the ‘Service Change Chart’ for Family Therapy that reflects output changes. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

54. The Service Fee section states that CPP requires 32-52 sessions and is not reimbursable by insurance or Medicaid or private insurance.
Action Required: Provide an update on getting CPP approved for Medicaid. Also explain whether any portion of the hours are billable to Medicaid or private insurance.

Program Services Form (11-15)	
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Service 11 – Clinical Case Management

55. The service description for Clinical Case Management indicates the service is Service Coordination.
Action Required: Please refer to the *Taxonomy of Services* Case management definition and provide more information on the support the clinician provides clients.

56. The justification on how the unit rate was determined does not specify the source that was utilized.
Action Required: Provide specific information on how the unit rate was determined.

57. The Funding Request amount is not correct for Service 11. Justification for the requested level of funding was not provided.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Clinical Case Management that reflects output changes. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

58. The Performance Measures lack sufficient outcomes, indicators, and method of measurements for Clinical Case Management.

Action Required: Provide additional outcomes, indicators, and method of measurements for in the 'Service Change Chart'. Provide comments or questions in the field below.

Service 12 – Professional Coaching

59. The service name will need to change to "Professional Coaching (SOAR Supervision)" to differentiate between the Professional Coaching provided to child care providers.

Action Required: Provide any comments or questions in the field below.

60. The number of units to be provided for Professional Coaching is extremely high. The average number of units to be provided for 14 staff members is 180 hours of supervision.

Action Required: Provide specific information on the number of hours of supervision required for EC-PBS, FBN, FAN, and CPP.

61. The Funding Request amount is not correct for Service 12. Justification for the requested level of funding was not provided.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Professional Coaching (SOAR Supervision) that reflects output changes. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

62. The Performance Measures lack outcomes and indicators supporting the benefit of this level of supervision.

Action Required: Provide additional outcomes, indicators, and method of measurements in the 'Service Change Chart' demonstrating the benefits of supervision. Provide any comments or questions in the field below.

Service 13 – Organizational Capacity Training

63. The service should be renamed to Best Practices Training (CPP Trainings) to differentiate between CPP and FAN.

Action Required: Provide any comments or questions in the field below.

64. The outputs need to be redone.

- a. The unit measure should be "one individual".
- b. The service descriptions includes the FAN training for CPP clinicians, however, the service description for Service 7 already included all SOAR staff. The number of units seems high for CPP related trainings for 12 personnel. Make sure units for FAN training are not included in this service.
- c. The service does not provide information on specific personnel that are included in the 12 individuals.

Action Required: Please provide your best and final offer in the 'Service Change Chart' for this service. Provide information on the 12 personnel that will receive CPP related trainings.

65. The Funding Request amount is not correct for Service 12. Justification for the requested level of funding was not provided.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' that reflects output changes. Please provide your best and final offer. Provide justification for the requested level of funding in the field below.

66. Additional indicator (13-3) does not provide a measurable indicator (i.e. percentage).

Action Required: Rewrite Additional Indicator (13-3) so that it can be measured. Provide the correction in the 'Service Change Chart'.

Service 14 – Behavioral Health Assessment

67. The service description does not provide information on the assessment that will be conducted and which program that utilizes it.

Action Required: Provide clarification on the assessment being provided and for which SOAR program.

68. The Outputs section will need to be redone with a unit measure of "one assessment". This will change the unit rate and total number of units to be provided. The cost of each assessment and the time to administer and analyze the results should be included in the unit rate. The proposed number of units to provide the assessments was high. The average number of units per individual was close to 40 hours.

Action Required: Complete the 'Service Change Chart' for Behavioral Health Assessment. Provide information on how the updated outputs were determined. Please provide your best and final offer.

69. The justification on how the unit rate was determined does not specify the source that was utilized.

Action Required: Provide specific information on how the unit rate was determined.

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70. The Funding Request amount is not correct for Service 14.

Action Required: Provide an updated Funding Request amount in the 'Service Change Chart' for Behavioral Health Assessment that reflects output changes.

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71. The Performance Measures need to be written to reflect the service provided.. There are multiple method of measurements listed for one outcome.

Action Required: Provide updated performance measures in the 'Service Change Chart' for Behavioral Health Assessments.

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Service 15 – Professional Services

72. This should not be listed as a separate cost. Administive costs should be incorporated in the unit rate for the other program services.

Action Required: Incorporate the cost into the unit rate for program services.

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Overview of Service Changes	
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73. The following 'Service Change Charts' are in order of the services are listed below.

Service #	Service Name
1	Best Practices Training (EC-PBS)
2	Professional Coaching (EC-PBS)
3	Social/Emotional Screenings
4	Parenting Skills Training
5	Public Awareness/Education
6	Evidence-Based Practice Trainings (SOAR Team FAN Trainings)
7	Evidence-Based Practice Training (Provider FAN Trainings)
8	Family Education
9	Behavioral Health Screening
10	Family Therapy
11	Service Coordination
12	Professional Coaching (SOAR Supervision)
13	Best Practices Training (CPP Training)
14	Behavioral Health Assessment

Action Required: Complete the 'Service Change Chart' for each service.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

74. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #1 – Taxonomy of Service Name: Best Practices Training (EC-PBS)			
Service #1 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #2 – Taxonomy of Service Name: Professional Coaching (EC-PBS)			
Service #2 – Taxonomy Definition of Service: Provides individualized support for professional development.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #3 – Taxonomy of Service Name: Social/Emotional Screening			
Service #3 – Taxonomy Definition of Service: Identifies if a child is at risk for social emotional delays, problem behaviors, and potential mental health concerns.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Screening			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #4 – Taxonomy of Service Name: Parenting Skills Training			
Service #4 – Taxonomy Definition of Service: Develops effective parenting skills.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One Individual			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #5 – Taxonomy of Service Name: Public Awareness/Education			
Service #5 – Taxonomy Definition of Service: Increases the public's level or understanding of a particular issue.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #6 – Taxonomy of Service Name: Evidence-Based Practice Training (SOAR Team FAN Trainings)			
Service #6 – Taxonomy Definition of Service: Trains, and as applicable, certifies professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: Provide more information on coordination of trainings.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #6 – Taxonomy of Service Name: Evidence-Based Practice Training (Provider FAN Trainings)			
Service #6 – Taxonomy Definition of Service: Trains, and as applicable, certifies professionals in practice strategies that have been scientifically proven to be effective.			
Provide a detailed description of the proposed service: Provide more information.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #8 – Taxonomy of Service Name: Family Education			
Service #8 – Taxonomy Definition of Service: Develops communication and coping skills with the goal of strengthening family relationships.			
Provide a detailed description of the proposed service: Provide more information.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #9 – Taxonomy of Service Name: Behavioral Health Screening			
Service #9 – Taxonomy Definition of Service: Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One screening			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Service Change Chart			

Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #10 – Taxonomy of Service Name: Family Therapy			
Service #10 – Taxonomy Definition of Service: Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #10 – Taxonomy of Service Name: Service Coordination			
Service #10 – Taxonomy Definition of Service: Assists an individual receiving support to bridge access to resources.			
Provide a detailed description of the proposed service: Provide more information.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #12 – Taxonomy of Service Name: Professional Coaching (SOAR Supervision)			
Service #12 – Taxonomy Definition of Service: Provides individualized support for professional development.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #13 – Taxonomy of Service Name: Best Practices Training (CPP Training)			
Service #13 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: Sufficient information was provided in the proposal.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One individual			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: System of Offering Actions for Resilience (SOAR) in Early Childhood			
Service #14 – Taxonomy of Service Name: Behavioral Health Assessment			
Service #14 – Taxonomy Definition of Service: Assessment by a qualified mental health professional of an individual's history, mental health, and functioning with the purpose of establishing a treatment plan and/or diagnosis.			
Provide a detailed description of the proposed service: Provide more information.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
One assessment			
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

[illegible]

[illegible]

Program Performance Measures Information

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	Service	Output	Outcome	Indicator	Method of Measurement
Synonyms	<i>Service</i> = Activity or Intervention	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
Definitions	<i>Service</i> is the program activity or intervention being provided	An <i>Output</i> is expressed as the number of UNITS of service produced, in measurable increments (UNIT MEASURE), and the number of UNDUPLICATED INDIVIDUALS for whom the service is provided	An <i>Outcome</i> describes a beneficial change (knowledge, behavior, or condition) in the people being served	An <i>Indicator</i> is the specific item of information by which a service's level of success in affecting the desired outcome is measured	A <i>Method of Measurement</i> is the instrument or technique used to gather the information needed to measure the service's success
Example	parenting skills training	150 hours of parenting skills training for 30 parents	Increased knowledge of parenting	90% (n=27) of participants will have a 50% increase in knowledge of parenting	pre and post test

System of Offering Assistance
for Resilience (SOAR)
in Early childhood

Organization Profile

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

The Curators of the University of Missouri (on behalf of the Department of Psychiatry)

DBA:

Department of Psychiatry

Federal EIN Number:

43-6003859

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

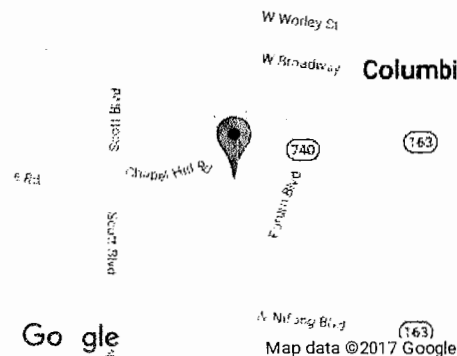
Missouri

County

Boone County

Zip

65211-0001



Organization Phone Number:

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

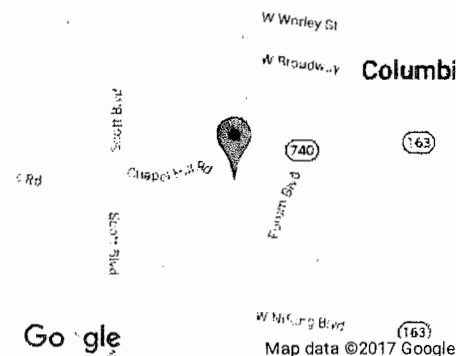
Missouri

County

Boone County

Zip

65211-0001



Organization Fax Number:

573-882-7560

Website:

<http://research.missouri.edu>

Head of Organization

Craig David

Head of Organization Phone:

573-882-7560

573-884-4078

Email:

grantsdc@missouri.edu

Head of Organization Title (e.g. Director, President, CEO)

Director, OSPA

Head of Organization Email:

grantsdc@missouri.edu

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

University of Missouri Department of Psychiatry

Address

1 Hospital Drive

DC067.00

City

Columbia

State

Missouri

County

Boone County

Zip

65212

Local Organization Fax:

573-884-1070

Address

1 Hospital Drive

DC067.00

City

Columbia

State

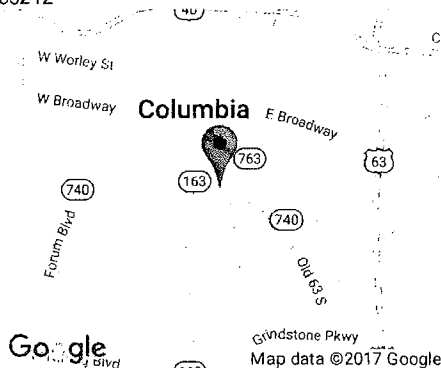
Missouri

County

Boone

Zip

65212



Local Contact Name:

Laine M. Young-Walker, M.D.

Local Contact Email:

youngwalkerl@health.missouri.edu

Local Contact Title:

Vice-Chair; Director of Child and Adolescent Psychiatry

Local Contact Phone:

573-882-8006

General Information

Organization

Mission

Statement

(Purpose):

Provide your organization's mission statement. (600 character limit)

The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Organization

History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

The University of Missouri has provided teaching, research and service to Missouri since 1839. The university, the first publicly supported institution of higher education to be established in the Louisiana Purchase territory, was shaped in accordance with the ideals of Thomas Jefferson, an early proponent of higher education. Founded in Columbia, the university had one campus until 1870, when the School of Mines and Metallurgy was established in Rolla. In the same year, the university assumed land-grant responsibilities of providing higher education opportunities for all citizens.

Brief Statement of

Organization's

Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong

learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of
Incorporation:

/document/download/filename/1433872181_30405_ArticlesofIncorporation.pdf/

**Provide a copy
of the
organization's
Articles of
Incorporation.**

Bylaws (MUST BE IN PDF FORMAT)

Bylaws: **Provide
a copy of the
organization's
Bylaws.**

/document/download/filename/1472501425_34051_10.030BoardBylaws.pdf/

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational
Chart
(must be for the
entire
organization):

/document/download/filename/1500407642_30406_UMS-orgchart-2017.pdf/

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Service Area:

The University of Missouri's service area is world-wide.

Briefly describe the population(s) served by your organization. (600 character limit)

Population
Served:

All populations.

Does your organization have a written Conflict of Interest policy?

Conflict of
Interest Policy:

yes

Does your organization have a written Whistleblower policy?

Whistleblower
Policy:

yes

Does your organization have a written Business Continuity plan?

Business
Continuity Plan:

yes

Does your organization have a written Records Retention policy?

Records
Retention
Policy:

yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

6 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member						Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:		Active	Date
David L Steelman	Board of Curators	01/01/2014	12/31/2019	316 University Hall Columbia, Missouri 65211		✓	Added on 07/18/2017
Jeffrey L Layman	Board of Curators	01/01/2017	12/31/2023	316 University Hall Columbia, Missouri 65211		✓	Added on 07/18/2017
Phillip H Snowden	Board of Curators	01/01/2015	12/31/2021	316 University Hall Columbia, Missouri 65211		✓	Added on 07/18/2017
Jamie L Farmer	Board of Curators	01/01/2017	01/01/2023	Board of Curators Office 316 University Hall Columbia, MO 65211		✓	Added on 07/11/2016
Daryl M Chatman	Board of Curators	01/01/2017	01/01/2023	Board of Curators Office 316 University Hall Columbia, MO 65211		✓	Added on 07/11/2016
John R. Phillips	Board of Curators	01/01/2013	01/01/2019	Board of Curators Office 316 University Hall Columbia, MO 65211		✓	Added on 07/11/2016
Maurice B. Graham	Board of Curators	01/01/2015	01/01/2021	Board of Curators Office 316 University Hall Columbia, MO 65211		✓	Added on 07/11/2016
David L. Steward						✓	Added on 05/27/2016
Total Active Links:8, Total Deactivated Links:15, Current Active Links:8, Current Deactivated Links:15							

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Notes

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Advisory Board Member						Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address		Active	Date
Total Active Links:0, Total Deactivated Links:11, Current Active Links:0, Current Deactivated Links:11							

Financial Information

Organization Fiscal Year:

July 1 through June 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1433872182_29953_FedTaxLetter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1489521114__29954_finrpt16.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1468269470__29955_990-TPublicDisclosure2014%2806-30-15%29.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

http://www.umsystem.edu/ums/rules/collected_rules/financial The Office of Finance provides leadership in the areas of cash, investment and debt management, facilities planning, internal audit, procurement, budgeting, financial reporting and financial systems management. Just as important, we ensure the integrity of the university's financial statements and provide leadership in the management of financial, operational and compliance risk. These responsibilities define our purpose.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Professor of Psychiatry and Chair	M.D.	1.00	\$374,556.00	\$0.00	✓	Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	1.00	\$185,858.04	\$0.00	✓	Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	1.00	\$190,958.04	\$0.00	✓	Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	1.00	\$210,958.08	\$0.00	✓	Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	0.80	\$187,625.04	\$0.00	✓	Added on 08/30/2016

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Text

Accreditation 2:

Text

Accreditation 3:

Text

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 7 Links

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
Children's Services Fund - ECPP RFP #48-15DEC16 (Agreement Form - ECPP ends 08/31/2017 12:00 PM CDT)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - Early Childhood Prevention Programs RFP	Boone County	RFP #48-15DEC16	✓	Added on 12/13/2016
Children's Services Fund - RFP # 29-15Jun16 (Closed ends 12/16/2016 12:00 AM CST)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - ECPP RFP	Boone County	RFP #29-15JUN16	✓	Added on 06/20/2016
Children's Services Fund - POS RFP #25-15JUN15 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	✓	Added on 05/21/2015
Total Active Links:7, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0						Next

System Fields

Record ID

15535

Modification Date

07/18/2017 3:08 PM CDT

Modified By

MU Dept of Psychiatry ORG

Creation Date

05/21/2015 3:52 PM CDT

Created By

The Community Montessori AutoLogin

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

The Curators of the University of Missouri (on behalf of the Department of Psychiatry)

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

System of Offering Actions for Resilience (SOAR) in Early Childhood

Amount of Request

\$995,900.92

County-Children's Services - Service Type (check all that apply)

Prevention programs which promote healthy lifestyles among children and youth and strengthen families
Individual, group, or family professional counseling and therapy services
Mental health screenings

Program Information

Program Website (will default to Organization website)

<http://research.missouri.edu>

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

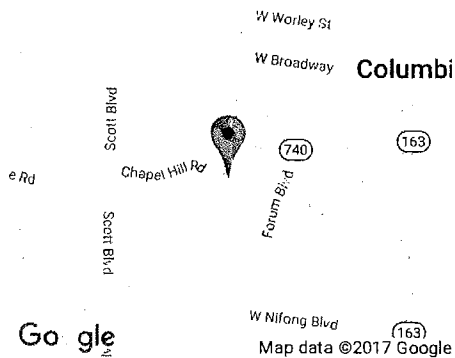
Missouri

County

Boone County

Zip

65211-0001

**Program Administrator Name**

Karen M. Geren

Phone Number

573-882-7560

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

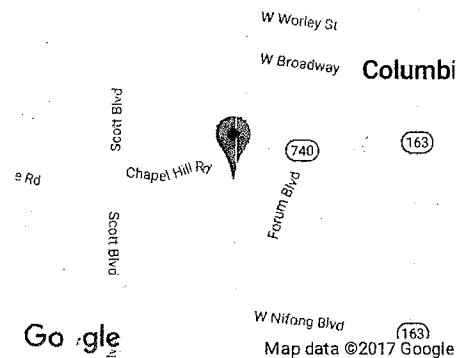
Missouri

County

Boone County

Zip

65211-0001

**Program Administrator Title**

Pre-Award Manager, OSPA

Email

grantsdc@missouri.edu

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500413149_30421_BooneCountyAttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500413149_30420_BooneCountyAttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500413149_30419_BooneCountyAttachmentC.pdf/

Signed Addendums

/document/download/filename/1500413149_30418_0053957%3BYoungWalker%28CoverLetter%29.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Office of Sponsored Programs	Craig David	✓	Added on 07/12/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-6003859

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing *n/a The Curators of The University of Missouri is a governmental
- Organization Strategic Plan entity of the State of Missouri
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Karen M. Geren, Authorized Signer, Grants & Contracts*

*As authorized signer, she is delegated authority to sign grant/contract agreements

Printed Name - Organization Executive Director/President/CEO

Date

Karen M. Geren

Signature - Organization Executive Director/President/CEO

7/14/2017

Date

n/a

Printed Name - Organization Board Chair

Date

n/a

Signature - Organization Board Chair

Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

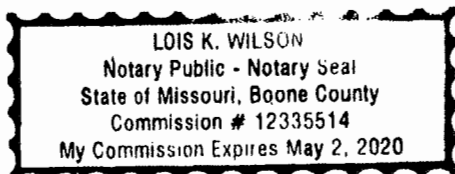
My name is Karen M. Geren. I am an authorized agent of The Curators of The University of Missouri (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Karen M. Geren 7/14/2017
Affiant Date

Karen M. Geren, Authorized Signer, Grants & Contracts
Printed Name

Subscribed and sworn to before me this 14th day of July, 2017.



Lois K. Wilson
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

Company ID Number: 62231

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **The Curators of the University of Missouri** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

Company ID Number: 62231

rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (1)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

Company ID Number: 62231

a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

Company ID Number: 62231

the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

Company ID Number: 62231

without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer The Curators of the University of Missouri

Dona R McKinney

Name (Please type or print)

Title

Electronically Signed

10/17/2007

Signature

Date

Department of Homeland Security – Verification Division

Company ID Number: 62231

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

10/17/2007

Signature

Date

Company ID Number: 62231

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: The Curators of the University of Missouri

Company Facility Address: Office of Sponsored Program Administration
310 Jesse Hall, UMC
Columbia, MO 65211-1230

Company Alternate Address: _____

County or Parish: BOONE

Employer Identification Number: 436003859

North American Industry
Classification Systems Code: 611

Parent Company: _____

Number of Employees: 1,000 to
2,499 Number of Sites Verified for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Dona R McKinney**
Telephone Number: **(573) 882 - 7560** Fax Number: **(573) 884 - 4078**
E-mail Address: **grantsdc@missouri.edu**

ATTACHMENT C

WORK AUTHORIZATION CERTIFICATION PURSUANT TO 285.530 RSMo (FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)

County of Boone)
) ss
State of Missouri)

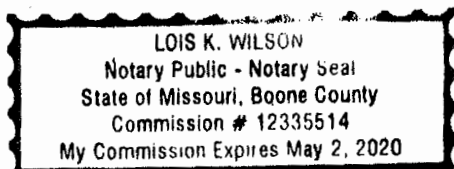
My name is Karen M. Geren. I am an authorized agent of The Curators of The University of Missouri (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Karen M. Geren 7/14/2017
Affiant Date

Karen M. Geren, Authorized Signer, Grants & Contracts
Printed Name

Subscribed and sworn to before me this 14th day of July, 2017.



Lois K. Wilson
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.



July 17, 2017

Melinda Bobbitt
Director of Purchasing
Boone County Purchasing Department
Boone County Annex
613 E. Ash, Rm 110
Columbia, MO 65201

RE: Boone County POS Contract for The Curators of the University of Missouri/ Nathan Beucke, MD

Enclosed please find the above-referenced proposal which is being submitted on behalf of The Curators of the University of Missouri. The project director is Laine Young-Walker, MD. at the University of Missouri-Columbia.

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

Boone County Insurance Requirements

The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.

Reasoning: It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

Indemnity Agreement

To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Reasoning: The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

Attachment D—2017 Agency Assurance Sheet

- *Certificate of Corporate Good Standing*


Reasoning: We will be unable to provide a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states “any tax-exempt, not organized for profit agency or governmental entity” should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such assessment is made, but the same shall bear interest at the rate of six percent per annum from its date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Joseph Sall at 573-884-5295 or sallj@missouri.edu for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren
Authorized Signer and Pre-Award Lead
Office of Sponsored Programs Administration
University of Missouri | 310 Jesse Hall | Columbia, MO 65211
Phone: 573.882.4451 | Fax: 573.884.4078 | gerenk@missouri.edu



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 -- *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested


If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

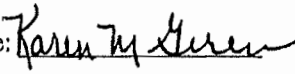
ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of The University of Missouri
Address: 115 Business Loop 70W, Mizzou North, Room 501, Columbia MO 65211-0001
Phone Number: 573-882-7560 Fax Number: 573-884-4078
E-mail: grantsdc@missouri.edu
Authorized Representative Signature:  Date: 7-14-17
Authorized Representative Printed Name: Karen M. Geren

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 – Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David Collier	Haystack Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank K.C.	874-8506	874-8432
8.	Bob Hull	US Bank	446-3394	446-4061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

23.	Bonnie Laylin	Central Bank		874-8501
24.	Jennifer Hedden	US Bank		446 6738
25.	Erica Wright	US Bank		573-231-5902
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following question and is providing a response:

a. You included the following requested attachments:

Attachment A 2017 Organization Assurance Sheet

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Room 501

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7/17/2017

Authorized Representative Printed Name: Karen M. Geren



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

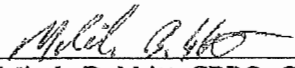
ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Room 501

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7/17/2017

Authorized Representative Printed Name: Karen M. Geren

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valorie Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Tina Artage	U of Mo CFR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Kathie Frink	CPS	214-3480	
10.	Corretta Schouten	YEZ	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Lucker	Rainbow House	573-473-2963	
15.	Ron Bone	YC2	573-554-7041	
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21.				

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	<i>[Handwritten: Dawn King]</i>	<i>[Handwritten: Tree Top LLC]</i>	<i>[Handwritten: 886-4391]</i>	
3.	<i>[Handwritten: Ernestine Campbell]</i>	Tree Top LLC	870-945-0348	
4.	<i>[Handwritten: Jennifer Klostner]</i>	CMCA BRIDGE	573 427 7897	
5.	<i>[Handwritten: Mernell King]</i>	CMCA Bridge	573-999-4119	
6.	Bonnie Gantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A's	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573 884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vicki Dawott	EG-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	<i>[Handwritten: Julie Kiessling]</i>	<i>[Handwritten: Kiessling & Assoc.]</i>	573-554-2122	
15.	Tara Lusby	Kiessling & ASSOC.	573-821-5370	
16.	Melody Baling	SOAR	573-884-6324	
17.	<i>[Handwritten: Carole Schuch]</i>	BRIDGE	573-268-4921	884-1070
18.	<i>[Handwritten: Whitney Jones]</i>	St. Thomas Society	(777) 607-5215	
19.	Becky Markt	CHA Low-Income Sres	573-443-2556	0551
20.	Gay Litzken	MLJ LLC	573 449-5600	573 875 1535
21.	Miniam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017
Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Cheryl	WV Bridge	268-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Beatrice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Megladol	Boys & Girls Clubs	268 8549	
28.	Mark Brackel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dimmitt	H Fletcher, ZIPS	573-874-3677	
31.	Laine Bang-Waller	Rep of Psych	884-6136	
32.	Michelle Shittles	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Nelly H71	Heart of MO CASH	442-4670	N/A
23.	Joan Trust	Grade A Plus	573-268-4372	
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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	System of Offering Actions for Resilience (SOAR) in Early Childhood
Amount of Request	\$995,900.92
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Issues addressed with EC-PBS include: EC-PBS will address the limited knowledge of early childcare providers and parents on positive behaviors strategies and social-emotional well-being of children, the identification of developmental and social/emotional delays in young children, and the limited resources for early childcare providers in low income and rural areas of Boone County will be addressed.

Issues addressed by the Fussy Baby Network (FBN) include: FBN is an evidence-based program that meets needs of fussy babies. Although crying is a normal part of development, it can place babies and families at risk for child abuse, family stress, parental depression, parent infant relationship distress, and developmental/behavioral problems. With the national opioid epidemic, infants are increasingly born with addiction, compounded by irritability, dysregulation, and difficulty with sleeping, feeding, calming, or other behaviors. These infants require specialized interventions and supports to meet their needs.

Issues addressed by the CPP Program include: Exposure to trauma and its effects is increasingly prevalent. There have been 850 substantiated cases referred to Juvenile and Family Division in BC. This data reflects a need for evidenced based trauma treatment in BC for young children. Child-Parent Psychotherapy (CPP) will provide this and will educate the community on the impact of trauma on young children's social-emotional development through website/social media

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Young children (birth to age 6), their early childcare providers and their parents will be addressed. Particularly at-risk within the population of early childhood are children living in low income homes. According to (BID) <http://booneindicators.org/>, 1 out of every 4 children (ages 0-5) living in the city of Columbia are living in poverty. Family income can be a risk factor that impacts young children's social-emotional health and development. Research

suggests that up to 50 percent of the impact of income on children's development can be mediated by interventions that target parenting and childcare education. (Copper, Masi, & Vick 2009). Abuse and neglect is prevalent in this population. BC indicator data shows that in 2015 children under 5 years experienced various forms of trauma. [1,628 incidents of domestic violence, 26 substantiated cases of sexual abuse, 45 substantiated cases of physical abuse, 93 substantiated cases of neglect, 9 cases of medical neglect, 20 cases of emotional abuse and 5 cases of educational neglect]. Excessive crying places children at increased risk for child abuse (Barr, Trent, & Cross, 2006). EC-PBS will provide education and training on social-emotional and onsite coaching to childcare providers. The FBN will address at risk infants who are at risk for abuse. CPP will treat children 0-5 who have experienced trauma.

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The mission of SOAR is to provide services that will enhance the social and emotional well-being of young children, their families and childcare providers. SOAR provides services through the continuum of education/prevention to intervention. EC-PBS, FBN, and CPP are programs implemented by SOAR.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

EC-PBS provides program-wide training, team building, behavioral consultation and weekly universal coaching to childcare providers. Expansion to Centralia's Chance Elem School occurred in the fall of 2017, other sites will be added. EC-PBS provides parent training classes and promotes early identification of developmental delays through standardized screening using the ASQ-3 and ASQ:SE2. Through EC-PBS social-emotional competence is strengthened and the gap between home and childcare is bridged.

Understanding infant mental health is key to preventing and treating problems in very young children and their families. SOAR staff will be trained in the Erikson Institute FAN (Facilitating Attuned Interactions) model. Then, they will train others (i.e., early childhood mental health consultation systems, home visiting, and neonatal intensive care). After FAN training, SOAR will become a Fussy Baby Network implementation site, working with parents and infants to address challenging infant behaviors such as crying, sleeping, and feeding through 1:1 consultations and home visits.

CPP will provide therapy for children 0-5. Interventions target change in maladaptive behaviors, support of developmentally appropriate interactions, and improvement in caregivers coping. When needed therapist connect families to existing services and supports in an effort to promote optimal family functioning. Core Interventions will be provided in the home or in the SOAR clinic.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

EC-PBS program will focus on increasing social-emotional health and reducing challenging behaviors for young children who attend early childcare sites located in Boone County. Between 9.5 and 14.2 percent of children between birth and five years of age experience social-emotional problems that negatively impact their functioning, development, and school-readiness. (Copper, et al. 2009).

FBN will be available to any Boone County family with an infant 12 months or younger, regardless of socio-economic status or other demographics. Referrals will be accepted from agencies and by parent request. In year 1, SOAR will utilize existing partnerships (i.e., Harbor House and WIC) to provide consultations on-site to families. In year 2, the program will establish a new partnership with MU's NICU and continue work with Children's Division. Home visits will also be provided. Additionally in year 2, a warmline/referral network will be available to all families.

CPP will serve children ages 0-6 years of age who have been exposed to trauma. There are very limited mental health services for children ages 0-6 years in Boone County. Young children who have experienced trauma have a negative impact on brain development and social, emotional and behavioral development. Services provided through the website/social media will educate the community about causes, prevention and how to access services for young children and their families impacted by trauma.

b. Why will these particular consumers be served? (1500 character limit)

Research confirms that the early years present a window of opportunity to effectively intervene with young children. (Shonkoff, J. 2000). Identification and treatment of early childhood mental health concerns is more beneficial and cost-effective than treatment at a later age when difficulties may become more serious.

Challenging behavior in preschool and childcare settings can have serious consequences if not resolved quickly and efficiently. Missouri ranks 10th out of 40 states in number of expulsion from preschool due to challenging behaviors. Children expelled from preschool often lack access to supports and interventions and are at high risk for developing chronic behavior problems later in life. Behavioral consultation and coaching is associated with lower expulsion rates, reduced challenging behaviors, and improved social-emotional functioning (Perry et al (2008).

FBN helps parents with urgent concerns about their baby. It builds long-term parenting capacity, confidence, and competence in meeting their baby's needs. Careful attunement and matching to the parents' experience helps families feel understood and fosters a sense of calm at a difficult time.

There are limited services for children ages 0-6 years who have experienced some form of trauma in Boone County. There are no services for children 0-2 years of age that have been traumatized. CPP is an evidenced based practice, effective in helping children 0-6 years and their families heal from trauma.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

EC-PBS: reimbursement, minimal understanding of the importance of screening and early intervention, problems accessing children in rural areas, and workforce expertise of early childhood social-emotional health.

FBN: parents struggling with stress, lack of sleep, depression, and anxiety don't seek services. Parents experiencing stressors: poverty, isolation, or trauma may have difficulty attending to their child's needs.

CPP: awareness of trauma's impact, effectiveness of CPP in trauma treatment, transportation, reimbursement, cultural/ social economic factors and workforce expertise.

d. Total number of unduplicated individuals to be served by the proposed program:

1925

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

517.35

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

1925

City of Columbia

1219

Other Counties

0

Residence Total

1925

Record Lock

0

Race

White (alone)

1431

Black or African American (alone)

284

Native American Indian or Alaskan Native

12

Asian (alone)

35

Native Hawaiian or other Pacific Islander (alone)

1

Multiple Races

87

Some Other Race

4

Race Total

1854

Ethnicity

Hispanic or Latino (of any race)

71

Not Hispanic or Latino

1854

Ethnicity Total
1925

Gender

Female	Male	Other
937	988	0
Gender Total		
1925		

Income

At or below 200% of Federal Poverty Level	Over 200% of Federal Poverty Level
425	1500
Income Total	
1925	

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)
435

Preschool (3 years – 5 years)
435

School Age (6 years – 11 years)
80

Middle School (12 years – 14 years)
0

High School (15 years – 19 years)
0

Parent/Guardian (19 years and younger)
15

Parent/Guardian (age 20 and over)
960

Age Total
1925

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

245

b. Provide information on the types of training that will be offered. (1500 character limit)

EC-PBS will train 160 people. Offer seven (3 hour) trainings aimed at increasing early childcare providers' social-emotional/developmental knowledge and competence. EC-PBS trainings consist of the following:

- 1) Universal Training –Introduction to social-emotional development, building positive relationships and universal strategies for classrooms
- 2) Module 1 - Temperament, Challenging Behaviors Strategies.
- 3) Module 2 - Social-emotional Strategies, Social-Emotional Regulation
- 4) Module 3 –Building Positive Relationship with Coworker and Parents, Avoiding Teacher burn out and Self-Care Strategies.
- 5) Module 4 –System Strategies to Bridge the Gaps between Home and Childcare.
- 6) ASQ-3 - Training to administer the ASQ-3, a screening tool which provides information about the developmental status of children in five distinct developmental areas: communication, gross motor, fine motor, problem-solving, and personal-social
- 7) ASQ-SE2 - Training to learn how to administer the ASQ-SE2, a screening tool which exclusively focuses on children's social and emotional

development.

The FAN (a national infant mental health model and tool) used by pediatricians, home visitors, neonatal ICU's, and others. The FAN training is team-based and uses a cohort model, training 20-25 individuals per cohort. The SOAR team will be trained in the FAN and two team members will participate in the Train-the-Trainer Program so they can train and provide consultation to community partners. 85 will be trained.

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

EC-PBS services will take place at childcare sites from 6:30am to 6:00pm Monday through Friday. Parenting classes-in the evenings (at childcare site). Trainings-- Mondays (6-9pm) and Saturday mornings (9-Noon) at the SOAR office.

FBN and CPP will be available Monday-Friday 8am-5pm. Community based services provided at WIC, Harbor House, Children's Division, and NICU. Home visits provided to Boone County parents, foster parents, and guardians. CPP will be provided in the SOAR Clinic and in client's homes when it is clinically indicated and safety has been assessed.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

EC-PBS—childcare site located in Boone County.

FBN—Biological/foster parents or guardians in Boone County with concerns about their infants' crying, sleeping, feeding or behavior during the first 12 months will be eligible for services.

CPP— children ages 0-5 years 11 months who have experienced one form of trauma and are Boone County residents. Trauma defined as: domestic violence, depression, traumatic medical procedure, divorce, maltreatment, sudden or traumatic death of someone close, serious accident, sexual abuse, exposure to domestic violence. Problems as a result these events exist.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

Narrative

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

Currently, EC-PBS universal strategies, prevention activities, screenings, parent training, and development/education of the workforce in early childcare are not reimbursable.

FBN does not have any current billable services.

We are in discussion with Medicaid to reimburse and hope in the future to leverage partial private insurance reimbursement too. Due to reimbursement limits, some sessions and services that make up evidence based CPP will not be covered. Assessment & Engagement phase is not reimbursable. Due to policy limits, some therapy sessions will not be billable either.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Narrative

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Narrative

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

EC-PBS--coaching and training--BA degree and/or have 5 years' experience working with young children. EC-PBS coordinator and/or behavioral consultant must hold a master leveled degree, preferably with an early childhood emphasis.

FBN-- Competency-based training completed to ensure that FBN will be delivered competently and successfully within the community.

CPP-- mental health professional must hold a PhD degree, professional mental health license or be supervised as a provisional licensed mental health professional. Four therapist will be rostered nationally as CPP therapists in Oct '17

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

Yes

If Yes - Provide the name of the accreditation agency. (300 character limit)

The FBN is a clinical intervention and training program offered through the Erikson Institute located in Chicago, Illinois. The Erikson Institute is one of the nations' premier independent academic and research programs focusing on early childhood development

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

The Erikson Institute is accredited by the Higher Learning Commission with the most recent reaffirmation of accreditation June 23rd, 2015

If Yes - Provide a description of the accreditation process: (600 character limit)

Training and technical assistance is provided by the Erikson Institute. Erikson Institute will provide mentoring, post-training reflective review and coaching to SOAR Train the Trainers. After completion of the training requirements the SOAR trainers will be authorized to use the FAN/FBN curriculum for two years. Trainers will be required to complete post training reflection tools and calls with the FBN National Office

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

EC-PBS: developmental screening and referral using ASQ-3 and ASQ-SE 2, Universal social-emotional strategies created by CSEFEL (csefel.vanderbilt.edu), and early childhood teaching pyramid tiered model of prevention developed by Positive Behavioral Interventions and Supports (PBIS) (www.pbis.org).

The FAN/Fussy Baby Model is grounded in attachment theory (Bowlby, 1989) and utilizes an infant mental health lens. The FAN/FBN incorporates best model practices into its curriculum and service delivery

CPP is approved CPP as an evidenced based treatment and listed on the SAMHSA and NREPP sites.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

CSEFEL focuses on promoting social-emotional development and school readiness of young children (0-5). PBIS—tiered model of prevention that offers strategies geared to the level of perceived need.

Best practices and standards established by the FAN/FBN for training, consultation and home visits used. These will aid with successful implementation of an intervention for infants

Research shows that CPP is successful in assisting children in returning to their developmental trajectory and improve outcomes for parents with depression, anxiety, and responses to traumatic stress.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

Narrative

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

EC-PBS will be using the ASQ-3 screening system. It has proven to be highly accurate in identifying children with developmental delays, with excellent sensitivity (0.86) and specificity (0.85). Gettinger and Stoiber (2006) published a study comparing classrooms where PBS universal classroom strategies were implemented with control classrooms (did not implement PBS). The PBS classrooms proved superior to the control classroom in terms of ratios of positive to negative child behaviors. Also behavioral improvements were positively correlated with the level of fidelity of the school teams in implementing the PBS model.

Professionals trained in the FAN self-rate significantly higher on capacity to read parent's cues for engagement and to maintain focus on the parent's agenda, consciously allowing their concerns and interests guide the topics of conversation (Gilkerson et al., 2012). The FAN helps professionals stay calmer in distressing situations and engage more effectively (Spielberger, et al. 2016). The FAN provides a foundation for trauma-informed practice, strengthening the professionals' capacity to provide empathic listening, share control, and stay calm and regulated. Preliminary research suggests that Fussy Baby services leads to significant improvement in parenting self-efficacy, decrease in maternal depression and decrease in infant crying as compared to control groups.

CPP returns children exposed to trauma to their developmental trajectory.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

Narrative

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

EC-PBS program combines training early childcare providers on universal positive social-emotional classroom strategies with weekly coaching to improve the quality of early childhood environments in Boone County childcare centers with expansion of this approach in Centralia's Chance Elem. preschool. Another innovative aspect of EC-PBS is evidence based parenting classes for parents of children attending EC-PBS childcare centers. This bridges the gap between home and childcare center.

FNB is a unique program that works to educate and support families with concerns about their babies' behavior, temperament and attachment in the first year of life. The program is focused on providing parents with immediate support while increasing the parent-infant relationship and parental self-efficacy. The FAN approach (that informs the work of FBN) helps increase parental confidence and ultimately promotes healthy development (Gilkerson et al., 2012). Expanding this work to community spaces such as WIC, Harbor House and the NICU is an innovative approach. As an Erikson Institute FBN affiliate site we will be recognized in our community as a center for excellence in infant/family services.

CPP is one of the few evidence based treatments for very young children and parent-child dyads that are experiencing clinical levels of mental health problems as a result of trauma. As far as we know, no agencies in Boone County are providing an evidence based trauma treatment for children under 2.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

EC-PBS will utilize screenings, surveys and questionnaires to ensure quality improvement. Coaches will increase collaboration at the program level through team meetings and increase early identification of devel. delays through screening and referrals. Coaches will monitor job satisfaction, knowledge of social-emotional development, and education utilizing knowledge-based and teacher satisfaction surveys. All data and information will be collected and examined continuously, creating an environment in which immediate change to program services can take place if needed.

The FBN outlines eight dissemination phases, responsibilities and the necessary training/technical assistance towards implementation of the model. The core processes of the model inform all service components. For the program to achieve fidelity outcome evaluations and an annual fidelity visit from the Erikson Institute are required. SOAR staff will be responsible for implementing the program structure according to the model, formative evaluations, bimonthly cross site case consultations and national network meetings.

CPP has the requirement to adhere to the fidelity of the program through the use of Fidelity Tools. Each phase of treatment the CPP clinicians complete the corresponding fidelity tools which is then reviewed by the evaluation team. Review of the fidelity tools will drive quality improvement process of the program. Instruments will be used to monitor progress of the child-parent relationship.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Consumer feedback will be collected throughout the program year using parenting surveys; coaches' surveys; and direct face to face conversation with childcare providers, families, and administrators in regards to the effectiveness of our program services and desired outcomes. Also EC-PBS coaches will monitor positive change in social-emotional health of children ages 2 - 6 using the Strengths and Difficulties Questionnaire (SDQ). All consumer feedback will be collected and examined continuously throughout the program year creating an environment in which immediate change can take place to enhance our program outcomes.

Providers trained in the FAN model will provide feedback through pre/post training surveys. Parents will provide feedback through pre/post surveys (Parenting Scale, Parenting Efficacy Scale). Parents will also complete a screening tool (SWYC) for their children. All survey findings will be shared with the program team and be utilized to enhance program outcomes and services.

The evaluation team will work with the CPP Clinicians to develop an electronic survey to send to both community referral sources and to caregivers receiving services to collect feedback on access to services and quality of services rendered.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

EC-PBS will partner with Quality Childcare Initiative (QCI). EC-PBS will refer childcare providers to receive High Scope curriculum education and curriculum coaching provided by the QCI. EC-PBS coaches will be trained in High Scope curriculum and QCI curriculum coaches will be trained in EC-PBS strategies to ensure consistency of language and approach within childcare sites. EC-PBS will also provide social-emotional coaching to any childcare sites receiving QCI curriculum education that are not already participating in the EC-PBS program

FBN will collaborate with FACE, South Providence, and Tiger Pediatrics as a referral source for parents who are struggling with infant crying, sleeping, feeding, calming, or bonding issues. Our current partnerships with WIC, Harbor House, and Children's Division will be enhanced by adding infant mental health support. We will establish a new partnership with MU's NICU and provide universal access to all families in Boone County through our warmline/referral network. FAN training will be offered to existing partners and other agencies that serve young children and families

CPP continues to work with CMCA-Head Start, Parents as Teachers, First Steps, Columbia Public Schools, University Pediatrics, Children's Division, Boone County Resources, and FACE. Program plans to provide presentations about CPP to organizations that have case managers/social workers (WCH, CD, Burrell, Parent Link, CMCA, Juvenile Office, Guardian Ad Litem).

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1500314862_40691_MOUECPBS.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

/document/download/filename/1500406100_40764_MOUOAREII1.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

/document/download/filename/1500406100_40765_MOUOAREII2.pdf/

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE

FTE

(Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)		FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Administration	BA	1.00	\$420,000.00	\$45,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
BA Social Worker	B.A. of Social Work	1.50	\$45,000.00	\$50,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Coordinator	MSW, LCSW	3.00	\$51,000.00	\$68,000.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Evaluation Support	MA	3.70	\$39,000.00	\$74,000.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
Evaluator	PhD	0.15	\$72,000.00	\$106,000.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
Licensed Psychologist	PhD	0.26	\$72,000.00	\$75,000.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
Licensed Social Worker	MSW, LMSW, LCSW and/LPC/LMFT	5.21	\$51,000.00	\$68,000.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

EC-PBS Coord/Coach (LMSW)-implement program and evaluation; supervise coaches; conduct parent education series. EC-PBS Behavior consultant/coach (Master level)-weekly coaching/behavioral consultation; administer, collects and input data; screenings and referrals, conduct EC-PBS trainings/parent education series. EC-PBS Universal coach (BA)-weekly coaching/universal strategies; administer, collect and input data; conduct EC-PBS trainings/parent education series. EC-PBS Reflective Supervisor (PHD)-provide reflective supervision. EC-PBS Evaluator (PHD)-analyze and interpret data
Occupational Therapist (MO licensure)-direct consultations and home/clinic visits (FB approach). FBN Director/Supervisor/Fan Trainer (LCSW)-Lead interdisciplinary team, program development, provide direct services (FB approach). FAN training/consultation. Weekly reflective supervision. FBN Infant/Parent Specialist/FAN Trainer (LMSW)-FAN training/consultation to community partners. Consultations and home/clinic visits (FB approach). Evaluator (PHD)-analyzes and interprets data.
Coordinator (LCSW)-Program oversight/treat CPP clients. CPP Clinicians (3) LMSW, LMFT and QMHP-Individual and group reflective supervision, provide CPP treatment/keep all appropriate documentation. CPP (PhD)-Clinician/reflective supervision- provide CPP treatment/keep all appropriate documentation/reflective supervision. Support Admin-Financial tracking/billing. Evaluation Team-process, analyze and interpret data

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%

Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
Narrative	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Total costs of program	\$995,900.92	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Narrative	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Narrative	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Narrative	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0

TOTAL PROGRAM REVENUE

TOTAL REVENUE
995900.92

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$714,400.80	72
Personnel Narrative (300 character limit)		
Salaries and Fringe Benefits		
2. Non-Personnel	2.	2. %
	\$281,500.12	28

Non-Personnel Narrative (300 character limit)

Operating Expenses and F&A

TOTAL PROGRAM EXPENSES**TOTAL EXPENSES**

995900.92

Yearly Amount Request from Children's Services Fund**Year 1 Total Request**

\$995,900.92

Year 2 Total Request

\$995,900.92

Total Amount Request from CSF

1991801.84

Program Budget Narrative**Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)**

EC-PBS: We will apply to SAMHSA fiscal year 2018 grant if it applies to EC-PBS programs

FBN: SOAR will make efforts to secure funding from the Doris Duke Charitable Foundation and The Irving Harris Foundation which specialize in early childhood efforts.

CPP: Options we will investigate include: SAMSHA Center on Excellence for Infant Mental Health, the Missouri Foundation for Health and the Missouri Hospital Association. CPP will continue its efforts to work with the MoHealthNet

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

- Bacon, C., & Pafford, E. (2012). Boone County issues analysis: Children, youth and families. Retrieved from http://ipp.missouri.edu/wp-content/uploads/2014/06/children_youth_family.pdf.
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- Child-Parent Psychotherapy. Intervention summary retrieved on July 17, 2017 from the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=194>
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- Gettinger, M., & Stoiber, K. C. (2006). Functional assessment, collaboration, and evidence-based treatment: Analysis of a team approach for addressing challenging behaviors in young children. *Journal of School Psychology*, 44(3), 231-252.
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- Gilkerson, L., Hoffner, J., Steier, A., Cook, A., Arbel, A., Heffron, M.C., ... Paul, J.J. (2012). Implementing the Fussy Baby Network approach. *Zero to Three*, 33(2), 59-65.
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- Lieberman, A. F., & Van Horn, P. (2005). *Don't hit my mommy!: A manual for child-parent psychotherapy with young witnesses of family violence*. Washington, DC: Zero to Three Press.
- Lieberman, A. F., & Van Horn, P. (2011). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*. Guilford Press.

Maxted, A. E., Dickstein, S., Miller-Loncar, C., High, P., Spritz, B., Liu, J., & Lester, B. M. (2005). Infant colic and maternal depression. *Infant Mental Health Journal*, (26), 56–68.

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Papoušek, M., & von Hofacker, N. (1998). Persistent crying in early infancy: A non-trivial condition of risk for the developing mother-infant rela

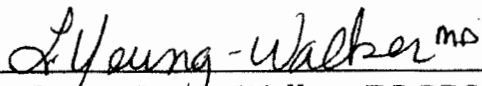
Memo of Understanding between the BCCSF Quality Childcare Grant Requester and the BCCSF Early Childhood Positive Behavior support (EC- PBS) Grantee.

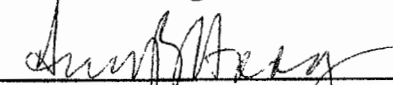
The Quality Childcare Initiative will:

- refer home and center based childcares to participate in EC-PBS, if and when openings become available, to enhance behavioral and social-emotional training and coaching for childcare professionals and parents,
- encourage EC-PBS coaches and Curriculum coaches to cross-train to ensure consistency of language and approach with childcares served by both,
- contract with EC-PBS for a coach if needed in desired sites.

EC-PBS will:

- refer home and center based childcares to engage in the Quality Childcare Initiative for curriculum training, materials and/or additional education in early childhood,
- encourage EC-PBS coaches and Curriculum coaches to cross-train to ensure consistency of language and approach with childcares served by both
- contract with the Quality Childcare Initiative to provide a coach at specific desired sites.


Dr. Laine Young-Walker, EC-PBS PI


Tracy Huang, Quality Childcare PI


Vicki Davolt, EC-PBS Coordinator

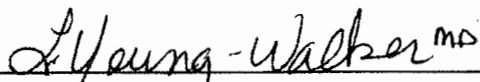
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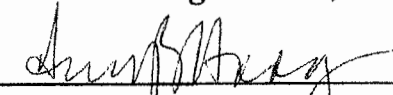
- refer home and center based childcares to participate in EC-PBS, if and when openings become available, to enhance behavioral and social-emotional training and coaching for childcare professionals and parents,
- encourage EC-PBS coaches and Curriculum coaches to cross-train to ensure consistency of language and approach with childcares served by both,
- contract with EC-PBS for a coach if needed in desired sites.

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Vicki Davolt, EC-PBS Coordinator


Tracy Huang, Quality Childcare PI

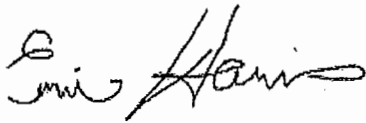
Memorandum of Understanding (MOU) between SOAR and Boone
County WIC -Women's, Infants and Children Nutrition Program

The WIC program will:

- Send select staff including lactation consultant to FAN (Facilitating Attuned Interactions") two day training.
- Trained providers will complete pre/post training surveys.
- On a quarterly basis complete a survey reporting the number of FAN-trained individuals who are using the FAN model in their work and their approximate caseload.
- Refer infants and their parents to SOAR Fussy Baby if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness.
- Refer parents to the Fussy Baby Hotline if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness.
- Make SOAR's Fussy Baby Network printed materials (e.g. brochures and flyers) available at the WIC office.

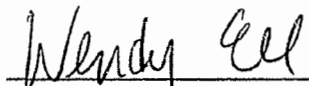
SOAR will:

- Provide two day FAN training to selected staff from the Boone County WIC department.
- Provide ongoing FAN consultation as needed.
- Provide supportive Fussy Baby services, including home visiting, clinic consultation and a hotline to clients of WIC.
- Provide Fussy Baby Network printed materials (e.g. brochures and flyers) to WIC.
- Refer Fussy Baby Families to WIC when appropriate.



7/10/2017

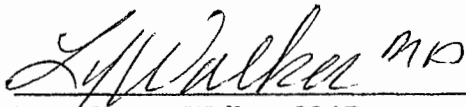
Erin Harris, Columbia/Boone County
WIC Director



Wendy Ell, SOAR

7/18/2017

Date



Laine Young-Walker, SOAR

7-18-17

Date

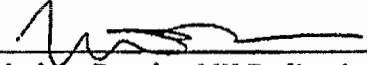
Memorandum of Understanding (MOU) between SOAR and Healthy Steps Program (Nate Beucke, MD and Andrea Pauley, Healthy Steps Specialist)

The Healthy Steps Program will:

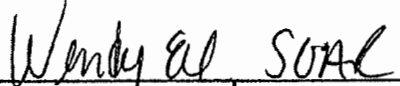
- Send pediatrician and Healthy Steps provider to FAN (Facilitating Attuned Interactions") training.
- Trained providers complete pre/post training surveys.
- On a quarterly basis complete a survey reporting the number of FAN-trained individuals who are using the FAN model in their work and their along with their approximate caseload.
- Refer infants and their parents to SOAR Fussy Baby if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness.
- Refer parents to the Fussy Baby Hotline if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness.
- Make SOAR's Fussy Baby Network printed materials (e.g. brochures and flyers) available at MU Pediatrics Clinic to parents/families.

SOAR will:

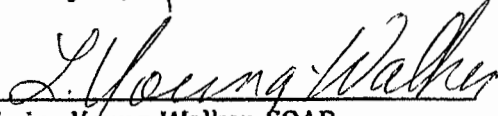
- Provide FAN training to pediatricians at the MU Pediatrics Clinic.
- Provide FAN training to the Healthy Steps Specialist.
- Provide ongoing FAN consultation as needed.
- Provide supportive Fussy Baby services, including home visiting and a hotline to patients of MU Pediatrics Clinic.
- Provide Fussy Baby Network printed materials (e.g. brochures and flyers) to MU Pediatrics Clinic.


Nathan Beucke, MU Pediatrics Clinic

7/11/17
Date


Wendy Ell, SOAR

7/12/17
Date


Laine Young-Walker, SOAR

7-18-17
Date

Memorandum of Understanding (MOU) between SOAR and FACE
(Family Access Center of Excellence)

The Family Access Center for Excellence (FACE) Program will:

- Send early child FACE staff to FAN (Facilitating Attuned Interactions") two day training.
- Trained providers will complete pre/post training surveys.
- On a quarterly basis complete a survey reporting the number of FAN-trained individuals who are using the FAN model in their work and their approximate caseload.
- Refer infants and their parents to SOAR Fussy Baby as appropriate as being selected by the family from the FACE menu of referral choices. Referrals will be considered if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness.
- Refer parents, as appropriate, to the Fussy Baby Hotline if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness.
- Make SOAR's Fussy Baby Network printed materials (e.g. brochures and flyers) available at the FACE office.

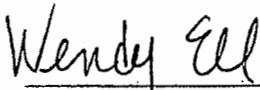
SOAR will:

- Provide two day FAN training to selected staff at the Family Access Center of Excellence (FACE) at no cost.
- Provide ongoing FAN consultation as needed.
- Provide supportive Fussy Baby services, including home visiting and a hotline to clients of FACE.
- Provide Fussy Baby Network printed materials (e.g. brochures and flyers) to FACE.
- Refer Fussy Baby Families to FACE when appropriate.



Erin Reynolds, Family Access
Center for Excellence Director

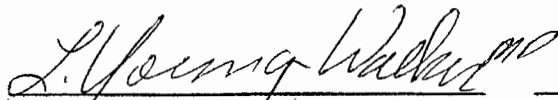
7/18/17



Wendy Ell, SOAR

7/18/17

Date



Laine Young-Walker, SOAR

7-18-17

Date

Memorandum of Understanding (MOU) between SOAR and First Chance
for Children's PAT Plus program

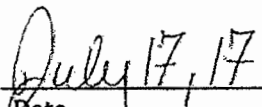
The First Chance for Children program will:

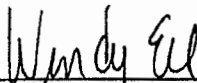
- Send select staff to FAN (Facilitating Attuned Interactions) two day training at no cost.
- Trained providers will complete pre/post training surveys.
- Staff will utilize the FAN model with all CRIBS families in conjunction with corresponding Children's Trust Fund materials.
- On a quarterly basis complete a survey reporting the number of FAN-trained individuals who are using the FAN model in their work and their approximate caseload. Specific family information will not be shared or required.
- Refer infants and their parents to SOAR Fussy Baby program if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness. Referrals will be made to SOAR when additional supports and resources are deemed necessary by First Chance for Children.
- Refer parents to the Fussy Baby Hotline if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness.
- Make SOAR's Fussy Baby Network printed materials (e.g. brochures and flyers) available at the First Chance for Children's office.

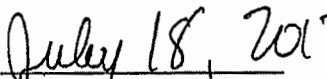
SOAR will:

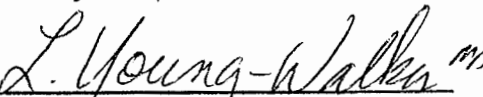
- Provide two day FAN training to selected staff/home visitors from the First Chance for Children program.
- Provide ongoing FAN consultation as needed.
- Provide supportive Fussy Baby services, including joint home visiting when necessary and a hotline to clients of First Chance for Children.
- Provide Fussy Baby Network printed materials (e.g. brochures and flyers) to First Chance for Children.
- Refer Fussy Baby Families to First Chance for Children's CRIBS program as a home visitation option when appropriate.

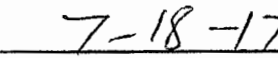

Christina Gilbert, First Chance for
Children Director


Date


Wendy Ell, SOAR


Date


Laine Young-Walker, SOAR Principle
Investigator


Date

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	System of Offering Actions for Resilience (SOAR) in Early Childhood
Amount of Request	\$995,900.92
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

N/A

c. Provide justification for the request for one-time funding. (600 character limit)

N/A

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Best Practices Training

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Provides training to build on or explore best practice techniques.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The National Council on Teacher Quality study of 100 childcare programs in 29 states found that most childcare programs provided inconsistent and incomplete training for early childhood educators. The finding of poor training may help explain why preschool programs yield inconsistent strategies when working with children with challenging behaviors, as well as a high turnover rate of providers.

EC-PBS will offer seven (3 hour) trainings for 160 early childcare providers participating in the program. Trainings are aimed at increasing providers' social-emotional/developmental knowledge, reducing challenging behaviors and overall classroom competence. All EC-PBS trainings are approved through the Department of Health and Senior Services, Section for Child Care Regulations and located on the Missouri Workshop Calendar. EC-PBS trainings consist of the following;

1) Universal Training – Training will consist of introduction to social-emotional development, building positive relationships and universal strategies for classrooms

2) Module 1 - Training will consist of Temperament, Challenging Behaviors Strategies.

3) Module 2 - Training will consist of Social Emotional Strategies, Social Emotional Regulation

4) Module 3 – Training will consist of Building Positive Relationship with Coworker and Parents, Avoiding Teacher Burn out and Self-care Strategies.

5) Module 4 – Training will consist of System Strategies to Bridge the Gaps between Home and Childcare.

6) ASQ-3 - Training will provide participants the opportunity to learn how to administer the ASQ-3, a screening tool which provides information about the developmental status of children in five distinct developmental areas: communication, gross motor, fine motor, problem-solving, and personal-social

7) ASQ-SE2 - Training will provide participants the opportunity to learn how to administer the ASQ-SE2, a screening tool which exclusively focuses on children's social and emotional development.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

1 person

b. Unit Rate (#1)

\$38.38

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

Research has shown the importance of high-quality, early education to healthy child development. High-quality providers and educators are the single most important factors in early childhood experiences. This rate will provide training on social-emotional development of young children to early child providers. EC-PBS training cost consists of training materials, ASQ3 and ASQSE-2 kits, rental for training facilities, and food for participants.

d. Total Number of Units of Service to be Provided (#1)

400

e. Total Number of Unduplicated Individuals (#1)

160

f. Average Number of Units of Service per Unduplicated Individual (#1)

2.5

g. Average Cost of Service per Individual (#1)

95.95

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

The average hourly pay for a preschool teacher in the state of Missouri is \$9.87 which is 14% below the national average according to earlychildhoodteacher.org. Seeing that individuals within the early learning workforce earn low wages it's almost impossible for them to pay for any type of training out of their own pocket. Therefore, no fee will be charged to early childcare providers for EC-PBS trainings. These trainings which enhance social-emotional knowledge of childcare workers and is critical to the experience young children have within childcare settings.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

Narrative

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

Narrative

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

EC-PBS training is not a service that can be billed to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

N/A

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$39.72	483	\$19,184.76
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00
	1c1.	1c2.	1c3.
c. City of Columbia - Social Services Funding (#1)	\$0.00	0	\$0.00
	1d1.	1d2.	1d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	\$0.00	0	\$0.00
	1e1.	1e2.	1d4.
e. Heart of Missouri United Way Funding (#1)	\$0.00	0	\$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$15,352.53

b. Proposed Number of Units of Service (#1)

400.01

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

Funding is requested from Boone County Children's Service Fund to expand capacity of childcare provider's social-emotional/developmental knowledge and overall classroom competence as we add more childcare providers to our program to include three more childcare sites along with both preschool classroom at Chance Elementary in Centralia.

Service #1- Performance Measures**Outcome (1-1)**

Increased trained childcare providers social-emotional knowledge

Indicator (1-1)

80% of trained providers will have a higher knowledge post-test score after attending a group training.

Method of Measurement (1-1)

Pre/Post knowledge test administered at every group training.

Additional Outcome (1-2)

Text

Additional Indicator (1-2)

Text

Additional Method (1-2)

Text

Additional Outcome (1-3)

Text

Additional Indicator (1-3)

Text

Additional Method (1-3)

Text

Additional Outcome (1-4)

Text

Additional Indicator (1-4)

Text

Additional Method (1-4)

Text

Additional Outcome (1-5)

Text

Additional Indicator (1-5)

Text

Additional Method (1-5)

Text

Service #1 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

The goal is to disseminate EC-PBS trainings to early childcare providers to expand their social-emotional/developmental knowledge. The proposed outcomes are to education and increase early childcare providers' knowledge of social-emotional development.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

External factors that may affect this outcome includes trained staff availability/scheduling conflicts with training times and dates.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

The training will result in increased knowledge of social-emotional development.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

An effective way to measure the impact of the training is to administer pre/posttest to assess participant's knowledge.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Site-based mentoring

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Social interaction, guidance, and/or role models at an organizational setting to increase positive behavior and decisions.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Each EC-PBS site will receive two to four hours of classroom-based coaching (depending on enrolled numbers) per week as well as technical assistance via phone or email as needed in between visits. Coaching will include problem-solving interventions designed to improve the ability of early childcare providers in the child's natural environment to increase social emotional awareness and prevent/reduce challenging behaviors. Coaching methods will consist of: teaching/ modeling/ role playing; observation; problem- solving discussion; planning/ goal- setting; providing resources/ materials; reflective consultation; data collection; other functions for reinforcing training principles and promoting supportive classroom environments. The coaching process is also highly focused on connecting with program administration to ensure commitment to and participation in implementation of EC-PBS principles.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

1 hour

b. Unit Rate (#2)

\$35.08

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

Coaching and other on-site, individualized professional development strategies (behavioral consultation, mentoring, and technical assistance) have emerged as promising strategies to support the application of new teaching strategies and overall quality improvement among providers in early childcare and education settings. Unfortunately, coaching is a cost that most childcare centers are unable to afford nor can justify as an added expense.

d. Total Number of Units of Service to be Provided (#2)

5900

e. Total Number of Unduplicated Individuals (#2)

160

f. Average Number of Units of Service per Unduplicated Individual (#2)

36.88

g. Average Cost of Service per Individual (#2)

1293.58

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Childcare centers have significant operating costs and the number of children enrolled at any given time dictates how much money the facility will make. Periods of economic downturn have a devastating impact on center profitability. These facts make it difficult for most childcare centers to be charged a fee in providing extra resources for their teachers like coaching and other on-site professional development strategies.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

Narrative

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

Narrative

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

EC-PBS coaching is not a service that can be billed to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$33.74	5816	\$196,231.84
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$206,994.48

b. Proposed Number of Units of Service (#2)

5900.64

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

Funding is requested from Boone County Children's Service Fund to expand capacity of universal coaching and other on-site, individualized professional development strategies (behavioral consultation, mentoring, and technical assistance) throughout childcare centers located in Boone county. We are planning on expanding our program to include three more childcare sites along with both preschool classrooms at Chance Elementary in Centralia.

Service #2 - Performance Measures

Outcome (2-1)	Indicator (2-1)	Method of Measurement (2-1)
Increase Positive Behavior Support strategies used throughout the entire EC-PBS site.	80% of EC-PBS sites will improve on the majority of key sub scales of the PreSET.	PreSET - Measures Positive Behavior Classroom/Center Universals.
Additional Outcome (2-2)	Additional Indicator (2-2)	Additional Method (2-2)
Positive change in social emotional health of children.	80% of children will show a decrease in difficult behaviors.	Pre/Post Strength and Difficulties Questionnaire (SDQ).
Additional Outcome (2-3)	Additional Indicator (2-3)	Additional Method (2-3)
Text	Text	Text
Additional Outcome (2-4)	Additional Indicator (2-4)	Additional Method (2-4)
Text	Text	Text
Additional Outcome (2-5)	Additional Indicator (2-5)	Additional Method (2-5)
Text	Text	Text

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

The goal is to provide coaching to improve the ability of early childcare providers in promoting healthy social emotional development, preventing and reducing challenging behaviors, and foster school readiness.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

External factors that may affect this outcome includes turnover in trained staff.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

The tools used will show an improvement in implementation of classroom positive behavior strategies and show a decrease in children's difficult behaviors within the classroom.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The PreSET and the SDQ will show an improvement in childcare provider's knowledge of Positive Behavior Support strategies as well as positive change in the social-emotional health of young children.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Social/Emotional Screening

Service #3 - Taxonomy Definition of Service (300 character limit)

Identifies if a child is at risk for social-emotional delays, problem behavior, and potential mental health concerns.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

EC-PBS coaches will work in partnership with participating childcare providers to administer the Ages and Stages Questionnaire 3 (ASQ3) and the Ages and Stage Questionnaire-Social Emotional 2 (ASQSE-2) to consented children 1 month -5 1/2 years of age. ASQ-3 screens and assesses the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. It is used to identify children that would benefit from in-depth evaluation for developmental delays. ASQSE-2 monitors a child's development in the behavioral areas of self-regulation, compliance, communication, adaptive, autonomy, affect, and interaction with people. It is used to identify children that would benefit from in-depth evaluation for social-emotional delays. EC-PBS coaches will also provide referral sources and discuss community resources with childcare providers as well as parents when needed.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

1 hour

b. Unit Rate (#3)

\$35.78

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

Screening young children for developmental delays and for social-emotional developmental problems will provide early identification of problems. This early identification will lead to earlier referrals and treatment of referred children. Weekly coaching will be provided to early childcare providers to help identify and accelerate referral needs.

d. Total Number of Units of Service to be Provided (#3)

520

e. Total Number of Unduplicated Individuals (#3)

445

f. Average Number of Units of Service per Unduplicated Individual (#3)

1.17

g. Average Cost of Service per Individual (#3)

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

As mentioned before, childcare centers have significant operating costs and the number of children enrolled at any given time dictates how much money the facility will make. This alone makes it a challenge for childcare centers to purchase screening tools like the ASQ3 and ASQSE-2 as well as reimburse someone to provide both leadership in administering the tools and up-to-date community referrals.

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

Narrative

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

Administration of the ASQ3 and ASQSE-2 are not billable to a third-party payor when completed in a preschool setting.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

No (if no, move on to the Funding Request section)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$18,605.65

b. Proposed Number of Units of Service (#3)

520

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

Although SOAR has received funding in the past from Boone County Children's Service Fund for administration of developmental/social emotional screens they were based on community screenings and not childcare centers. EC-PBS has provided the ASQ3 and ASQSE-2 screening in the past which was included in Program Service #2 "Coaching." As we expand are childcare sites to include three more centers and two preschool classrooms at Chance Elementary school in Centralia we have chosen to designate a Program Service solely for screenings.

Service #3 - Performance Measures

Outcome (3-1)

Children, ages 0 to 5 1/2, enrolled in EC-PBS programs will receive an developmental screening

Indicator (3-1)

80% of children will receive a developmental screening.

Method of Measurement (3-1)

Screening log

Additional Outcome (3-2)

Children, ages 0 to 5 1/2, enrolled in EC-PBS programs will receive an social emotional screening

Additional Indicator (3-2)

80% of children will receive a social emotional screening.

Additional Method (3-2)

Screening log

Additional Outcome (3-3)

Children, ages 0 to 5 1/2, enrolled in EC-PBS programs, whose screening fall within "cutoff" will be referred

Additional Indicator (3-3)

5% of children will be referred to appropriate services.

Additional Method (3-3)

Referral log

Additional Outcome (3-4)

Text

Additional Indicator (3-4)

Text

Additional Method (3-4)

Text

Additional Outcome (3-5)

Text

Additional Indicator (3-5)

Text

Additional Method (3-5)

Text

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

The goal is to conduct developmental and social-emotional screenings and provide consultation for children ages 0-5 ½. Proposed outcomes include an increase in the number of developmental and social-emotional screenings and an increase in the number of referrals made, if needed.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

External factors that may affect the proposed outcome include screenings that are completed by other groups may result in the lack of a screening opportunity for us.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

We anticipate that there will be over 350 children who will receive a developmental screening and 350 children who will receive a social-emotional screenings during the time of this program.

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Our proposed outcome is an increase the number of developmental and social-emotional screenings in childcare settings. Measurement of this can be accomplished by counting the number of developmental and social-emotional screenings completed for children 0 to 5 ½ years of age at our EC-PBS sites and the number of referrals made during the time of funding.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

Parent Skills Training

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Develops effective parenting skills.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to

fully understand how this program service will be delivered. (3000 character limit)

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) has developed an evidence-based, user-friendly parent training series of six sessions to help parents promote positive and effective parenting behaviors. The series promote children's social and emotional development and address the challenging behavior and mental health needs of children in child care programs.

EC-PBS coaches will conduct CSEFEL six week parenting classes at EC-PBS childcare centers during evening hours when the center is closed. The training provides information for families on how to promote children's social and emotional skills, understand their problem behavior, and use positive approaches to help children learn appropriate behavior. The trainings are designed to give parents general information on key strategies that may be used with all children. Sessions are not designed to offer parents specific advice for their child's individual issues. EC-PBS coaches will be knowledgeable about local agencies and service providers that may be able to assist families who have complex support needs or children with problem behavior that requires the guidance of a professional. In the last session, parents will be offered a routine guide that offers advice for supporting their children across common family routines

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

1 Person

b. Unit Rate (#4)

\$57.05

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

Parenting skills training unit rate is based on necessities for successful parent participation which include training materials, childcare, and food for both parents and children.

d. Total Number of Units of Service to be Provided (#4)

335

e. Total Number of Unduplicated Individuals (#4)

65

f. Average Number of Units of Service per Unduplicated Individual (#4)

5.15

g. Average Cost of Service per Individual (#4)

294.03

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

Parenting education can improve the skills of all parents creating an environment to support children's social-emotional development. In order for parenting classes to be successful the benefits must outweigh the cost to the parent receiving the education. Most parents are unable to financially pay for training materials, training cost or provide childcare during the time of the class. We have found that parents are much more likely to attend classes supporting more effective parenting skills when classes are offered for free.

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

Narrative

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

Parenting skills training delivered by an EC-PBS coach is not billable to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Yes (complete the Other Funder's Chart below)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
	4a1.	4a2.	4a3.
a. Boone County - Children's Services Funding (#4)	\$53.33	210	\$11,199.30
	4b1.	4b2.	4b3.
b. Boone County - Community Health Funding (#4)	\$0.00	0	\$0.00
	4c1.	4c2.	4c3.
c. City of Columbia - Social Services Funding (#4)	\$0.00	0	\$0.00
	4d1.	4d2.	4d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	\$0.00	0	\$0.00
	4e1.	4e2.	4d4.
e. Heart of Missouri United Way Funding (#4)	\$0.00	0	\$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$19,111.98

b. Proposed Number of Units of Service (#4)

335

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

EC-PBS has found much success with parenting skills training and effectively bridging the gap between home and center's communication. We are planning on expanding our parent class series to 8 childcare centers with half being held in rural Boone county.

Services #4 - Performance Measures

Outcome (4-1)

Improve the relationship between parent and child (ren) by decreasing parental stress

Indicator (4-1)

80% of parents will show a decrease in parental stress.

Method of Measurement (4-1)

Pre/Post Parental Stress Scale

Additional Outcome (4-2)

Text

Additional Indicator (4-2)

Text

Additional Method (4-2)

Text

Additional Outcome (4-3)

Text

Additional Indicator (4-3)

Text

Additional Method (4-3)

Text

Additional Outcome (4-4)

Additional Indicator (4-4)

Additional Method (4-4)

Text

Additional Outcome (4-5)

Text

Text

Additional Indicator (4-5)

Text

Text

Additional Method (4-5)

Text

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

The goal is to provide education to improve ability of parents in the child's natural environment to promote healthy social-emotional development, and prevent / reduce challenging behaviors.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

External factors that may affect this outcome includes parent's availability/scheduling conflicts with parenting class times and dates.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

The parenting class series will result in a decrease in parental stress due to new skills learned.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

An effective way to measure the impact of the parenting classes is to administer pre/posttest to assess parenting stress levels.

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

Public Awareness/Education

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Increase the public's level of understanding of a particular issue

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

SOAR will work to raise awareness about the importance of children's social emotional health and that positive mental health is essential to a child's healthy development from birth. This will be accomplished through the provision of Early Childhood Networking Nights/parenting presentations in collaboration with the Columbia Public Library and Hallsville and Harrisburg PAT programs. Parent and provider led topics for support and education such as sleep, anxiety, bullying, discipline, etc. will be the focus. Further, parent support groups will be offered through WIC, Harbor House and the NICU to decrease parental isolation, build social and community supports and increase parenting confidence. SOAR will promote and participate in a variety of Boone County public events to promote understanding and awareness of children's social-emotional health and resources. Resources will be provided to the community to universally support parents of excessively crying or irritable babies. As crying is the number one reported trigger leading to cases of Shaken Baby/Abusive Head Trauma providing information and connection to support can have the potential not only improve the parent-infant relationship but to reduce the risk for child abuse. Awareness messaging will be available in print, through the SOAR website and via social-media.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

1 hour

b. Unit Rate (#5)

\$35.32

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

Activities that raise awareness of social-emotional well-being are critical to increasing knowledge to parents/caregivers. This awareness results in them seeking services for young children,

d. Total Number of Units of Service to be Provided (#5)

1610

e. Total Number of Unduplicated Individuals (#5)

1000

f. Average Number of Units of Service per Unduplicated Individual (#5)

1.61

g. Average Cost of Service per Individual (#5)

56.87

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

Through past experience public awareness needs to be universal and accessible to all socioeconomic levels regardless of ability to pay.

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

Narrative

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

No third-party payor options available for public awareness

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

No (if no, move on to the Funding Request section)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$0.00	5a2. 0	5a3. \$0.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$56,867.12

b. Proposed Number of Units of Service (#5)

1610.05

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

Narrative

Service #5 - Performance Measures

Outcome (5-1)

Increase early childhood providers and parents/families in Boone awareness of social-emotional development by conducting 6 parenting presentations, 24 Early Childhood Networking Nights (ECNN), and attending 6 community events

Indicator (5-1)

80% of individuals attending parenting presentations, community events, and Early Childhood Networking Nights will have an increase in knowledge and awareness of social-emotional developmental screening tools.

Method of Measurement (5-1)

Post survey administered immediately after events

Additional Outcome (5-2)

1) Increase early childhood providers and parents/families satisfaction attending parenting presentations, ECNN, and attending community events

Additional Indicator (5-2)

1) Participants will have 90% satisfaction with parenting presentations, community events, and Early Childhood Networking Nights

Additional Method (5-2)

1) Post survey administered immediately after events

2) Increase number of early childhood providers and parents/families in Boone attending parenting presentations, ECNN, and attending community events

2) 1000 individuals will attend community events, networking nights, and/or parenting presentations

2) Sign-in sheets

Additional Outcome (5-3)

1) Increase parents' social support and parenting confidence by conducting 18 parenting support groups year 1 and 40 groups year 2

Additional Indicator (5-3)

1) 80% of parents will indicate that the support group increased their parenting confidence and/or social support

Additional Method (5-3)

1) Post survey administered immediately after parenting group

2) Increase the number of parents attending parenting support groups

2) 75 individuals will attend parenting support groups year 1, 200 during year 2

2) Sign-in sheets

3) Increase satisfaction of parents' attending support groups

3) Participants will have 90% satisfaction

3) Post satisfaction survey

Additional Outcome (5-4)

Educate and raise awareness of FAN and Fussy Baby Network by creating 5 different printed materials/disseminate material during Early Childhood Networking Nights, FAN Trainings, community events, parenting support

Additional Indicator (5-4)

2000 early childhood providers and parents/families in Boone County will receive information about FAN and/or Fussy Baby Network via printed material (e.g., brochure flyer, postcard, etc.)

Additional Method (5-4)

Printed material log and portfolio, sign-in sheets

Additional Outcome (5-5)

Increase community awareness of FAN and Fussy Baby Network

Additional Indicator (5-5)

1000 website and social media posts and hits

Additional Method (5-5)

Number of website and social media posts and hits

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

The goal is to increase awareness and education to providers and parents/families on the importance of social-emotional development through parenting presentations, community events, and networking nights and to increase parents' social supports and confidence through parenting support groups. Awareness information will be available in print and on SOAR's website and Facebook page. The expected outcome is an increase in awareness of social-emotional wellness and an increase parental social support.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

External factors that may affect a parent's ability to attend events include weather, transportation, and childcare issues. Additionally, attendance may vary with certain populations (i.e. Harbor House and WIC) week to week. Finally, groups held in urban settings tend to have higher attendance than

groups in rural communities.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

We plan to monitor the number of parenting presentations, community events, networking nights, and parent support groups, as well as, the number of attendees. Participant's change in knowledge, awareness, and satisfaction and parents change in confidence and social support will also be assessed. Lastly, we plan to monitor the number and type of awareness messages and number of printed materials.

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Obtaining counts mentioned above at the end of the year one compared to the time before the program was implemented will indicate an increase in awareness activities and educational material distributed. In addition, participants change in knowledge, awareness, and satisfaction and parents change in confidence and social support will also be assessed through surveys.

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

316931.76

Additional Program Services #6 - #10 (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	System of Offering Actions for Resilience (SOAR) in Early Childhood
Amount of Request	\$995,900.92
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #6 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#6)

a. Service #6 - Taxonomy of Service Name (150 character limit)

Organizational Capacity Training

b. Service #6 - Taxonomy Definition of Service (300 character limit)

Informs an organization of concepts and strategies to improve core capacities of an organization

c. Provide a detailed description of the proposed service (#6). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The SOAR team will be trained in the two day FAN (Facilitating Attuned Interactions) training by the Erikson Institute. FAN Training focuses on theory of change, core processes and attunement to promote infant family engagement. The training is team-based, uses a cohort model and will train up to 25 individuals per cohort. Training will also be provided to the SOAR Child-Parent Psychotherapy program therapists and to the EC-PBS coaches to enhance infant mental health skills of each program. Cohort one training will be additionally extended to Boone County agencies that focus on

infant/family work. Pediatricians from MU Child Health, Healthy Steps provider and FACE will participate in FAN training. Two of SOAR's team members will receive an additional day of training to prepare them to be FAN Train the Trainers. SOAR's FAN Trainers will lead two additional cohorts of two day trainings in the community for up to 25 individuals with the support of the Erikson Institute. SOAR's Train the Trainers will participate in ongoing mentoring, monthly consultation and post-training reflective review from the Fussy Baby National Office.

Record Lock

0

Service #6 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#6)

1 Person

b. Unit Rate (#6)

\$83.57

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#6)

c. Is the proposed Unit Rate (#6) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#6) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#6) (600 character limit)

There is not a publicly funded unit rate for this service

d. Total Number of Units of Service to be Provided (#6)

1039

e. Total Number of Unduplicated Individuals (#6)

25

f. Average Number of Units of Service per Unduplicated Individual (#6)

41.56

g. Average Cost of Service per Individual (#6)

3473.17

Service #6 - Service Fee

a. Will the proposed service (#6) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#6) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#6)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#6). (600 character limit)

To encourage participation and engagement in the FAN training no fees will be charged.

b. Is this proposed service (#6) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#6) (600 character limit)

Narrative

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#6) (600 character limit)

Narrative

If No - Explain why the proposed service (#6) is not billable to a third-party payor. (600 character limit)

Training to increase infant mental health skills of providers is not billable to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#6) (600 character limit)

N/A

Service #6 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#6)

No (if no, move on to the Funding Request section.)

Service #6 - Other Funders Chart

<u>Funders (#6)</u>	<u>Unit Rate (#6)</u>	<u># of Units Funded (#6)</u>	<u>Total Amount Contracted (#6)</u>
a. Boone County - Children's Services Funding (#6)	6a1. \$0.00	6a2. 0	6a3. \$0.00
b. Boone County - Community Health Funding (#6)	6b1. \$0.00	6b2. 0	6b3. \$0.00
c. City of Columbia - Social Services Funding (#6)	6c1. \$0.00	6c2. 0	6c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#6)	6d1. \$0.00	6d2. 0	6d3. \$0.00
e. Heart of Missouri United Way Funding (#6)	6e1. \$0.00	6e2. 0	6d4. \$0.00

Service #6 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#6)

\$86,833.52

b. Proposed Number of Units of Service (#6)

1039.05

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#6) (600 character limit)

Narrative

Service #6 - Performance Measures

Outcome (6-1)

- 1) Increase SOAR team members' capacity to use the FAN model
- 2) Increase trained team members' satisfaction with FAN training

Additional Outcome (6-2)

- 1) Increase SOAR team members' capacity to train early childhood providers in use of the FAN model
- 2) Increase trained team members' satisfaction with FAN training

Additional Outcome (6-3)

Increased provider knowledge and confidence in using the FAN model.

Indicator (6-1)

- 1) 25 SOAR team members will complete the training
- 2) Team members will have a 90% satisfaction with the training

Additional Indicator (6-2)

- 1) 2 SOAR team members will complete the train-the-trainer training
- 2) Team members will have a 90% satisfaction with the training

Additional Indicator (6-3)

- 1) Train the trainers (2) will have a 90% confidence in use of the FAN model

Method of Measurement (6-1)

- 1) Certificate of completion
- 2) Post satisfaction survey

Additional Method (6-2)

- 1) Certificate of completion
- 2) Post satisfaction survey

Additional Method (6-3)

- 1) Team member

survey

2) 100% of train the trainers (2) will participate in monthly conference calls

2) Call logs

3) 100% of train the trainers (2) will participate in FAN consultation meetings

3) Meeting logs

Additional Outcome (6-4)

Text

Additional Indicator (6-4)

Text

Additional Method (6-4)

Text

Additional Outcome (6-5)

Text

Additional Indicator (6-5)

Text

Additional Method (6-5)

Text

Service #6 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#6) (600 character limit)

The goal is for the SOAR team to be trained to build capacity to disseminate FAN training. The proposed outcomes are to increase team members' capacity to use the FAN model, increase team members' capacity to train early childhood providers in use of the FAN model, and to increase team members' knowledge and confidence in using the FAN model.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#6) (600 character limit)

Potential barriers include staff turnover, availability of FAN trainer, and availability of staff to train/scheduling conflicts.

c. Provide a rationale for the measurement level(s) for each indicator. (#6) (600 character limit)

We plan to monitor the number of team members who complete the training and their satisfaction. Team members change in knowledge and confidence using the FAN model and satisfaction will also be assessed.

d. Provide a rationale for each method of measurement. (#6) (600 character limit)

An effective way to measure the impact of the training is administering surveys to assess participant's knowledge, confidence, and satisfaction.

Service #7 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#7)

a. Service #7 - Taxonomy of Service Name (150 character limit)

Best Practices Training

b. Service #7 - Taxonomy Definition of Service (300 character limit)

Provides training to build on or explore best practice techniques

c. Provide a detailed description of the proposed service (#7). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

SOAR staff FAN train-the-trainers will conduct 3 cohort trainings of Boone County early childhood providers in use of the FAN model (2 cohorts first year, 3 in second year). FAN trainings are two days in length and will build the skills and continuum of services in agencies that provide care for postpartum mothers and infants (0-12 months). Consultation post training will be provided to community partners who attend FAN Training. Priority for training will be for programs serving the target population (i.e. home visiting programs, lactation consultants, part C early interventionists, etc.)

Service #7 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#7)

1 Hour

b. Unit Rate (#7)

\$62.14

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#7)

c. Is the proposed Unit Rate (#7) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#7) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#7) (600 character limit)

There is no public funding for FAN training

d. Total Number of Units of Service to be Provided (#7)

980

e. Total Number of Unduplicated Individuals (#7)

60

f. Average Number of Units of Service per Unduplicated Individual (#7)

16.33

g. Average Cost of Service per Individual (#7)

1014.95

Service #7- Service Fee

a. Will the proposed service (#7) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#7) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#7) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#7). (600 character limit)

To encourage participation in the FAN training no fees will be charged.

b. Is this proposed service billable to a third-party payor(s)? (#7) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#7). (600 character limit)

Narrative

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#7) (600 character limit)

Narrative

If No - Explain why the proposed service is not billable to a third party payor. (#7) (600 character limit)

There is not a third party billable rate for FAN Training.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#7) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #7 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#7)

No (if no, move on to the Funding Request section)

Service #7 - Other Funders Chart

<u>Funders (#7)</u>	<u>Unit Rate (#7)</u>	<u># of Units Funded (#7)</u>	<u>Total Amount Contracted (#7)</u>
a Boone County - Children's Services Funding (#7)	7a1. \$0.00	7a2. 0	7a3. \$0.00
b. Boone County - Community Health Funding (#7)	7b1. \$0.00	7b2. 0	7b3. \$0.00

c. City of Columbia - Social Services Funding (#7)	7c1. \$0.00	7c2. 0	7c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#7)	7d1. \$0.00	7d2. 0	7d3. \$0.00
e. Heart of Missouri United Way Funding (#7)	7e1. \$0.00	7e2. 0	7e3. \$0.00

Service #7 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#7)
\$60,893.29

b. Proposed Number of Units of Service (#7)
979.94

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#7) (600 character limit)
Narrative

Service #7 - Performance Measures

Outcome (7-1)	Indicator (7-1)	Method of Measurement (7-1)
Increase number of providers in Boone County using the FAN model	60 providers trained	Sign in sheet
Additional Outcome (7-2)	Additional Indicator (7-2)	Additional Method (7-2)
Increase providers' knowledge of FAN model.	100% providers will show a 75% increase in knowledge about the FAN model	Pre-Post survey (note: post survey includes satisfaction questions)
Additional Outcome (7-3)	Additional Indicator (7-3)	Additional Method (7-3)
Increase number of families reached using FAN	250 children/families reached by trained providers using FAN method in year 1, 750 reached in year 2	Quarterly provider follow-up survey and check in
Additional Outcome (7-4)	Additional Indicator (7-4)	Additional Method (7-4)
Text	Text	Text
Additional Outcome (7-5)	Additional Indicator (7-5)	Additional Method (7-5)
Text	Text	Text

Service #7 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (7) (600 character limit)

The goal is for the SOAR team to disseminate FAN training to expand the skills/services in agencies that work with infants and families. The proposed outcomes are to increase the number of providers using the FAN model, increase providers' knowledge, and increase the number of families being reached using the FAN.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (7) (600 character limit)

External factors that may affect this outcome includes turnover in trained staff and trainee availability/scheduling conflicts.

c. Provide a rationale for the measurement level(s) for each indicator. (7) (600 character limit)

We plan to monitor the number of providers trained and number of families reached. Providers change in knowledge and satisfaction using the FAN model will also be assessed.

d. Provide a rationale for each method of measurement (7). (600 character limit)

An effective way to measure the impact of the training is administering surveys to assess participant's knowledge, and satisfaction.

Service #8 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#8)

Service #8 - Taxonomy of Service Name (150 character limit)

Postpartum Care

Service #8 - Taxonomy Definition of Service (300 character limit)

Physical, mental, and emotional care for the mother, newborn, and/or infant during the postnatal period provided by a qualified health care professional.

c. Provide a detailed description of the proposed service (#8). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The SOAR team will be supported by the Erikson Institute/Fussy Baby National office to become a FB network clinic site. The Fussy Baby Network is a targeted preventative intervention program to provide services to families struggling with their infant's crying and related concerns (sleep or feeding problems) during the first year of life. Fussy Baby services will be provided to any new parents who are stressed, overwhelmed or experiencing issues with postpartum mood. The SOAR Fussy Baby team will provide immediate support through a wamline. Short term home or clinic visits will be offered to families after consultation. The program is designed to address a family's urgent concerns about their baby, using intervention processes that build longer-term parenting capacities, including parental confidence and competence, strong parent-child relationships, and balanced and positive parent views of their baby. SOAR will provide onsite consultations through existing community partnerships of WIC, Harbor House and through Children's Division. Foster parents of substance addicted infants will be offered consultation and home visits. A partnership with the NICU for onsite interventions with parents and infants will be established. Joint home visits will be offered to clients of existing home visiting programs where the home visitor feels additional need for infant/family support. Screening and identifying developmental and early social emotional concerns will be prioritized using the (SWYC) Survey of Wellbeing of the Young Child. Infants and families identified that need additional supports or fall outside of the scope of SOAR's service delivery will be referred to FACE.

Service #8 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#8)

1 Hour

b. Unit Rate (#8)

\$30.38

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#8)

c. Is the proposed Unit Rate (#8) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#8) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#8) (600 character limit)

No public funding rate for Fussy Baby network intervention/prevention services.

d. Total Number of Units of Service to be Provided (#8)

2352

e. Total Number of Unduplicated Individuals (#8)

200

f. Average Number of Units of Service per Unduplicated Individual (#8)

11.76

g. Average Cost of Service per Individual (#8)

357.27

Service #8 - Service Fee

a. Will the proposed service (#8) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service (#8). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#8)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#8) (600 character limit)

There will be no charge for Fussy Baby Network services and no family will be denied services for financial reasons. There are no current billable services for the proposed service.

b. Is this proposed service billable to a third-party payor(s)? (#8) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#8). (600 character

limit)

Narrative

If No - Explain why the proposed service is not billable to a third-party payor. (#8) (600 character limit)

The Fussy Baby interventions are not currently reimbursable by a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#8) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #8 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#8)

No (if no, move on to the Funding Request section)

Service #8 - Other Funders Chart

<u>Funders (#8)</u>	<u>Unit Rate (#8)</u>	<u># of Units Funded (#8)</u>	<u>Total Amount Contracted (#8)</u>
	8a1.	8a2.	8a3.
a Boone County - Children's Services Funding (#8)	\$0.00	0	\$0.00
	8b1.	8b2.	8b3.
b. Boone County - Community Health Funding (#8)	\$0.00	0	\$0.00
	8c1.	8c2.	8c3.
c. City of Columbia - Social Services Funding (#8)	\$0.00	0	\$0.00
	8d1.	8d2.	8d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#8)	\$0.00	0	\$0.00
	8e1.	8e2.	8e3.
e. Heart of Missouri United Way Funding (#8)	\$0.00	0	\$0.00

Service #8 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#8)

\$71,450.83

b. Proposed Number of Units of Service (#8)

2351.9

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#8) (600 character limit)

Narrative

Service #8 - Performance Measures

Outcome (8-1)

Increase number of families receiving early childhood mental health information and support through on-site consultation

Indicator (8-1)

100% of parents will have 90% satisfaction with on-site consultation

Method of Measurement (8-1)

- 1) Visit log
- 2) Satisfaction survey administered at end of consultation

Additional Outcome (8-2)

Additional Indicator (8-2)

Additional Method (8-2)

Increase number of families receiving early childhood mental health information and support through warmline and/or referral network

Additional Outcome (#3-3)

Increase number of families receiving early childhood mental health information and support through home visitation

Additional Outcome (8-4)

- 1) Decrease parenting stress
- 2) Increase parent confidence in dealing with infant behavior problems

Additional Outcome (8-5)

- 1) Increase identification of family risk factors
- 2) Increase identification of developmental and behavioral concerns in young childhood

100% of parents will have 90% satisfaction with warmline and/or referral network

Additional Indicator (8-3)

- 1) 100% of parents will have 90% satisfaction with home visiting services
- 2) 90% of parents will indicate that the home visit helped with their infant's behavior

Additional Indicator (8-4)

- 1) Parents will show a 50% decrease in parenting stress
- 2) Parents will show a 50% increase in parenting confidence

Additional Indicator (8-5)

- 1) Number of screenings conducted using SWYC
- 2) Number of referrals made

- 1) Call and referral log

- 2) Satisfaction survey administered (verbally) at end of call

Additional Method (8-3)

- 1) Visit log
- 2) Satisfaction survey administered at last home visit

Additional Method (8-4)

- 1) Pre-Post Parenting Stress Scale administered during the first and last home visits
- 2) Pre-Post Parenting Efficacy Survey administered during the first and last home visits

Additional Method (8-5)

- 1) SWYC
- 2) Referral log

Service #8 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#8). (600 character limit)

The goal is for SOAR to become an FBN infusion site by providing parenting consultation, developing a warmline/referral line, and conducting home visits. The proposed outcomes are an increase in the number of families early childhood mental health information and support; decreasing parenting stress; increasing confidence in dealing with infant behavior problems; increasing identification of family risk factors; and increasing identification of developmental and behavioral concerns in young children.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#8). (600 character limit)

Potential barriers include the stigma of receiving parenting support or parental mental health issues or family risk factors preventing parents from participating. Other factors include a low number of referrals from other professionals and poor utilization of phone line due to parents preferring other methods of communication (i.e. texting).

c. Provide a rationale for the measurement level(s) for each indicator (#8). (600 character limit)

We plan to monitor parents' satisfaction with consultation, warmline usage, and home visitation. In addition we will assess parental stress and confidence. Lastly, we will monitor developmental and behavioral concerns in young children.

d. Provide a rationale for each method of measurement (#8). (600 character limit)

An effective way to measure parents' satisfaction is administering a satisfaction survey. Parental stress will be measured with pre/post Parenting Stress Scale and parents' confidence will be measured using pre/post Parenting Efficiency Scale. The Survey of Wellbeing of Young Children (SWYC) will be used to monitor the developmental and behavioral concerns in young children.

Service #9 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#9)

a. Service #9 - Taxonomy of Service Name (150 character limit)

Behavioral Health Screening

b. Service #9 - Taxonomy Definition of Service (300 character limit)

Identifies if an individual is at risk of experiencing symptoms of a mental health condition. Screening will be completed to determine eligibility for Child-Parent Psychotherapy (CPP) program. Children not qualifying for CPP will be referred to other services.

c. Provide a detailed description of the proposed service (#9). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Behavioral Health Screening will be conducted to screen for eligibility for the CPP program. When potential clients or referral source call, the Coordinator will collect initial demographic data on an intake form. The Coordinator will assign the new referral to a CPP clinician to contact the family within 24 hours, conduct behavioral screening, and, if eligible, schedule the first appointment within 7 days to start the Behavioral Health Assessment. The behavioral health screening will screen for trauma that negatively impacts the child-parent relationship and child's developmental milestones, and affect regulation and attachment behaviors in the dyad. Children who experience trauma can often experience one or all of the following symptoms: behavioral problems, emotional dysregulation and developmental regression. If the client is not eligible, the CPP clinician will make the appropriate referral for other services such as FACE. The CPP Coordinator will make a copy of the intake form and secure it in the CPP referral/case assignment notebook. The CPP

Coordinator will give the clinician the original intake form upon case assignment. The CPP clinician will notify the CPP Coordinator of time and date of the first appointment. The CPP Coordinator will enter referral information into the IDX system and REDcap data management system.

Service #9 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#9)

1 Hour

b. Unit Rate (#9)

\$46.28

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#9)

c. Is the proposed Unit Rate (#9) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#9) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#9) (600 character limit)

Unit Rate is based on amount needed to cover program service costs and salaries of clinicians.

d. Total Number of Units of Service to be Provided (#9)

780

e. Total Number of Unduplicated Individuals (#9)

50

f. Average Number of Units of Service per Unduplicated Individual (#9)

15.6

g. Average Cost of Service per Individual (#9)

721.97

Service #9 - Service Fee

a. Will the proposed service (#9) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#9). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#9)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#9). (600 character limit)

There is not a fee structure in place for all components of CPP. There are no other providers rostered to deliver CPP in Boone County. Often young children with social, emotional, and behavioral problems have no access to services in Boone County. Access to CPP will give primary care providers, children's division workers, early childhood providers, and families an option that has proven effective in this population. CPP also improves child-parent relationship by decreasing parental stress, increases parental protective factors, and decreases overall parental mental health problems.

b. Is this proposed service (#9) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#9) (600 character limit)

Narrative

If No - Explain why the proposed service (#9) is not billable to a third-party payor. (600 character limit)

This not a reimbursable service under Medicaid. We are working with them to change this. Initial talks have been positive. The change in State leadership (with a new governor) have delayed it some. We plan additional work on this in 2018. This services is needed to improve access to services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#9) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #9 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#9)

No (if no, move on to the Funding Request section)

Service #9 - Other Funders Chart

<u>Funders (#9)</u>	<u>Unit Rate (#9)</u>	<u># of Units Funded (#9)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#9)	9a1. \$0.00	9a2. 0	9a3. \$0.00
b. Boone County - Community Health Funding (#9)	9b1. \$0.00	9b2. 0	9b3. \$0.00
c. City of Columbia - Social Services Funding (#9)	9c1. \$0.00	9c2. 0	9c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#9)	9d1. \$0.00	9d2. 0	9d3. \$0.00
e. Heart of Missouri United Way Funding (#9)	9e1. \$0.00	9e2. 0	9d4. \$0.00

Service #9 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#9)
\$36,100.28

b. Proposed Number of Units of Service (#9)
780.04

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#9) (600 character limit)

Funding is based on covering the cost of administering the program service.

Services #9 - Performance Measures

Outcome (9-1)	Indicator (9-1)	Method of Measurement (9-1)
Referrals will be contacted within 24 hours to screen for eligibility for CPP services	90 % of all eligible referral will have 1st appointment scheduled within 7 business days.	Behavioral Health screening Intake note will be completed and 1st appointment scheduled within 7 business days
Additional Outcome (9-2)	Additional Indicator (9-2)	Additional Method (9-2)
Text	Text	Text
Additional Outcome (9-3)	Additional Indicator (9-3)	Additional Method (9-3)
Text	Text	Text
Additional Outcome (9-4)	Additional Indicator (9-4)	Additional Method (9-4)
Text	Text	Text
Additional Outcome (9-5)	Additional Indicator (9-5)	Additional Method (9-5)
Text	Text	Text

Service #9 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#9) (600 character limit)

It is critical that clients are engaged in the intake process as quickly as possible upon referral to the CPP program to create a warm responsiveness rapport that will increase the likelihood of engagement into the treatment process.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#9) (600 character limit)

There can be environmental factors that impede clients from engaging in treatment such as lack of reliable transportation to access services and financial resources.

c. Provide a rationale for the measurement level(s) for each indicator (#9) (600 character limit)

Engagement into services is higher when clients start services faster.

d. Provide a rationale for each method of measurement (#9) (600 character limit)

Case assignment and time span from first appointment will be monitored.

Service #10 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#10)

a. Service #10 - Taxonomy of Service Name (150 character limit)

Family Therapy

b. Service #10 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.

c. Provide a detailed description of the proposed service (#10). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The family therapy incorporates both parent-child dyadic psychotherapeutic intervention and parent guidance working on multiple levels: helping parents understand normal developmental challenges and expectations; helping parents understand the unique processing abilities of their children; helping parents understand the impact of trauma on child and how this might be expressed in their behavior; reframing child's behavior; problem solving new strategies; and reflecting on the psychodynamic relationship between parent feeling, history, and the parental response to the child.

Service #10 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#10)

1 Hour

b. Unit Rate (#10)

\$40.93

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#10)

c. Is the proposed Unit Rate (#10) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#10) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#10). (600 character limit)

There is not a rate for the series of sessions needed for CPP. Family therapy is included. Rate is based on costs associated with administering the program service.

d. Total Number of Units of Service to be Provided (#10)

1931

e. Total Number of Unduplicated Individuals (#10)

50

f. Average Number of Units of Service per Unduplicated Individual (#10)

38.62

g. Average Cost of Service per Individual (#10)

1580.72

Service #10 - Service Fee

a. Will the proposed service (#10) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#10). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#10)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#10). (600 character limit)

The number of sessions determined by the evidenced based treatment of 32-52 sessions is not reimbursable by insurance or Medicaid program.

b. Is this proposed service (#10) billable to a third party-payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#10) (600 character limit)

Narrative

If No - Explain why the proposed service (#10) is not billable to a third-party payor. (600 character limit)

The number of sessions determined by the evidenced based treatment of 32-52 sessions is not reimbursable by insurance or Medicaid program.

c. What fee payment options will be provided for proposed service (#10) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #10 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#10)

No (if no, move on to the Funding Request section)

Service #10 - Other Funders Chart

<u>Funders (#10)</u>	<u>Unit Rate (#10)</u>	<u># of Units Funded (#10)</u>	<u>Total Amount Contracted (#10)</u>
	10a1.	10a2.	10a3.
a. Boone County - Children's Services Funding (#10)	\$0.00	0	\$0.00
	10b1.	10b2.	10b3.
b. Boone County - Community Health Funding (#10)	\$0.00	0	\$0.00
	10c1.	10c2.	10c3.
c. City of Columbia - Social Services Funding (#10)	\$0.00	0	\$0.00
	10d1.	10d2.	10d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#10)	\$0.00	0	\$0.00
	10e1.	10e2.	10e3.
e. Heart of Missouri United Way (#10)	\$0.00	0	\$0.00

Service #10 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#10)

\$79,040.62

b. Proposed Number of Units of Service (#10)

1931.12

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or

enabling the organization access to funding from other funding sources. (#10) (600 character limit)

There are very limited resources available to children 0-6 years and their families. This service gives community partners a resource to refer children to and is proven to improve the lives of young children and their families who have been traumatized.

Service #10 - Performance Measures

Outcome (10-1)	Indicator (10-1)	Method of Measurement (10-1)
Improve the health and wellness for parents	80% of individuals(parents) with clinically elevated scales will show clinically significant improvements	Traumatic Events Screening Inventory-Parent report revised(TESI-PRR); Center for Epidemiologic Studies (CESD-R); Working Model of the Child Interview; Parent-Child interaction observation; PTSD Checklist(PCL-5 -w/A);
Additional Outcome (10-2)	Additional Indicator (10-2)	Additional Method (10-2)
Improve the health and wellness for children	80% of individuals(child) with clinically elevated scales will show clinically significant improvements	Ages and Stages Questionnaire (ASQ3); Ages and Stages Questionnaire-Social Emotional (ASQ SE2);Child Behavior Checklist(CBCL); Young Child PTSD Checklist(YCPC)
Additional Outcome (10-3)	Additional Indicator (10-3)	Additional Method (10-3)
Increase provider satisfaction with services and supports provided by CPP	Providers will have a 80 % satisfaction level with the availability of services and supports provided by CPP	Levels of Collaboration Scale
Additional Outcome (10-4)	Additional Indicator (10-4)	Additional Method (10-4)
Text	Text	Text
Additional Outcome (10-5)	Additional Indicator (10-5)	Additional Method (10-5)
Text	Text	Text

Service #10 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#10) (600 character limit)**

The goal of the program is to provide an evidenced based service of CPP to young children and their caregivers. The expected outcome is that 80% of the individuals served by CPP will show clinically significant improvement on their presenting problems (social emotional difficulties, developmental delays, and parenting stress).

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#10) (600 character limit)

Referrals to the service could affect the proposed outcome. Other SOAR programs will serve as referral sources. Active engagement with physicians, early childhood programs, and Children's Division will also be sources of referrals for this program.

c. Provide a rationale for the measurement level(s) for each indicator (#10) (600 character limit)

Tools used will show improvement in the health and wellness of children and caregivers. They will show increased satisfaction by providers for services and supports provided by the program.

d. Provide a rationale for each method of measurement (#10) (600 character limit)

The CBCL, ASQ3, ASQ SE2; and parent stress index 4 will show an improvement in the child's social/emotional health, movement to a more healthy developmental trajectory, and reduced parental stress which helps to improve the child parent relationship. Collaboration Survey will show strengthening relationships with referring agencies and partners.

Total Amount Requested for Services #6 - Service #10**Total Amount Requested for Services #6 - Service #10**

334318.54

Additional Program Services #6 - #10 (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	System of Offering Actions for Resilience (SOAR) in Early Childhood
Amount of Request	\$995,900.92
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #6 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#6)

a. Service #6 - Taxonomy of Service Name (150 character limit)

Organizational Capacity Training

b. Service #6 - Taxonomy Definition of Service (300 character limit)

Informs an organization of concepts and strategies to improve core capacities of an organization

c. Provide a detailed description of the proposed service (#6). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The SOAR team will be trained in the two day FAN (Facilitating Attuned Interactions) training by the Erikson Institute. FAN Training focuses on theory of change, core processes and attunement to promote infant family engagement. The training is team-based, uses a cohort model and will train up to 25 individuals per cohort. Training will also be provided to the SOAR Child-Parent Psychotherapy program therapists and to the EC-PBS coaches to enhance infant mental health skills of each program. Cohort one training will be additionally extended to Boone County agencies that focus on

infant/family work. Pediatricians from MU Child Health, Healthy Steps provider and FACE will participate in FAN training. Two of SOAR's team members will receive an additional day of training to prepare them to be FAN Train the Trainers. SOAR's FAN Trainers will lead two additional cohorts of two day trainings in the community for up to 25 individuals with the support of the Erikson Institute. SOAR's Train the Trainers will participate in ongoing mentoring, monthly consultation and post-training reflective review from the Fussy Baby National Office.

Record Lock

0

Service #6 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#6)

1 Person

b. Unit Rate (#6)

\$83.57

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#6)

c. Is the proposed Unit Rate (#6) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#6) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#6) (600 character limit)

There is not a publicly funded unit rate for this service

d. Total Number of Units of Service to be Provided (#6)

1039

e. Total Number of Unduplicated Individuals (#6)

25

f. Average Number of Units of Service per Unduplicated Individual (#6)

41.56

g. Average Cost of Service per Individual (#6)

3473.17

Service #6 - Service Fee

a. Will the proposed service (#6) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#6) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#6)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#6). (600 character limit)

To encourage participation and engagement in the FAN training no fees will be charged.

b. Is this proposed service (#6) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#6) (600 character limit)

Narrative

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#6) (600 character limit)

Narrative

If No - Explain why the proposed service (#6) is not billable to a third-party payor. (600 character limit)

Training to increase infant mental health skills of providers is not billable to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#6) (600 character limit)

N/A

Service #6 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#6)

No (If no, move on to the Funding Request section.)

Service #6 - Other Funders Chart

<u>Funders (#6)</u>	<u>Unit Rate (#6)</u>	<u># of Units Funded (#6)</u>	<u>Total Amount Contracted (#6)</u>
	6a1.	6a2.	6a3.
a. Boone County - Children's Services Funding (#6)	\$0.00	0	\$0.00
	6b1.	6b2.	6b3.
b. Boone County - Community Health Funding (#6)	\$0.00	0	\$0.00
	6c1.	6c2.	6c3.
c. City of Columbia - Social Services Funding (#6)	\$0.00	0	\$0.00
	6d1.	6d2.	6d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#6)	\$0.00	0	\$0.00
	6e1.	6e2.	6d4.
e. Heart of Missouri United Way Funding (#6)	\$0.00	0	\$0.00

Service #6 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#6)

\$86,833.52

b. Proposed Number of Units of Service (#6)

1039.05

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#6) (600 character limit)

Narrative

Service #6 - Performance Measures

Outcome (6-1)

- 1) Increase SOAR team members' capacity to use the FAN model
- 2) Increase trained team members' satisfaction with FAN training

Additional Outcome (6-2)

- 1) Increase SOAR team members' capacity to train early childhood providers in use of the FAN model
- 2) Increase trained team members' satisfaction with FAN training

Additional Outcome (6-3)

Increased provider knowledge and confidence in using the FAN model.

Indicator (6-1)

- 1) 25 SOAR team members will complete the training
- 2) Team members will have a 90% satisfaction with the training

Additional Indicator (6-2)

- 1) 2 SOAR team members will complete the train-the-trainer training
- 2) Team members will have a 90% satisfaction with the training

Additional Indicator (6-3)

1) Train the trainers 2) will have a 90% confidence in use of the FAN model

Method of Measurement (6-1)

- 1) Certificate of completion
- 2) Post satisfaction survey

Additional Method (6-2)

- 1) Certificate of completion
- 2) Post satisfaction survey

Additional Method (6-3)

- 1) Team member

	2) 100% of train the trainers (2) will participate in monthly conference calls	survey 2) Call logs
	3) 100% of train the trainers (2) will participate in FAN consultation meetings	3) Meeting logs
Additional Outcome (6-4) Text	Additional Indicator (6-4) Text	Additional Method (6-4) Text
Additional Outcome (6-5) Text	Additional Indicator (6-5) Text	Additional Method (6-5) Text

Service #6 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#6) (600 character limit)

The goal is for the SOAR team to be trained to build capacity to disseminate FAN training. The proposed outcomes are to increase team members' capacity to use the FAN model, increase team members' capacity to train early childhood providers in use of the FAN model, and to increase team members' knowledge and confidence in using the FAN model.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#6) (600 character limit)

Potential barriers include staff turnover, availability of FAN trainer, and availability of staff to train/scheduling conflicts.

c. Provide a rationale for the measurement level(s) for each indicator. (#6) (600 character limit)

We plan to monitor the number of team members who complete the training and their satisfaction. Team members change in knowledge and confidence using the FAN model and satisfaction will also be assessed.

d. Provide a rationale for each method of measurement. (#6) (600 character limit)

An effective way to measure the impact of the training is administering surveys to assess participant's knowledge, confidence, and satisfaction.

Service #7 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#7)

a. Service #7 - Taxonomy of Service Name (150 character limit)

Best Practices Training

b. Service #7 - Taxonomy Definition of Service (300 character limit)

Provides training to build on or explore best practice techniques

c. Provide a detailed description of the proposed service (#7). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

SOAR staff FAN train-the-trainers will conduct 3 cohort trainings of Boone County early childhood providers in use of the FAN model (2 cohorts first year, 3 in second year). FAN trainings are two days in length and will build the skills and continuum of services in agencies that provide care for postpartum mothers and infants (0-12 months). Consultation post training will be provided to community partners who attend FAN Training. Priority for training will be for programs serving the target population (i.e. home visiting programs, lactation consultants, part C early interventionists, etc.)

Service #7 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#7)

1 Hour

b. Unit Rate (#7)

\$62.14

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#7)

c. Is the proposed Unit Rate (#7) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#7) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#7) (600 character limit)

There is no public funding for FAN training

d. Total Number of Units of Service to be Provided (#7)

980

e. Total Number of Unduplicated Individuals (#7)

60

f. Average Number of Units of Service per Unduplicated Individual (#7)

16.33

g. Average Cost of Service per Individual (#7)

1014.95

Service #7- Service Fee

a. Will the proposed service (#7) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#7) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#7) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#7). (600 character limit)

To encourage participation in the FAN training no fees will be charged.

b. Is this proposed service billable to a third-party payor(s)? (#7) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#7). (600 character limit)

Narrative

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#7) (600 character limit)

Narrative

If No - Explain why the proposed service is not billable to a third party payor. (#7) (600 character limit)

There is not a third party billable rate for FAN Training.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#7) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #7 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#7)

No (if no, move on to the Funding Request section)

Service #7 - Other Funders Chart

<u>Funders (#7)</u>	<u>Unit Rate (#7)</u>	<u># of Units Funded (#7)</u>	<u>Total Amount Contracted (#7)</u>
	7a1.	7a2.	7a3.
a Boone County - Children's Services Funding (#7)	\$0.00	0	\$0.00
	7b1.	7b2.	7b3.
b. Boone County - Community Health Funding (#7)	\$0.00	0	\$0.00

c. City of Columbia - Social Services Funding (#7)	7c1. \$0.00	7c2. 0	7c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#7)	7d1. \$0.00	7d2. 0	7d3. \$0.00
e. Heart of Missouri United Way Funding (#7)	7e1. \$0.00	7e2. 0	7e3. \$0.00

Service #7 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#7)
\$60,893.29

b. Proposed Number of Units of Service (#7)
979.94

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#7) (600 character limit)

Narrative

Service #7 - Performance Measures

Outcome (7-1)	Indicator (7-1)	Method of Measurement (7-1)
Increase number of providers in Boone County using the FAN model	60 providers trained	Sign in sheet
Additional Outcome (7-2)	Additional Indicator (7-2)	Additional Method (7-2)
Increase providers' knowledge of FAN model.	100% providers will show a 75% increase in knowledge about the FAN model	Pre-Post survey (note: post survey includes satisfaction questions)
Additional Outcome (7-3)	Additional Indicator (7-3)	Additional Method (7-3)
Increase number of families reached using FAN	250 children/families reached by trained providers using FAN method in year 1, 750 reached in year 2	Quarterly provider follow-up survey and check in
Additional Outcome (7-4)	Additional Indicator (7-4)	Additional Method (7-4)
Text	Text	Text
Additional Outcome (7-5)	Additional Indicator (7-5)	Additional Method (7-5)
Text	Text	Text

Service #7 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (7) (600 character limit)

The goal is for the SOAR team to disseminate FAN training to expand the skills/services in agencies that work with infants and families. The proposed outcomes are to increase the number of providers using the FAN model, increase providers' knowledge, and increase the number of families being reached using the FAN.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (7) (600 character limit)

External factors that may affect this outcome includes turnover in trained staff and trainee availability/scheduling conflicts.

c. Provide a rationale for the measurement level(s) for each indicator. (7) (600 character limit)

We plan to monitor the number of providers trained and number of families reached. Providers change in knowledge and satisfaction using the FAN model will also be assessed.

d. Provide a rationale for each method of measurement (7). (600 character limit)

An effective way to measure the impact of the training is administering surveys to assess participant's knowledge, and satisfaction.

Service #8 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#8)

Service #8 - Taxonomy of Service Name (150 character limit)

Postpartum Care

Service #8 - Taxonomy Definition of Service (300 character limit)

Physical, mental, and emotional care for the mother, newborn, and/or infant during the postnatal period provided by a qualified health care professional.

c. Provide a detailed description of the proposed service (#8). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The SOAR team will be supported by the Erikson Institute/Fussy Baby National office to become a FB network clinic site. The Fussy Baby Network is a targeted preventative intervention program to provide services to families struggling with their infant's crying and related concerns (sleep or feeding problems) during the first year of life. Fussy Baby services will be provided to any new parents who are stressed, overwhelmed or experiencing issues with postpartum mood. The SOAR Fussy Baby team will provide immediate support through a warmline. Short term home or clinic visits will be offered to families after consultation. The program is designed to address a family's urgent concerns about their baby, using intervention processes that build longer-term parenting capacities, including parental confidence and competence, strong parent-child relationships, and balanced and positive parent views of their baby. SOAR will provide onsite consultations through existing community partnerships of WIC, Harbor House and through Children's Division. Foster parents of substance addicted infants will be offered consultation and home visits. A partnership with the NICU for onsite interventions with parents and infants will be established. Joint home visits will be offered to clients of existing home visiting programs where the home visitor feels additional need for infant/family support. Screening and identifying developmental and early social emotional concerns will be prioritized using the (SWYC) Survey of Wellbeing of the Young Child. Infants and families identified that need additional supports or fall outside of the scope of SOAR's service delivery will be referred to FACE.

Service #8 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#8)

1 Hour

b. Unit Rate (#8)

\$30.38

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#8)

c. Is the proposed Unit Rate (#8) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#8) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#8) (600 character limit)

No public funding rate for Fussy Baby network intervention/prevention services.

d. Total Number of Units of Service to be Provided (#8)

2352

e. Total Number of Unduplicated Individuals (#8)

200

f. Average Number of Units of Service per Unduplicated Individual (#8)

11.76

g. Average Cost of Service per Individual (#8)

357.27

Service #8 - Service Fee

a. Will the proposed service (#8) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service (#8). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#8)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#8) (600 character limit)

There will be no charge for Fussy Baby Network services and no family will be denied services for financial reasons. There are no current billable services for the proposed service.

b. Is this proposed service billable to a third-party payor(s)? (#8) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#8). (600 character

limit)

Narrative

If No - Explain why the proposed service is not billable to a third-party payor. (#8) (600 character limit)

The Fussy Baby interventions are not currently reimbursable by a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#8) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #8 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#8)

No (if no, move on to the Funding Request section)

Service #8 - Other Funders Chart

<u>Funders (#8)</u>	<u>Unit Rate (#8)</u>	<u># of Units Funded (#8)</u>	<u>Total Amount Contracted (#8)</u>
	8a1.	8a2.	8a3.
a Boone County - Children's Services Funding (#8)	\$0.00	0	\$0.00
	8b1.	8b2.	8b3.
b. Boone County - Community Health Funding (#8)	\$0.00	0	\$0.00
	8c1.	8c2.	8c3.
c. City of Columbia - Social Services Funding (#8)	\$0.00	0	\$0.00
	8d1.	8d2.	8d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#8)	\$0.00	0	\$0.00
	8e1.	8e2.	8e3.
e. Heart of Missouri United Way Funding (#8)	\$0.00	0	\$0.00

Service #8 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#8)

\$71,450.83

b. Proposed Number of Units of Service (#8)

2351.9

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#8) (600 character limit)

Narrative

Service #8 - Performance Measures

Outcome (8-1)

Increase number of families receiving early childhood mental health information and support through on-site consultation

Indicator (8-1)

100% of parents will have 90% satisfaction with on-site consultation

Method of Measurement (8-1)

- 1) Visit log
- 2) Satisfaction survey administered at end of consultation

Additional Outcome (8-2)

Additional Indicator (8-2)

Additional Method (8-2)

Increase number of families receiving early childhood mental health information and support through warmline and/or referral network

Additional Outcome (#3-3)

Increase number of families receiving early childhood mental health information and support through home visitation

Additional Outcome (8-4)

- 1) Decrease parenting stress
- 2) Increase parent confidence in dealing with infant behavior problems

Additional Outcome (8-5)

- 1) Increase identification of family risk factors
- 2) Increase identification of developmental and behavioral concerns in young childhood

100% of parents will have 90% satisfaction with warmline and/or referral network

Additional Indicator (8-3)

- 1) 100% of parents will have 90% satisfaction with home visiting services
- 2) 90% of parents will indicate that the home visit helped with their infant's behavior

Additional Indicator (8-4)

- 1) Parents will show a 50% decrease in parenting stress
- 2) Parents will show a 50% increase in parenting confidence

Additional Indicator (8-5)

- 1) Number of screenings conducted using SWYC
- 2) Number of referrals made

- 1) Call and referral log

- 2) Satisfaction survey administered (verbally) at end of call

Additional Method (8-3)

- 1) Visit log
- 2) Satisfaction survey administered at last home visit

Additional Method (8-4)

- 1) Pre-Post Parenting Stress Scale administered during the first and last home visits
- 2) Pre-Post Parenting Efficacy Survey administered during the first and last home visits

Additional Method (8-5)

- 1) SWYC
- 2) Referral log

Service #8 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#8). (600 character limit)

The goal is for SOAR to become an FBN infusion site by providing parenting consultation, developing a warmline/referral line, and conducting home visits. The proposed outcomes are an increase in the number of families early childhood mental health information and support; decreasing parenting stress; increasing confidence in dealing with infant behavior problems; increasing identification of family risk factors; and increasing identification of developmental and behavioral concerns in young children.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#8). (600 character limit)

Potential barriers include the stigma of receiving parenting support or parental mental health issues or family risk factors preventing parents from participating. Other factors include a low number of referrals from other professionals and poor utilization of phone line due to parents preferring other methods of communication (i.e. texting).

c. Provide a rationale for the measurement level(s) for each indicator (#8). (600 character limit)

We plan to monitor parents' satisfaction with consultation, warmline usage, and home visitation. In addition we will assess parental stress and confidence. Lastly, we will monitor developmental and behavioral concerns in young children.

d. Provide a rationale for each method of measurement (#8). (600 character limit)

An effective way to measure parents' satisfaction is administering a satisfaction survey. Parental stress will be measured with pre/post Parenting Stress Scale and parents' confidence will be measured using pre/post Parenting Efficiency Scale. The Survey of Wellbeing of Young Children (SWYC) will be used to monitor the developmental and behavioral concerns in young children.

Service #9 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#9)

a. Service #9 - Taxonomy of Service Name (150 character limit)

Behavioral Health Screening

b. Service #9 - Taxonomy Definition of Service (300 character limit)

Identifies if an individual is at risk of experiencing symptoms of a mental health condition. Screening will be completed to determine eligibility for Child-Parent Psychotherapy (CPP) program. Children not qualifying for CPP will be referred to other services.

c. Provide a detailed description of the proposed service (#9). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Behavioral Health Screening will be conducted to screen for eligibility for the CPP program. When potential clients or referral source call, the Coordinator will collect initial demographic data on an intake form. The Coordinator will assign the new referral to a CPP clinician to contact the family within 24 hours, conduct behavioral screening, and, if eligible, schedule the first appointment within 7 days to start the Behavioral Health Assessment. The behavioral health screening will screen for trauma that negatively impacts the child-parent relationship and child's developmental milestones, and affect regulation and attachment behaviors in the dyad. Children who experience trauma can often experience one or all of the following symptoms: behavioral problems, emotional dysregulation and developmental regression. If the client is not eligible, the CPP clinician will make the appropriate referral for other services such as FACE. The CPP Coordinator will make a copy of the intake form and secure it in the CPP referral/case assignment notebook. The CPP

Coordinator will give the clinician the original intake form upon case assignment. The CPP clinician will notify the CPP Coordinator of time and date of the first appointment. The CPP Coordinator will enter referral information into the IDX system and REDcap data management system.

Service #9 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#9)

1 Hour

b. Unit Rate (#9)

\$46.28

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#9)

c. Is the proposed Unit Rate (#9) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#9) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#9) (600 character limit)

Unit Rate is based on amount needed to cover program service costs and salaries of clinicians.

d. Total Number of Units of Service to be Provided (#9)

780

e. Total Number of Unduplicated Individuals (#9)

50

f. Average Number of Units of Service per Unduplicated Individual (#9)

15.6

g. Average Cost of Service per Individual (#9)

721.97

Service #9 - Service Fee

a. Will the proposed service (#9) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#9). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#9)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#9). (600 character limit)

There is not a fee structure in place for all components of CPP. There are no other providers rostered to deliver CPP in Boone County. Often young children with social, emotional, and behavioral problems have no access to services in Boone County. Access to CPP will give primary care providers, children's division workers, early childhood providers, and families an option that has proven effective in this population. CPP also improves child-parent relationship by decreasing parental stress, increases parental protective factors, and decreases overall parental mental health problems.

b. Is this proposed service (#9) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#9) (600 character limit)

Narrative

If No - Explain why the proposed service (#9) is not billable to a third-party payor. (600 character limit)

This not a reimbursable service under Medicaid. We are working with them to change this. Initial talks have been positive. The change in State leadership (with a new governor) have delayed it some. We plan additional work on this in 2018. This services is needed to improve access to services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#9) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #9 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#9)

No (if no, move on to the Funding Request section)

Service #9 - Other Funders Chart

<u>Funders (#9)</u>	<u>Unit Rate (#9)</u>	<u># of Units Funded (#9)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#9)	9a1. \$0.00	9a2. 0	9a3. \$0.00
b. Boone County - Community Health Funding (#9)	9b1. \$0.00	9b2. 0	9b3. \$0.00
c. City of Columbia - Social Services Funding (#9)	9c1. \$0.00	9c2. 0	9c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#9)	9d1. \$0.00	9d2. 0	9d3. \$0.00
e. Heart of Missouri United Way Funding (#9)	9e1. \$0.00	9e2. 0	9d4. \$0.00

Service #9 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#9)
\$36,100.28

b. Proposed Number of Units of Service (#9)
780.04

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#9) (600 character limit)

Funding is based on covering the cost of administering the program service.

Services #9 - Performance Measures

Outcome (9-1)	Indicator (9-1)	Method of Measurement (9-1)
Referrals will be contacted within 24 hours to screen for eligibility for CPP services	90 % of all eligible referral will have 1st appointment scheduled within 7 business days.	Behavioral Health screening Intake note will be completed and 1st appointment scheduled within 7 business days
Additional Outcome (9-2)	Additional Indicator (9-2)	Additional Method (9-2)
Text	Text	Text
Additional Outcome (9-3)	Additional Indicator (9-3)	Additional Method (9-3)
Text	Text	Text
Additional Outcome (9-4)	Additional Indicator (9-4)	Additional Method (9-4)
Text	Text	Text
Additional Outcome (9-5)	Additional Indicator (9-5)	Additional Method (9-5)
Text	Text	Text

Service #9 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#9) (600 character limit)

It is critical that clients are engaged in the intake process as quickly as possible upon referral to the CPP program to create a warm responsiveness rapport that will increase the likelihood of engagement into the treatment process.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#9) (600 character limit)

There can be environmental factors that impede clients from engaging in treatment such as lack of reliable transportation to access services and financial resources.

c. Provide a rationale for the measurement level(s) for each indicator (#9) (600 character limit)

Engagement into services is higher when clients start services faster.

d. Provide a rationale for each method of measurement (#9) (600 character limit)

Case assignment and time span from first appointment will be monitored.

Service #10 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#10)

a. Service #10 - Taxonomy of Service Name (150 character limit)

Family Therapy

b. Service #10 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment with a qualified mental health professional to help family members improve communication and resolve conflicts.

c. Provide a detailed description of the proposed service (#10). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The family therapy incorporates both parent-child dyadic psychotherapeutic intervention and parent guidance working on multiple levels: helping parents understand normal developmental challenges and expectations; helping parents understand the unique processing abilities of their children; helping parents understand the impact of trauma on child and how this might be expressed in their behavior; reframing child's behavior; problem solving new strategies; and reflecting on the psychodynamic relationship between parent feeling, history, and the parental response to the child.

Service #10 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#10)

1 Hour

b. Unit Rate (#10)

\$40.93

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#10)

c. Is the proposed Unit Rate (#10) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#10) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#10). (600 character limit)

There is not a rate for the series of sessions needed for CPP. Family therapy is included. Rate is based on costs associated with administering the program service.

d. Total Number of Units of Service to be Provided (#10)

1931

e. Total Number of Unduplicated Individuals (#10)

50

f. Average Number of Units of Service per Unduplicated Individual (#10)

38.62

g. Average Cost of Service per Individual (#10)

1580.72

Service #10 - Service Fee

a. Will the proposed service (#10) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#10). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#10)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#10). (600 character limit)

The number of sessions determined by the evidenced based treatment of 32-52 sessions is not reimbursable by insurance or Medicaid program.

b. Is this proposed service (#10) billable to a third party-payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#10) (600 character limit)

Narrative

If No - Explain why the proposed service (#10) is not billable to a third-party payor. (600 character limit)

The number of sessions determined by the evidenced based treatment of 32-52 sessions is not reimbursable by insurance or Medicaid program.

c. What fee payment options will be provided for proposed service (#10) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #10 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#10)

No (if no, move on to the Funding Request section)

Service #10 - Other Funders Chart

<u>Funders (#10)</u>	<u>Unit Rate (#10)</u>	<u># of Units Funded (#10)</u>	<u>Total Amount Contracted (#10)</u>
	10a1.	10a2.	10a3.
a. Boone County - Children's Services Funding (#10)	\$0.00	0	\$0.00
	10b1.	10b2.	10b3.
b. Boone County - Community Health Funding (#10)	\$0.00	0	\$0.00
	10c1.	10c2.	10c3.
c. City of Columbia - Social Services Funding (#10)	\$0.00	0	\$0.00
	10d1.	10d2.	10d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#10)	\$0.00	0	\$0.00
	10e1.	10e2.	10e3.
e. Heart of Missouri United Way (#10)	\$0.00	0	\$0.00

Service #10 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#10)

\$79,040.62

b. Proposed Number of Units of Service (#10)

1931.12

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or

enabling the organization access to funding from other funding sources. (#10) (600 character limit)

There are very limited resources available to children 0-6 years and their families. This service gives community partners a resource to refer children to and is proven to improve the lives of young children and their families who have been traumatized.

Service #10 - Performance Measures

Outcome (10-1)	Indicator (10-1)	Method of Measurement (10-1)
Improve the health and wellness for parents	80% of individuals(parents) with clinically elevated scales will show clinically significant improvements	Traumatic Events Screening Inventory-Parent report revised(TESI-PRR); Center for Epidemiologic Studies (CESD-R); Working Model of the Child Interview; Parent-Child interaction observation; PTSD Checklist(PCL-5 -w/A);
Additional Outcome (10-2)	Additional Indicator (10-2)	Additional Method (10-2)
Improve the health and wellness for children	80% of individuals(child) with clinically elevated scales will show clinically significant improvements	Ages and Stages Questionnaire (ASQ3); Ages and Stages Questionnaire-Social Emotional (ASQ SE2);Child Behavior Checklist(CBCL); Young Child PTSD Checklist(YCPC)
Additional Outcome (10-3)	Additional Indicator (10-3)	Additional Method (10-3)
Increase provider satisfaction with services and supports provided by CPP	Providers will have a 80 % satisfaction level with the availability of services and supports provided by CPP	Levels of Collaboration Scale
Additional Outcome (10-4)	Additional Indicator (10-4)	Additional Method (10-4)
Text	Text	Text
Additional Outcome (10-5)	Additional Indicator (10-5)	Additional Method (10-5)
Text	Text	Text

Service #10 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#10) (600 character limit)**

The goal of the program is to provide an evidenced based service of CPP to young children and their caregivers. The expected outcome is that 80% of the individuals served by CPP will show clinically significant improvement on their presenting problems (social emotional difficulties, developmental delays, and parenting stress).

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#10) (600 character limit)

Referrals to the service could affect the proposed outcome. Other SOAR programs will serve as referral sources. Active engagement with physicians, early childhood programs, and Children's Division will also be sources of referrals for this program.

c. Provide a rationale for the measurement level(s) for each indicator (#10) (600 character limit)

Tools used will show improvement in the health and wellness of children and caregivers. They will show increased satisfaction by providers for services and supports provided by the program.

d. Provide a rationale for each method of measurement (#10) (600 character limit)

The CBCL, ASQ3, ASQ SE2; and parent stress index 4 will show an improvement in the child's social/emotional health, movement to a more healthy developmental trajectory, and reduced parental stress which helps to improve the child parent relationship. Collaboration Survey will show strengthening relationships with referring agencies and partners.

Total Amount Requested for Services #6 - Service #10**Total Amount Requested for Services #6 - Service #10**

334318.54

Additional Program Services #11 - #15 (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	System of Offering Actions for Resilience (SOAR) in Early Childhood
Amount of Request	\$995,900.92
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #11 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#11)

a. Service #11 - Taxonomy of Service Name (150 character limit)

Clinical Case Management

b. Service #11 - Taxonomy Definition of Service (300 character limit)

Case management for individuals or families that need services, provided by a qualified mental health professional.

c. Provide a detailed description of the proposed service (#11). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

CPP clinician will facilitate the family's access to comprehensive services and supports with community organizations. Clinician provides assistance in obtaining information and partnering with the community providers; researching program appropriateness; and determining the availability of, making, and facilitating referrals to community providers.

Record Lock

Service #11 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#11)

1 Hour

b. Unit Rate (#11)

\$44.62

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#11)

c. Is the proposed Unit Rate (#11) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#11) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#11) (600 character limit)

Rate is based upon costs associated with providing this service

d. Total Number of Units of Service to be Provided (#11)

1456

e. Total Number of Unduplicated Individuals (#11)

50

f. Average Number of Units of Service per Unduplicated Individual (#11)

29.12

g. Average Cost of Service per Individual (#11)

1299.33

Service #6 - Service Fee

a. Will the proposed service (#11) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#11) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#11)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#11). (600 character limit)

Charges would limit access to families utilizing this services.

b. Is this proposed service (#11) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#11) (600 character limit)

Narrative

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#11) (600 character limit)

Narrative

If No - Explain why the proposed service (#11) is not billable to a third-party payor. (600 character limit)

This is not a coverable service under Medicaid or private insurances.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#11) (600 character limit)

N/A

Service #11 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way

for this service? (#11)

No (if no, move on to the Funding Request section.)

Service #11 - Other Funders Chart

<u>Funders (#11)</u>	<u>Unit Rate (#11)</u>	<u># of Units Funded (#11)</u>	<u>Total Amount Contracted (#11)</u>
a. Boone County - Children's Services Funding (#11)	11a1. \$0.00	11a2. 0	11a3. \$0.00
b. Boone County - Community Health Funding (#11)	11b1. \$0.00	11b2. 0	11b3. \$0.00
c. City of Columbia - Social Services Funding (#11)	11c1. \$0.00	11c2. 0	11c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#11)	11d1. \$0.00	11d2. 0	11d3. \$0.00
e. Heart of Missouri United Way Funding (#11)	11e1. \$0.00	11e2. 0	11d4. \$0.00

Service #11 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#11)

\$64,966.53

b. Proposed Number of Units of Service (#11)

1456

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#11) (600 character limit)

There are limited services for the 0-6 year old population. This intensive evidenced based treatment will help this population return to their developmental trajectory thus reducing the high cost of services as children enter into school.

Service #11 - Performance Measures

Outcome (11-1)	Indicator (11-1)	Method of Measurement (11-1)
Dyads will access needed services and supports.	80 % of dyad's will access identified services and supports	Survey of dyad's need for services and supports.
Additional Outcome (11-2)	Additional Indicator (11-2)	Additional Method (11-2)
Text	Text	Text
Additional Outcome (11-3)	Additional Indicator (11-3)	Additional Method (11-3)
Text	Text	Text
Additional Outcome (11-4)	Additional Indicator (11-4)	Additional Method (11-4)
Text	Text	Text
Additional Outcome (11-5)	Additional Indicator (11-5)	Additional Method (11-5)
Text	Text	Text

Service #11 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#11) (600 character limit)

The goal of this program is to provide an evidenced based service CPP to young children. The expected outcome is at that 80% of the individuals who

are treated with CPP will show clinically significant improvement on their presenting problems (social emotional difficulties, developmental delays and parenting stress).

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#11) (600 character limit)

Limited funding and specialized services may be a challenge in meeting this outcome.

c. Provide a rationale for the measurement level(s) for each indicator. (#11) (600 character limit)

Parents will complete questionnaire at intake (behavioral health screening) to identify services and supports they currently use and identify what services and supports they feel they need.

d. Provide a rationale for each method of measurement. (#11) (600 character limit)

Baseline of services and supports assist clinician and family in identifying what case management services and supports are needed and begin formulating a treatment plan.

Service #12 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#12)

a. Service #12 - Taxonomy of Service Name (150 character limit)

Professional Coaching

b. Service #12 - Taxonomy Definition of Service (300 character limit)

Provides individualized support for professional development

c. Provide a detailed description of the proposed service (#12). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Reflective supervision is distinct from administrative supervision and clinical supervision due to the shared exploration of the parallel process. All three programs will utilize reflective supervision.

EC-PBS coaches will receive monthly reflective supervision from a licensed professional counselor (LPC). In reflective supervision, attention to all of the relationships is important, including the relationships between EC-PBS coach and supervisor, between EC-PBS coach and childcare provider, and between childcare provider and child. Reflective supervision is critical since each of these relationships affects the other

The SOAR Train the trainers and FBN staff receive weekly individual reflective supervision from the Fussy Baby Director /supervisor. Weekly individual reflective supervision and FAN reflection tools are a requirement of the Fussy Baby Network model. For FBN Specialists to sustain attunement to the baby, parent, and parent child relationship, they must also understand their own responses. Understanding ourselves and our part in relationships is a fundamental aspect of infant mental health and necessary to establish genuine and supportive relationships

CPP program fidelity requires that clinicians participate in weekly group and individual reflective supervision to continuously learn and implement the five strands of CPP, which are Reflective practice, Emotional Process, Dyadic Relational, Trauma Framework, and Procedural. In addition, the CPP fidelity strands require the clinician to continue to master the CPP objectives. It is through weekly group and individual reflective supervision that clinicians continue their growth and learning.

Service #12 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#12)

1 Hour

b. Unit Rate (#12)

\$44.03

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#12)

c. Is the proposed Unit Rate (#12) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#12) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#12) (600 character limit)

The average cost to conduct individual reflective supervision is between \$60-120.00 an hour. There is not an established rate. Rate is based on costed associated with providing program services.

d. Total Number of Units of Service to be Provided (#12)

2520

e. Total Number of Unduplicated Individuals (#12)

f. Average Number of Units of Service per Unduplicated Individual (#12)

180

g. Average Cost of Service per Individual (#12)

7925.4

Service #12- Service Fee**a. Will the proposed service (#12) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the proposed service (#12) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#12) ? If so, please upload the fee chart.**If No - Provide a rationale why no fees will be charged for the service (#12). (600 character limit)**

This service is to meet the requirements of fidelity in provided an evidenced based treatment. The proposed service allows us to compensate the time needed to conduct reflective supervision.

b. Is this proposed service billable to a third-party payor(s)? (#12) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#12). (600 character limit)

Narrative

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#12) (600 character limit)

Narrative

If No - Explain why the proposed service is not billable to a third party payor. (#12) (600 character limit)

Reflective supervision for SOAR infant-parent specialists is not billable to a third-party payor.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#12) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #12 - Amount Received From Other Funders**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#12)**

Yes (complete the Other Funder's Chart below)

Service #12 - Other Funders Chart

<u>Funders (#12)</u>	<u>Unit Rate (#12)</u>	<u># of Units Funded (#12)</u>	<u>Total Amount Contracted (#12)</u>
a Boone County - Children's Services Funding (#12)	12a1. \$55.91	12a2. 1724	12a3. \$96,396.00
b. Boone County - Community Health Funding (#12)	12b1. \$0.00	12b2. 0	12b3. \$0.00
c. City of Columbia - Social Services Funding (#12)	12c1. \$0.00	12c2. 0	12c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#12)	12d1. \$0.00	12d2. 0	12d3. \$0.00

e. Heart of Missouri United Way Funding (#12)	12e1. \$0.00	12e2. 0	12e3. \$0.00
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Service #12- Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#12)

\$110,952.81

b. Proposed Number of Units of Service (#12)

2519.94

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#12) (600 character limit)

Funding is requested to expand capacity of collaborative reflection between EC-PBS coaches and childcare providers. This reflective notion builds on the use of thoughts, feelings, and values expressed by all involved.

It is a necessary part of the FBN program to help clinicians provide effective evidenced based treatment

This is a requirement of the fidelity model of Child-Parent Psychotherapy and is essential to help clinicians provide effective evidenced based treatment

Service #12 - Performance Measures

Outcome (12-1)

Complete 1 hour of monthly supervision as outlined by EC-PBS principles.

Indicator (12-1)

80% of EC-PBS members will complete 1 hour of supervision monthly.

Method of Measurement (12-1)

EC-PBS Reflection Supervision log.

Additional Outcome (12-2)

Complete 2 hours of weekly supervision as outlined by fidelity requirements of the FAN program

Additional Indicator (12-2)

4 team members will complete 2 hours of supervision weekly

Additional Method (12-2)

FAN Reflection Tool Supervision log

Additional Outcome (12-3)

Complete 2 hours of Reflective Supervision as outlined by the fidelity requirements of the Child-Parent Psychotherapy evidenced based practice.

Additional Indicator (12-3)

95% of five therapist will complete 2 hours of reflective supervision weekly

Additional Method (12-3)

Completion Supervision fidelity Tool.

Additional Outcome (12-4)

Text

Additional Indicator (12-4)

Text

Additional Method (12-4)

Text

Additional Outcome (12-5)

Text

Additional Indicator (12-5)

Text

Additional Method (12-5)

Text

Service #12 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (12) (600 character limit)

In order for EC-PBS coaches to be successful when delivering services surrounding our overall goal which is to provide both education and coaching to improve the ability of early childcare providers and parents in the child's natural environment, coaches need opportunity to participate in reflective supervision.

The goal is to provide trained team members weekly individual reflective supervision as outlined by fidelity requirements of the FAN program.

Completion of Supervision fidelity tools will reflect clinicians' continued growth and mastery of the evidenced based treatment

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (12) (600 character limit)

Potential factors that may affect this outcome include scheduling conflicts.

Potential factors that may affect this outcome include scheduling conflicts and a smaller than expected caseload

Referrals to the program, clinician's sick leave/vacation time could affect proposed outcomes.

c. Provide a rationale for the measurement level(s) for each indicator. (12) (600 character limit)

We plan to monitor the completion of monthly supervision

We plan to monitor the completion of weekly supervision

Fidelity tools used will show an improvement in clinicians' knowledge and improved implementation of treatment fidelity.

d. Provide a rationale for each method of measurement (12). (600 character limit)

An effective way to measure the impact of the supervision is collecting the EC-PBS Reflection Supervision Log.

An effective way to measure the impact of the supervision is collecting the FAN Reflection Tool Supervision Log

CPP fidelity tools will show the continuing growth in the clinicians' knowledge and skill in the use of CPP treatment modalities as indicated in the fidelity model.

Service #13 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#13)

Service #13 - Taxonomy of Service Name (150 character limit)

Organization Capacity Training

Service #13 - Taxonomy Definition of Service (300 character limit)

Informs an organization of concepts and strategies to improve core capacities of an organization.

c. Provide a detailed description of the proposed service (#13). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

As Thomas Guskey (2000) states, "One constant finding in the research literature is that notable improvements in education almost never take place in the absence of professional development." Professional development is key to meeting today's educational demands. This program service will allow EC-PBS coaches to continue gaining knowledge in social-emotional health and awareness along with developing new strategies to use in educating/coaching childcare providers.

Building up a team of infant-mental health specialists requires education and training. The Fussy Baby Network holds biannual training meetings focusing on building skills and knowledge of the infant-parent specialists. Further training and available conferences build up capacity of SOAR infant mental health specialists.

CPP clinicians will participate in 2-day FAN training in partnership with the SOAR Fussy Baby program to infuse the FAN into the CPP program. In addition, CPP clinicians will continue to develop CPP therapy skills by attending evidenced based trainings to promote the continued development of the CPP objectives of Hope, Empathic Relationship with Family Members, Physical Safety, Safety in the Environmental Context, Stabilization, Safety and Consistency in Therapy, Perceived Safety, Safety with the Caregiver-Child Relationships, Strengthening Family Relationships, Coordination of Care, Strengthen Dyadic Affect Regulation Capacities, Strengthen Dyadic body-based regulation, Support Child's relationship with other caregivers, Enhance understanding of the meaning of behavior, Support Child in returning to a normal developmental trajectory, Normalize the traumatic response, Support Dyad in acknowledging the impact of trauma, Help Dyad differentiate between then and now, and Help Dyad put the trauma experience in perspective.

Service #13 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#13)

1 Hour

b. Unit Rate (#13)

\$89.18

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#13)

c. Is the proposed Unit Rate (#13) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#13) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#13) (600 character limit)

Research and experience help us recognize that high-quality ongoing professional development that deepens ones content knowledge and educational skills; provides opportunities for practice, research, and reflection. Even though there is not a consistent public funding unit rate used for professional development it is an important part of any successful program.

Rate is based on cost associated with implementation of this program service.

d. Total Number of Units of Service to be Provided (#13)

598

e. Total Number of Unduplicated Individuals (#13)

12

f. Average Number of Units of Service per Unduplicated Individual (#13)

49.83

g. Average Cost of Service per Individual (#13)

4444.14

Service #13 - Service Fee**a. Will the proposed service (#13) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the service (#13). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#13)? If so, please upload the fee chart.**If No - Provide a rationale why no fees will be charged for the proposed service. (#13) (600 character limit)**

The proposed service allows EC-PBS team members the opportunity to gain social-emotional knowledge and current strategies utilized when coaching childcare providers.

The proposed service allows SOAR Fussy Baby infant mental health team members the opportunity to gain knowledge and skills to provide high quality prevention and intervention services to families.

This is the cost associated with providing evidenced based treatments.

b. Is this proposed service billable to a third-party payor(s)? (#13) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#13). (600 character limit)

Narrative

If No - Explain why the proposed service is not billable to a third-party payor. (#13) (600 character limit)

Professional development is not billable to a third-party payor

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#13) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #13 - Amount Received From Other Funders**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#13)**

Yes (complete the Other Funder's Chart below)

Service #13 - Other Funders Chart

<u>Funders (#13)</u>	<u>Unit Rate (#13)</u>	<u># of Units Funded (#13)</u>	<u>Total Amount Contracted (#13)</u>
a Boone County - Children's Services Funding (#13)	13a1. \$2,837.57	13a2. 1	13a3. \$2,837.57
b. Boone County - Community Health Funding (#13)	13b1. \$0.00	13b2. 0	13b3. \$0.00
c. City of Columbia - Social Services Funding (#13)	13c1. \$0.00	13c2. 0	13c3. \$0.00
	13d1.	13d2.	13d3.

d. City of Columbia - CDBG/Home/CHDO Funding (#13)	\$0.00	0	\$0.00
e. Heart of Missouri United Way Funding (#13)	13e1. \$0.00	13e2. 0	13e3. \$0.00

Service #13 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#13)

\$53,331.08

b. Proposed Number of Units of Service (#13)

598.02

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#13) (600 character limit)

Funding is requested to expand capacity of social-emotional knowledge of EC-PBS team members, Fussy Baby team members and CPP Clinicians in order to provide current strategies when coaching childcare providers or working with consumers of the fussy Baby network and CPP. Continued professional development provides quality treatment to the population served. It is only through continuing education with national leaders who are developing cutting edge treatment that the programs can bring high quality evidenced based treatments to this community..

Service #13 - Performance Measures

Outcome (13-1)	Indicator (13-1)	Method of Measurement (13-1)
Increase capacity of EC-PBS coaches to use evidence-based practices.	100% of team members will have 90% satisfaction with meetings, conferences, and trainings.	Satisfaction survey
Additional Outcome (13-2)	Additional Indicator (13-2)	Additional Method (13-2)
Increase capacity of SOAR infant mental health specialists to use evidence-based practices	1) Increase capacity of SOAR infant mental health specialists to use evidence-based practices 2) Increase capacity of SOAR infant mental health specialists to use evidence-based practices. 100% of team members will have 90% satisfaction with meetings, conferences, and trainings	1) Attendance log 2) Satisfaction survey
Additional Outcome (13-3)	Additional Indicator (13-3)	Additional Method (13-3)
Increase clinicians capacity to provided evidenced based treatments	CPP Clinicians will be trained and master evidenced based practices	Certificates of Completion
Additional Outcome (13-4)	Additional Indicator (13-4)	Additional Method (13-4)
Text	Text	Text
Additional Outcome (13-5)	Additional Indicator (13-5)	Additional Method (13-5)
Text	Text	Text

Service #13 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#13). (600 character limit)

The goal is for the EC-PBS team to build social-emotional capacity through professional development.

The goal is for the SOAR team to build infant mental health capacity through professional development.

Organizational capacity is dependent upon continued training in current advancements in research of evidenced based practices and mastery of fidelity protocols.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#13). (600 character limit)

Referrals to the program may impact outcomes.

c. Provide a rationale for the measurement level(s) for each indicator (#13). (600 character limit)

We plan to monitor EC-PBS team members' attendance at meetings, training, conferences and satisfaction.

We plan to monitor SOAR team members' attendance at FBN meetings, training, conferences and satisfaction

Certificates of Completion will serve to confirm completion of trainings. Fidelity tools will reflect clinicians' continual growth in implementation of CPP.

d. Provide a rationale for each method of measurement (#13). (600 character limit)

An effective way to measure the impact of the meetings, trainings, conferences is administering surveys to assess satisfaction.

Certificates of Completion are provided when trainings for completed

Service #14 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#14)

a. Service #14 - Taxonomy of Service Name (150 character limit)

Behavioral Health Assessment

b. Service #14 - Taxonomy Definition of Service (300 character limit)

Assessment by qualified mental health professional of an individual's history and mental health functioning with the intent of establishing a treatment plan and/or diagnosis.

c. Provide a detailed description of the proposed service (#14). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

During the Assessment phase, each session will be documented in Power Chart. Each assessment session note will include corresponding assessment session 1-5 (or more as needed), client name, medical record number, date of session, start & end times, location of the session, and participants involved in the session (first and last name and their relationship to the child). Each note during the assessment phase will include: brief description of what assessment instruments/protocol were administered, report of recent (since the last session) symptoms and behaviors and significant events (if any), affect and engagement of client and caregiver, and plan for next steps of the Assessment phase. Information from these brief notes will be combined and synthesized into the final assessment at the end of the Assessment and Engagement phase. The final assessment will be written and posted in Power Chart within one week of the Feedback session of the Assessment Phase. Case conferencing will occur prior to the Feedback session in either Group Reflective Supervision or Program Meetings. The final assessment will include all elements as outlined in the programs Biopsychosocial Assessment outline that includes Diagnoses from the DSM 0-5/DSM-5.

Service #14 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#14)

1 Hour

b. Unit Rate (#14)

\$40.46

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#14)

c. Is the proposed Unit Rate (#14) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#14) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#14) (600 character limit)

Rate is based on costs associated in providing this program service

d. Total Number of Units of Service to be Provided (#14)

1797

e. Total Number of Unduplicated Individuals (#14)

45

f. Average Number of Units of Service per Unduplicated Individual (#14)

39.93

g. Average Cost of Service per Individual (#14)

1615.7

Service #14 - Service Fee

a. Will the proposed service (#14) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#14). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#14)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#14). (600 character limit)

Fees will reduce client's ability to access service as this program service is not reimbursable through Medicaid or private insurances.

b. Is this proposed service (#14) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#14) (600 character limit)

Narrative

If No - Explain why the proposed service (#14) is not billable to a third-party payor. (600 character limit)

Not a coverable service.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#14) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #14 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#14)

No (if no, move on to the Funding Request section)

Service #14 - Other Funders Chart

<u>Funders (#14)</u>	<u>Unit Rate (#14)</u>	<u># of Units Funded (#14)</u>	<u>Total Amount Contracted (#14)</u>
	14a1.	14a2.	14a3.
a. Boone County - Children's Services Funding (#14)	\$0.00	0	\$0.00
	14b1.	14b2.	14b3.
b. Boone County - Community Health Funding (#14)	\$0.00	0	\$0.00
	14c1.	14c2.	14c3.
c. City of Columbia - Social Services Funding (#14)	\$0.00	0	\$0.00
	14d1.	14d2.	14d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#14)	\$0.00	0	\$0.00
	14e1.	14e2.	14d4.
e. Heart of Missouri United Way Funding (#14)	\$0.00	0	\$0.00

Service #14 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#14)

\$72,707.04

b. Proposed Number of Units of Service (#14)

1797.01

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#14) (600 character limit)

CPP fidelity requirements mandate that 5-6 sessions be completed to meet fidelity of a complex trauma assessment of the child-parent relationship. Medicaid and private insurance will not cover assessment as is it is required to be implemented in the CPP fidelity model.

Services #14 - Performance Measures

Outcome 14-1)

Improve the completion of Behavioral Health Assessments with a developmentally appropriate lens for each dyad

Indicator (14-1)

Improve the completion of Behavioral Health Assessments with a developmentally appropriate lens for each dyad.

Method of Measurement (14-1)

Traumatic Events Screening Inventory-Parent revised(TESE_PRR); Center for Epidemiologic Studies; Depression Scale RVSED CESD-R; Working Model of the Child Interview, parent-child interaction observation, PTSD checklist for DSM5 with Criterion A (PCL-5 with Criterion A)

Additional Outcome (14-2)

Text

Additional Indicator (14-2)

Text

Additional Method (14-2)

Text

Additional Outcome (14-3)

Text

Additional Indicator (14-3)

Text

Additional Method (14-3)

Text

Additional Outcome (14-4)

Text

Additional Indicator (14-4)

Text

Additional Method (14-4)

Text

Additional Outcome (14-5)

Text

Additional Indicator (14-5)

Text

Additional Method (14-5)

Text

Service #14 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#14) (600 character limit)

The goal of this program is to provide an evidenced based service (CPP) to young children. The expected outcome is at that 80% of the individuals who are treated with CPP will show clinically significant improvement on their presenting problems (social emotional difficulties, developmental delays and parenting stress).

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#14) (600 character limit)

Referrals to the service could affect the proposed outcome.

c. Provide a rationale for the measurement level(s) for each indicator (#14) (600 character limit)

The tools used will show an improvement in health and wellness for children and parents. They will also show increased provider satisfaction with services and supports provided by CPP.

d. Provide a rationale for each method of measurement (#14) (600 character limit)

The CBCL, ASQ-3, ASQ SE 2, and parent stress will show improvement in the child's social emotional health. Movement toward a more healthy developmental trajectory and reduced parental stress which helps to improve the child parent relationship.

Service #15 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#15)

a. Service #15 - Taxonomy of Service Name (150 character limit)

Professional Services

b. Service #15 - Taxonomy Definition of Service (300 character limit)

Professional Services for organizational administrative functions such as accounting, ordering and human resources to support all program services infrastructure.

c. Provide a detailed description of the proposed service (#15). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Professional Services are needed to assist with human resources, purchasing, billing, report writing and scheduling.

Service #15 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#15)

1 Hour

b. Unit Rate (#15)

\$30.98

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#15)

c. Is the proposed Unit Rate (#15) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#15) (600 character limit)

Narrative

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#15). (600 character limit)

Rate is based on personnel.

d. Total Number of Units of Service to be Provided (#15)

1378

e. Total Number of Unduplicated Individuals (#15)

1

f. Average Number of Units of Service per Unduplicated Individual (#15)

1378

g. Average Cost of Service per Individual (#15)

42690.44

Service #15 - Service Fee

a. Will the proposed service (#15) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#15). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#15)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#15). (600 character limit)

Administrative costs

b. Is this proposed service (#15) billable to a third party-payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#15) (600 character limit)

Narrative

If No - Explain why the proposed service (#15) is not billable to a third-party payor. (600 character limit)

Administrative costs of running program services

c. What fee payment options will be provided for proposed service (#15) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #15 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#15)

No (if no, move on to the Funding Request section)

Service #15 - Other Funders Chart

<u>Funders (#15)</u>	<u>Unit Rate</u> <u>(#15)</u>	<u># of Units Funded</u> <u>(#15)</u>	<u>Total Amount Contracted</u> <u>(#15)</u>
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a. Boone County - Children's Services Funding (#15)	15a1. \$0.00	15a2. 0	15a3. \$0.00
b. Boone County - Community Health Funding (#15)	15b1. \$0.00	15b2. 0	15b3. \$0.00
c. City of Columbia - Social Services Funding (#15)	15c1. \$0.00	15c2. 0	15c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#15)	15d1. \$0.00	15d2. 0	15d3. \$0.00
e. Heart of Missouri United Way (#15)	15e1. \$0.00	15e2. 0	15e3. \$0.00

Service #15 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#15)

\$42,693.18

b. Proposed Number of Units of Service (#15)

1378.09

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#15) (600 character limit)

This position will support the efficiency and efficacy of implementation of the CPP Program services.

Service #15 - Performance Measures

Outcome (15-1)	Indicator (15-1)	Method of Measurement (15-1)
Program Services will be billed in a timely fashion	Dedicated support staff will be able to process billing efficiently.	Billing protocol developed
Additional Outcome (15-2)	Additional Indicator (15-2)	Additional Method (15-2)
Text	Text	Text
Additional Outcome (15-3)	Additional Indicator (15-3)	Additional Method (15-3)
Text	Text	Text
Additional Outcome (15-4)	Additional Indicator (15-4)	Additional Method (15-4)
Text	Text	Text
Additional Outcome (15-5)	Additional Indicator (15-5)	Additional Method (15-5)
Text	Text	Text

Service #15 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#15) (600 character limit)

Dedicated staff can establish billing protocols.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#15) (600 character limit)

Conditional upon Medicaid approved on fidelity –evidenced based components of Child-Parent Psychotherapy

c. Provide a rationale for the measurement level(s) for each indicator (#15) (600 character limit)

Protocols will be establish to promote billing of services.

d. Provide a rationale for each method of measurement (#15) (600 character limit)

Protocol will need to be established once CPP is approved as a billable service.

Total Amount Requested for Services #11 - Service #15

Total Amount Requested for Services #11 - Service #15

344650.64



AGREEMENT FOR PURCHASE OF SERVICES
Purchase of Service Contract
Boone County Schools Mental Health Coalition

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **BCSMHC**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, BCSMHC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

WHEREAS, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY BCSMHC

BCSMHC is expected to the greatest extent possible to maximize funding from all other sources. BCSMHC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. BCSMHC shall only request reimbursement for services not reimbursable by any other source. BCSMHC shall not invoice the Children's Services Fund for units of service invoiced to another funding source. BCSMHC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** BCSMHC will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and BCSMHC's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over BCSMHC's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from BCSMHC and BCSMHC agrees to furnish the **Boone County Schools Mental Health Coalition** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in BCSMHC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$973,405.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. BCSMHC agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of BCSMHC be renewed for an **additional one (1), one-year period**. BCSMHC agrees and understands that the BCCSB may require supplemental information to be submitted by BCSMHC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Boone County Schools Mental Health Coalition Checklist (Teachers)	One checklist	\$4.32	63,000	\$272,160.00
Boone County Schools Mental Health Coalition Checklist (Students)	One checklist	\$6.48	42,000	\$272,160.00
Professional Coaching	15 minutes	\$20.70	4,000	\$82,800.00
Group Therapy – Child	15 minutes	\$12.89	6,500	\$83,785.00
Individual Therapy – Child	15 minutes	\$22.12	1,500	\$33,180.00
Case Management	15 minutes	\$15.42	500	\$7,710.00

Best Practices Training	One individual	\$104.60	800	\$83,680.00
Universal Intervention	One individual	\$20.78	6,000	\$124,680.00
Development/Start Up	-----	-----	-----	\$13,250.00

All billing shall be invoiced to BCCSB monthly by the 20th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of BCSMHC, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by BCSMHC to monitor service delivery and program expenditures. BCSMHC agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by BCSMHC and, if so stipulated, are noted on this contract document. Payments may be withheld from BCSMHC if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. BCSMHC agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** BCSMHC also agrees to make available to the BCCSB a copy of its annual audit upon completion by the auditing agency. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from BCSMHC, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** BCSMHC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect BCSMHC's services, activities, programs, and client

records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, BCSMHC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event BCSMHC requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from BCSMHC may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with BCSMHC's policies and procedures and in accordance with any local/state/federal regulations. BCSMHC agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. BCSMHC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** BCSMHC will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** BCSMHC agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to BCSMHC's provision of such services.

14. **Accreditation/Licensure/Certifications.** BCSMHC must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** BCSMHC agrees that any conflicts of interest between its Board and/or employees and BCSMHC shall be appropriately identified and managed.

16. **Subcontracts.** BCSMHC may enter into subcontracts for components of the contracted service as BCSMHC deems necessary within the terms of the contract. All such

subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, BCSMHC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** BCSMHC agrees to comply with Missouri State Statute section 285.530. BCSMHC also agrees that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. BCSMHC shall require each subcontractor to affirmatively state in its Agreement with the BCSMHC that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** BCSMHC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against BCSMHC or any individual acting on the BCSMHC's behalf, including subcontractors, which seek to enjoin or prohibit BCSMHC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If BCSMHC ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if BCSMHC no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, BCSMHC will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event BCSMHC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to BCSMHC as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or

impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should BCSMHC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, BCSMHC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the BCSMHC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, BCSMHC agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)** (meaning anyone, including but not limited to consultants having a contract with BCSMHC or subcontractor for part of the services), or anyone directly or indirectly employed by BCSMHC, or of anyone for whose acts BCSMHC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Organization.** BCSMHC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. BCSMHC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. BCSMHC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. BCSMHC agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and BCSMHC. The BCCSB does not recognize any of the BCSMHC's employees, agents, or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** BCSMHC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to BCSMHC shall be mailed or delivered to:

University of Missouri - Columbia
Office of Sponsored Programs
115 Business Loop 70 West, Mizzou North, Room 501
Columbia, MO 65211

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**The Curators of the University of Missouri
(on behalf of the Boone County Schools
Mental Health Coalition)**

By: Karen M. Geren
Signature

By: Karen M. Geren, Authorized
Printed Name/ Title Signer

APPROVED AS TO FORM:

[Signature]
County Counselor

Boone County, Missouri

By: Boone County Commission

[Signature]
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

[Signature]
Les Wagner, Board Chair

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Jane Pitchford by jpy 12/20/17 (2161/71106/\$973,405.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 3, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – *Purchase of Service Contracts*

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: The Curators of the University of Missouri

Address: OSPA, 115 Business Loop 70W, Mizzou North, Room501
Columbia, MO 65211-0001

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 436003859

Print Name: Karen M. Geren Title: Pre-Award Manager, OSPA

Signature: Karen M. Geren Date: 11/3/2017

E-mail: grantsdc@missouri.edu

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)
Name of Program	Boone County Schools Mental Health Coalition

Organization Profile	
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1. In the Governing Board section, the phone number and email address for board member, Julia Brncic, is not provided. The district that Julia Brncic represents is not identified for the Board Position.

Action Required: Complete all information fields for Julia Brncic.

From the MU system Board of Curators website

Phone Number: (573) 882-2388

Email address: boardofcurators@umsystem.edu

District 1 St Louis

Program Overview Form	
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Statement of Issue Being Addressed

2. The information provided to describe and document the community-level issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) is lacking thoroughness and clarity. The information provided gives a brief description of BCSMHC and not a thorough explanation of the problem that is being addressed in our community.

Action Required: Provide sufficient information that describes and documents the community-level issue(s) to be addressed by the proposed program. This information should include data from BID and other relevant information.

The Coalition seeks to address the need for early detection of youth who are at risk for social, behavioral, and emotional problems. The Coalition provides social, behavioral, and emotional screening to all youth in Boone County schools three times per year. Following each cycle prevention and intervention services are to be implemented within a tiered framework within each school building based on these data. As a result youth in these schools may be more likely to graduate. Currently BID indicates that districts have a range of 90-97% graduation rate. An increase by 1-3% would demonstrate impact. Attendance may increase with the % of students attending 90% or more days increasing to 95% across districts. School discipline incidents may also decrease as a result of this work. Further, students who receive 5 or more disciplinary incidents may demonstrate a significant decrease from fall to spring. These students are the most likely to experience academic failure and to drop out of school.

3. The information provided to describe the population in the City of Columbia and/or Boone County affected by the issue(s) to be addressed by the proposed program is incomplete and unclear. The information provided listed the age range and approximate number of youth in Boone County School Districts.

Action Required: Provide sufficient information that describes the population to be served by utilizing data from BID and other relevant information.

The Coalition provides services to youth, children, and families in 54 school buildings across 6 school districts and one parochial school ages 5 to 19 years of age.

Program Overview

4. The overview of the proposed program lacks information regarding the screenings, interventions, and trainings that will be provided. The information did not provide a thorough overview for each program service.

Action Required: Provide an overview of the proposed program with sufficient information.

The Coalition conducts screening for youth Kindergarten through 12th grade three times per year. Teachers complete the checklist for all student in their classroom. Students in grade 3rd-12 complete a self-assessment. These data are then used by Coalition and school personnel to determine the types of prevention initiatives, interventions, and professional development to be implemented.

These data are associated with a clinical dashboard which provides schools reports showing the number of students reported to have each risk indicator. Using a public health model of risk to provide schools feedback on areas of need for universal prevention efforts, school reports indicating areas of high risk (i.e., 20% or more of students were reported to have this risk indicator) are represented in red, areas with some risk (15-19% of students are reported to have the risk indicator) are represented in yellow, and areas with low risk (less than 15% of students are reported to have the risk indicator) are represented in green. These data can then be used by school level problem solving teams to assess areas of concern at the school and grade levels and determine if and what universal prevention efforts can be put into place. In addition, individual student reports are generated using a similar red, yellow, and green system to indicate students who in comparison to their peers are at risk across the various risk constructs. These reports can be used to determine the appropriate next steps toward supporting those students at greatest risk (e.g., develop individualized behavior support plan, small group counseling, etc). Each school administrator and their problem solving teams have access to this dashboard through a secure server.

Regional coordinator, school-based mental health clinicians with advanced degrees and experiences in working with youth with mental health problems, are placed with each building. These regional coordinators provide support in administration of the tri-annual screener, support in interpreting the data, consultation with problem solving teams in determining universal, targeted, and individualized supports for students, and support through implementing direct services to youth in school buildings.

In addition, the Coalition provides professional development sessions based on checklist information. These trainings address varied issues such as awareness of social and emotional concerns, what to do when a teacher has a student experiencing mental health symptoms in their classroom, how to accommodate children experiencing signs and symptoms of mental health problems, de-escalation strategies for challenging youth, what to do with regard to referral of student to school-based teams and step by step procedures in crisis situations.

Program Consumers

5. The information describing the consumers who will be served by the program was not clear. The narrative provides a generalized statement that all youth in Boone County schools in kindergarten through 12th grade will be served.

Action Required: Provide sufficient information on the consumers who will be served, including characteristics and demographics.

All students K-12 in Boone County are screened three times per year. Youth may receive universal, selective, or indicated intervention based on the screening data.

We serve 24,692 children and youth ages 5-19 years of age.

17, 986 live in the City of Columbia. Please also, see response #8.

6. The statement on why particular consumers will be served does not answer the question. The response was viewed as incomplete and unclear.

Action Required: Provide sufficient information that justifies why these consumers should

Students who rate themselves as at risk in any category of the student checklist or whose teachers rate them as at risk in any area may receive the supports of our Coalition. As stated above, we use a public health model of risk justify the need for these students to be provided evidence based interventions to address their needs. After screening, we provide schools feedback on areas of need for universal prevention efforts, school reports indicating areas of high risk (i.e., 20% or more of students were reported to have this risk indicator) are represented in red, areas with some risk (15-19% of students are reported to have the risk indicator) are represented in yellow, and areas with low risk (less than 15% of students are reported to have the risk indicator) are represented in green.

receive program services.

7. The information provided to describe impediments or challenges in serving these consumers does not explain why some schools utilize the BCSMHC services with lower fidelity. Also, there is not any information explaining how BCSMHC assesses these discrepancies. What are the barriers for some of these schools? This information is unclear.

Action Required: Provide sufficient information describing why schools have lower fidelity than

A few schools have been slow to join the work and/or demonstrate lower fidelity to implementation of evidence based practices. Resistance was a barrier at the start of our work but has diminished with time and continued stability of our program. Each year more and more schools work well with us. Differing expectations and assumptions about the supports we offer that contrast with our mission of prevention may have impacted how quickly schools joined in.

Using data for decision-making, selection or design of intervention and measurement has been easier for some schools than others due to such things as the skills and experience of staff and their receptivity to suggestions of change or improvements in their practices to support students. Sometimes schools are hesitant to join in with new initiatives as they fear these new supports may not sustain or will require more systems change or more time than they are willing to provide. Our Coordinators discuss these issues with school staff and administration on an ongoing basis emphasizing the benefit of our programs and interventions along with offering support for systems change and improvement. We create and maintain important relationships with our school partners and our concerted efforts have resulted in more schools taking advantage of our supports each year. We discuss our work at monthly Coalition Board meetings to create and maintain understanding of our work. We conduct and utilize results from satisfaction and opinion surveys from our stakeholders and we reflect on these results at various points in the year, making suggested changes, clarifying expectations and understanding and celebrating our successes. These survey results help us improve our working relationships with our close partners.

other schools and any actions that will be taken to help these schools.

Consumer Demographics

8. The Consumer Demographics section is incomplete. All fields need to be provided and each total should equal the total number of unduplicated individuals to be served.

Action Required: Provide the consumer demographics for the following fields:

Residence	
Boone County (includes City of Columbia residents):	24307
City of Columbia:	17986
Other Counties:	
Residence Total:	24307
Race:	
White (alone)	17074
Black or African American (alone)	3654
Multiple Races	133
Asian (alone)	979
Native American Indian or Alaskan Native (alone)	88
Native Hawaiian or other Pacific Islander (alone)	7

Some other Race	0
Race Total:	
Ethnicity:	
Hispanic or Latino (of any race)	1172
Not Hispanic or Latino	23135
Ethnicity Total:	
Gender	
Female	11801
Male	12506
Other	
Gender Total:	24307
Income	
At or below 200% of Federal Poverty Level	9043
Over 200% of Federal Poverty Level	15259
Income Total:	24307
Age	
Infant/Toddler (birth – 2 years)	0
Preschool (3 years – 5 years)	2309
School Age (6 years – 11 years)	9350
Middle School (12 years – 14 years)	6002
High School (15 years – 19 years)	6646
Parent/Guardian (19 years and younger)	0
Parent/Guardian (age 20 and over)	0
Age Total:	24307

9. The information on the type of trainings that will be offered is unclear. This section needs to provide details on all the trainings offered through this program.
Action Required: Provide sufficient information on all the trainings that will be offered with this program.

Trainings are determined by teacher and student checklist results and school need, and vary from building to building and from year to year. For example, if teacher checklist results reveal that attention and academic competence is an area of concern (at risk or in risk) for the school, the Regional Coordinator and school administrators may decide to conduct professional development activities for staff to teach new strategies to engage learners, address off task behaviors, improve homework completion, etc.

As another example, when middle school counselors were very concerned about possible suicide risk and how teachers might confidently address student questions and concerns after the airing of the *13 Reasons Why* series, our Coalition staff conducted highly successful and appreciated professional development for teachers to help them feel more confident to help their students when these unsettling conversations occurred.

We have provided evidence-based training on awareness of mental health concerns in school aged youth, to specific mental health diagnoses and helpful interventions, classroom management strategies, motivational interviewing, helping teachers address their own stress, strategies for supporting student self-regulation, de-escalation training, and strategies for supporting youth executive functioning.

Program Access

10. The information regarding the location, days/hours of operation, and any other logistical information for the program is unclear.

Action Required: Provide logistical information on how schools are divided up between personnel and the school districts that allow access to BCSMHC.

We are housed at Noyes Hall (Rooms 215 and 225) on the MU campus. Our working hours are generally Monday through Friday 8AM-5PM with flexibility for before school, after school, weekend and evening work or activities where we may serve to support our school partners.

Each year schools are divided between employees based on many variables. We prefer to maintain stability for our schools and our staff so we strive to keep the same Coordinator at the same building or with the same district as much as possible. Resignations or new employees with specific skills sets sometimes change the assignments, however, depending on the needs of the school or district. Some schools become exceptionally attached to their Coordinator due to the person's helpfulness and understanding of their district and make strong appeals to have the same person with the same assignment from year to year. All Boone County schools have a Coordinator assigned to them and private and parochial schools are invited to participate to receive our supports if they wish to do so.

11. Information on location and time trainings are provided to school personnel is not provided.

Action Required: Provide logistical information on the location and times training is provided to school personnel.

"Early out" or professional development days, before school year training days, after school meetings and faculty meetings are popular times for training school district personnel. We train in the summer if requested. We work with school staff and administration on the need, content, location and time of the trainings requested, being flexible and responsive to the needs of the various districts we serve. The majority of the trainings are conducted in school buildings across the six school districts.

12. Information on the location and days/hours of operation for program personnel during the summer is not provided.

Action Required: Provide information on the activities, days/hours of operation, and location for program personnel during the summer.

Our location, and hours of operation in the summer are the same as during the school year (given above in #10). Activities range from preparation of intervention and professional development materials and activities, on-site support for schools and individual students if the district runs summer school, training of any new Regional Coordinators and/or graduate students who will work with us in the coming year, professional development activities for our staff to learn such things as new interventions and approaches and group reflection and problem solving on our work to achieve better outcomes for our schools and students.

13. The information on eligibility criteria lacks detailed information and is unclear. Certain screenings and interventions are provided to all youth according to the service descriptions.
Action Required: Provide information on the criteria used to determine if a student is eligible for the self-screening and the interventions that will be utilized if identified at-risk or in-risk.

All students from third grade to twelfth are administered the screener unless opted out by parents or if they are determined by their teacher to not be able to understand the items (i.e., limited or no English proficiency, significantly below average cognitive abilities). For elementary students, staff read the items so that reading ability is not a barrier to answering the items.

In addition, teachers complete the screener on all student in their classroom grades K to 12.

After the administration of the screener, the school counselor reviews the data with the Regional Coordinator and looks for students with at risk scores (2 standard deviations from the average peer in that building). Student needs and already existing supports are discussed and a plan is put in place to provide assistance. Parents are notified when concerns are significant and risk may be confirmed with the use of additional instruments or assessments, with parent consent. Depending on how many students in the building have similar concerns, certain interventions may be selected. If many students have similar concerns, a universal intervention may be the best way to address the concern. If a small number need assistance, group selected interventions to address the specific area may be indicated. If the student is struggling in a unique manner or needs individualized supports, 1-1 counseling may be best or referral to an outside agency for supports may be indicated.

Program Quality

14. The response provided regarding external requirements such as licensing or minimum standards states this program does not have external requirements.

Action Required: Provide a clarification on why there are no external requirements for group and individual therapy and evidence-based practice training.

All employees are certified, licensed or provisionally licensed and supervised while pursuing licensure appropriate to their profession and practice. We practice within our area of training and we provide supervision to all employees by Ph.D. level supervisors.

15. The information provided for universal screening and evidence-based practices and interventions lists a citation but does not provide further explanation. This response is incomplete and unclear.

Action Required: Provide specific information on how the proposed program is utilizing best practices and/or standards.

The interventions were directly linked to data provided by administrations of the teacher and student checklist. The following provides detailed information about the purpose and skills targeted by each intervention focus area.

Focus Areas:

Attention and Academic Competence interventions focus on increasing executive functioning, on-task behavior, planning, and organizational skills in youth.

Peer Relations and Social Skills interventions focus on increasing relationship, communication, bullying, and problem solving skills in youth.

Internalizing Problems interventions focus on using cognitive behavioral strategies for decreasing anxiety and/ or depressive symptoms in youth as well as improving self-esteem.

Self-regulation and Externalizing interventions focus on impulse control, goal setting, problem solving, emotion recognition, and anger control strategies to decrease disruptive, impulsive, and aggressive behaviors in youth.

School Engagement interventions focus on building relationships with adults, supporting student motivation to be successful in school, and making school and course content meaningful and relevant.

Bullying interventions focus on improving student social skills, building empathy for other, and providing students with the skills to effectively report or intervene when bullying behaviors occur.

The Coalition has developed a manual (attached) to directly link evidence-based practices and intervention to the data. All the practices and interventions have evidence to demonstrate their effectiveness. Furthermore, the Coalition works to gather data on student outcomes as a result of the interventions and make modifications to interventions to address areas of non-response.

16.

16. The rationale for the best practices and/or standards that will be utilized is not provided.

The Coalition only recommends evidence-based practices and interventions that are feasible for implementation in a schools setting. All practices and interventions are based in solid behavioral and cognitive behavioral theory—which are linked to effective interventions for children and youth (Weisz & Kazdin, 2017). Further, the manualized interventions recommended have a strong evidence base for being effective in producing positive youth outcomes.

Action Required: Provide a rationale for the best practices and/or the standards that will be utilized.

17. The response provided for evidence supporting the efficacy of the proposed program is incomplete. The response field requests that evidence is identified, cited, and described. The response only states that BCSMHC only promotes the use of evidence-based intervention practices.

Action required: Identify, cite, and describe evidence that supports the efficacy of the proposed program and/or service. Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Because the interventions vary by focus area we were not able to gather all the relevant citations for each intervention in this short time frame. Please see attached the manual for more detail on interventions recommended. We utilized the growing body of research and professional, federal, state, and foundation initiatives, many groups have established criteria for evaluating the quality and effectiveness of programs and practices (e.g., What works clearinghouse; Evidence-based Interventions Network; Office of Juvenile Justice and Delinquency Prevention's Model Program's Guide, & National Center for Intensive Intervention).

18. The rationale for utilizing the proposed evidence-based program and/or service is not provided.

Action Required: Provide a rationale for utilizing the proposed evidence-based program and/or service(s).

We have elected to only recommend and use practices and interventions that have a demonstrated record of effectiveness in the area of concern. Because we use a variety of interventions that are linked directly to the screening data and are of concern across several domains and we offer a menu of options of interventions, this question is difficult to answer in extreme detail.

19. The information regarding unique or innovative aspects of the proposed program is unclear. The response lacks specific details on the screener that is linked to a dashboard system.

The Coalition model is unique and has actually been presented nationally and internationally to groups interested in supporting youth mental health as an exemplar program. Additionally, two peer reviewed articles were recently published to demonstrate the Coalition model (Thompson et al., 2017; Reinke et al., in press). The model links important risk indicator screening data to universal, selective, and indicated evidence-based interventions for youth by providing a menu of options to schools and providing ongoing consultation on the implementation of the overall model and interventions (see Herman, et al., 2016 for best practices). Further, the screening data are gathered across three time points and now longitudinally across multiple years for over 20,000 youth. These data can be aggregated at the county and district levels, allowing for ongoing surveillance of social, emotional, and behavioral over time to determine areas where services can best be invested. These data can also be used to monitor the impact of the county tax and Coalition services across time.

Action Required: Provide sufficient information on unique or innovative aspects of the proposed program, including information on the screener that was developed.

20. The information regarding the quality improvement process utilized for the program lacks specific information on how outcomes of services and consumer feedback are collected, analyzed, and utilized to improve program quality.

Action Required: Provide sufficient information on the quality improvement process utilized for this program.

Quality improvement is continuously and seriously addressed. Specifically, we address ways to improve our work at weekly Coalition staff meetings. We bring comments and suggestions for improvement from our staff and our schools to our large group on a regular basis. It is common for us to make changes and improvements based on the suggestions of our school partners. We have monthly board meetings with the superintendents and other school personnel from every district and the Our Lady of the Lourdes. At these meetings information about the work of the Coalition and there are open discussions about areas for improvement. Further, decisions for major changes are voted upon by the Board members.

In addition, at least twice a year we conduct a stakeholder surveys of stakeholders. We survey all building administrators across the county, all counselors and outreach counselors, school psychologists, educational diagnosticians and allied staff with whom we work. We use computerized Qualtrics surveys that allow for anonymous collection of responses and we analyze these data to determine how much our support is utilized and valued by these key stakeholders, the acceptability of our work and also what comments for improvement are offered. We have a very high rate of response to these surveys each time they are conducted. We continuously strive for improvement and to make our work credible, valuable, helpful and important to our school partners.

21. The response regarding the collection of consumer feedback does not provide information on how the information is utilized to enhance services and help with program outcomes.

Action Required: Provide clarification on who completes these surveys and how information is utilized to enhance services and help with program outcomes. Explain if any feedback information is gathered from school administrators, teachers, and/or counselors on administering these surveys.

Please see the answer to #20 for clarification.

One specific example of the use of feedback: some teachers objected to the wording of an item that addresses school engagement on the student checklist. The item asked students to rate the statement, "I think school is fun" as Never, Sometimes, Often or Always. We changed the item wording to address the concern brought forth by our school partners to create a more acceptable wording that addresses the area school engagement items this year. "I enjoy coming to school".

Another example: administering the survey three times a year is difficult for some secondary schools so we brainstormed with our schools who conduct this with little difficulty and with our Board to generate ideas of how to address this issue. The Board voted to adhere to the plan of conducting the checklist three times a year as agreed in our proposal and to change the timing of the administration so that the checklist is conducted prior to state testing windows. We heard the concerns of teachers and staff and made adjustments to that we can conduct the checklists as required, while minimizing the loss of instructional time and decreasing the strain on staff members

Collaboration

22. The information regarding collaboration does not provide specific information on how BCSMHC collaborates with FACE and the Bridge program.

Action Required: Describe how BCSMHC collaborates with FACE and the Bridge program.

BCSMHC refers students and families to FACE who would benefit from an outside referral and in need of case-management services. The FACE case managers and Coalition Regional Coordinators communicate, when parents give permission to do so, to ensure youth are getting needed services.

BCSMHC refers families and students to Bridge if the student could benefit from medical evaluation of a potential psychiatric/psychological issue(s) and medical case-management.

23. The collaboration response lists "other community agencies" as collaborative efforts. This does not provide specific information on what agencies are included and the type of collaborative efforts that occur.

Action Required: Provide specific information on all the agencies that BCSMHC collaborates with and the type of collaborative efforts that occur. These should only include partnerships or collaboration that enhance access to and/or the quality and effectiveness of the proposed program and/or services. Information and referral sources would not be considered as collaborative efforts.

Formal collaboration between the BCSMHC and community agencies is achieved in various ways. One notable example is the Boone County Interagency Committee, where the Coalition Director chairs the committee. Boone County Family Resources, the Children's Division of the Department of Social Services, the Juvenile Office, Burrell Behavioral Health and a representative of a referred youth's school of attendance meet in person to discuss strategies and supports for students and families in a system of care approach. Many services are offered and referrals made to community agencies as result of this committee. Another example is active participation and/or leadership on community committees that seek to promote prevention and interventions efforts to address the mental health needs of our students (i.e., Director is Vice Chair of Putting Kids First, participates on Interagency Council on Immigrant Health).

24. There is extensive access provided to BCSMHC to provide services in each of the schools and school districts. The school districts that BCSMHC collaborates with are not listed in the Collaboration section.

Action Required: Provide clarification on the school districts that allow BCSMHC to provide services.

All Boone County school districts allow the Coalition access. One parochial school (Our Lady of Lourdes) participates with us, also.

Columbia, Southern Boone, Hallsville, Harrisburg, Centralia and Sturgeon are our partner districts. We are in 54 school buildings.

25. There are no Memorandum of Understanding (MOUs) provided in the Collaboration section despite the level of access that BCSMHC has for each Boone County school district.

Action Required: Provide information and copies of MOUs developed with Boone County school districts and other collaborative organizations.

Our Cooperative Agreement for our Coalition is attached. We have no other agreements or MOUs.

Program Personnel

26. The position title for the Master's Level Clinicians appears to be a qualification level, not the actual title of the position. The personnel are often referred to as Coalition Regional Coordinators.

Action Required: Provide the correct titles for the Master's Level Clinicians in the field below.

The Master's Doctoral level clinicians are called Regional Coordinators.

27. The program does not list PI's in the Program Personnel section.

Action Required: Provide clarification on if PIs are utilized in this program and if money from the Children's Services Fund pays for a stipend or portion of their salary.

Drs. Wendy Reinke and Aaron Thompson are the PIs for the project. Drs Reinke and Thompson meet weekly with Coalition personnel to supervise clinical work as well as to support ongoing Coalition tasks. In addition, Drs. Reinke and Thompson attend monthly Board meetings, consult with school administrators across the 6 schools districts, refine assessments, analyze data and prepare monthly reports to the Board and bi-annual reports to the Children Services Board. In addition, they work to secure external funding when possible for the Coalitions work. The Coalition pays for 10% of their time (4 hours per week).

Program Budget

28. The amount entered in the Boone County – Children's Services Funding line lists \$1,322,451.49. This amount should only be for one year of services, not two.

Action Required: Provide the correct amount requested for year one of services.

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29. The Year 1 amount and Year 2 amounts do not match the requested amount on the Program Service form.

Action Required: Provide clarification on the correct requested amount for Year 1. This amount should be for services provided from January 1, 2018 through December 31, 2018 and include the development/startup funding requested in the Program Service form.

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30. The 2017 Interim Report for the Children's Services Fund noted that BCSMHC received a grant from the Institute for Educational Sciences (IES) but is not listed in the program budget.

Action Required: Provide clarification on the grant that was awarded including the amount and use of funds for this program.

The Coalition received a grant from the IES on August 2017 for the amount of \$397,211 to validate the checklist instruments and conduct a social validity study of the Coalition model among key stakeholder. A portion of Drs. Lou Ann Tanner- Jones (15%) and Sara Owens (15%) salary are paid for from this grant for this and the next academic year. Other funds are used to support assessments, data collection, data analysis, and teacher stipends.

31. The 2017 Interim Report for the Children's Services Fund noted that BCSMHC applied for funding to the US Office of Special Education to train social work and psychology students. This information should be included in the narrative to secure other funding.
Action Required: Provide clarification on the US Office of Special Education grant that includes the requested amount and the status of receiving this grant.

This funding was not received.

32. The response entered describing efforts to secure other funding lacks specific information and is incomplete and unclear.
Action Required: Provide sufficient information regarding efforts to secure other funding for the proposed program, in addition to the IES and US Office of Special Education grants.

At this time we do not have any active grant applications under review to support the Coalition work.

Reference List

33. The Reference List only provides one source used in the proposal and has been viewed as 'Very Poor' on the Children's Services Fund evaluation sheet.

Center for the Study and Prevention of Violence (2007). Blueprints for violence prevention. Available On-Line: <http://www.colorado.edu/cspv/blueprints/index.html>
Evidence Based Interventions network: <http://ebi.missouri.edu/>
Institute of Education Sciences, What Works Clearinghouse; <https://ies.ed.gov/ncee/wwc/>
Herman, K. C., Reinke, W. M., Thompson, A. M., & Faloughi, R. (2016). Universal prevention to support children's mental health in schools. In A. Grills & M. Holt (Eds.), *Critical Issues in School Mental Health: Evidence-based Research, Practice, and Interventions*. (pp.190-202). New York: Routledge
National Research Council & Institute of Medicine, (2009). Preventing mental, emotional, and behavioral disorders in young people. Washington DC: National Academic Press.
National Center for Intensive Interventions: <http://www.intensiveintervention.org/>
Reinke, W.M., Thompson, A. Herman, K.C., Holmes, S., Owens, S., Cohen, D. Tanner-Jones, L., †Henry, L., Green, A., Copeland, C., & County Schools Mental Health Coalition (in press). The County Schools Mental Health Coalition: A model for community level impact. *School Mental Health*.
Thompson, A. M., Reinke, W. M., Holmes, S., Danforth, L., Herman, K. C., & the County School Mental Health Coalition. (2017). The County School Mental Health Coalition: A model for a systematic approach to supporting youth. *Children & Schools*.
Weisz, J. R. & Kazdin, A. E. (2017). Evidence-based psychotherapies for children and adolescents. New York: Guilford Press.

Action Required: Provide citations for all sources utilized on this written clarification form.

Program Services Form (1-5)	
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34. The program services need to provide information for one year of services.

Action Required: Provide outputs and funding request updates for all services in the 'Service Change Chart' and the 'Program Outputs and Funding Request Tables' below contemplating one year of service. Provide any comments in the field below.

Development/Start Up Service Funding

35. The information regarding the training/curriculum material lacked details. There is no specific information on what will be purchased, why these specific training items were chosen, and where these items will be purchased. If a curriculum is being purchased will there be any requirements to train individuals? If so, how would this be accomplished.

Action Required: Provide information on the training material that will be purchased and the method of determining which materials are needed. Please respond in the field below.

Training and curricular materials are purchased to address school and/or student needs identified through our checklist at Tier 1 (universal), Tier 2 (selective) and Tier 3 (indicated) levels. Intervention materials chosen to address needs are those that have published research and evidence in the scientific literature to back up their reliability, efficacy and validity to address the area of risk and level for which they are used (see menu of options). The materials would be those listed as manualized interventions in our menu of options that are linked directly to the screening data. Schools would use these funds to purchase needed materials/ interventions- lack of funding to purchase materials can be a barrier to use of evidence-based practices and interventions.

Service 1

36. The information entered for the Service 1 description should only include activities administering the BCSMHC Checklist. The information regarding interventions and training curriculum on strategies (for example, de-escalation training) should not be included. The service description does not provide specific information on how the BCSMHC Checklist is administered, collected, analyzed, and results shared with school personnel and students.

Action Required: Provide specific information on how the BCSMHC Checklist is administered, collected, and analyzed and results are shared with school personnel and students.

Teacher are provided a link to the BCSMHC website with careful directions about how to rate each risk item for each student based on their experiences with the student over the last 30 days. They are assisted to complete this as needed and requested. Some building administrators give time for completion at faculty meetings and some set a deadline for these to be completed within the previously agreed upon window (3x year). Once the faculty has completed the checklist, we close that cycle and results are computer analyzed and provided back to the school via the dashboard system. Results are provided at the direction of the school's administrator and are commonly presented at faculty meetings or grade level meetings where discussion is held about these data and what interventions might be needed. Individual student information is shared with counselors and administrators.

Students complete the checklist in a variety of ways and locations depending on the technology available. They may complete this in their classrooms, in media centers or in computer labs. Careful instructions are provided and explanations given prior to administration. Students in grades 3-5 are read the items to overcome barriers to readability. Students read and respond to items based on how they have felt in the last 30 days. When students in that school are finished, we close the cycle and computer analyze the scores. If concern areas arise for specific students we address those with counseling staff/administration as needed and appropriate. Example: if significantly high scores are reported in the internalizing domain, we may work with the school counselor to have a private conversation and ask the student about his/her concerns and determine how the school can help, always considering parent contact when needed and appropriate.

37. The description for Service 1 lacks information regarding the questions that are asked on the BCSMHC Checklist for teachers and students and how results determine interventions for students and schools.

Action Required: Describe the questions on the BCSMHC Checklist and provide information on how results determine interventions for students and schools.

Items are empirically associated into risk factors. Using a public health model of risk to provide schools feedback on areas of need for universal prevention efforts, school reports indicating areas of high risk (i.e., 20% or more of students were reported to have this risk indicator) are represented in red, areas with some risk (15-19% of students are reported to have the risk indicator) are represented in yellow, and areas with low risk (less than 15% of students are reported to have the risk indicator) are represented in green. These data are then used by school level problem solving teams to assess areas of concern at the school and grade levels and determine if and what universal prevention efforts can be put into place to address areas in need of intervention. In addition, individual student reports are generated using a similar red, yellow, and green system to indicate students who in comparison to their peers are at risk across the various risk constructs. These reports are used to determine the appropriate next steps toward supporting those students at greatest risk (e.g., develop individualized behavior support plan, small group counseling, etc).

38. The Unit Measure should be 1 BCSMHC Checklist. This unit measure will count the administration of the checklist by a teacher separate from a student completing the checklist and the staff's time to collect and evaluate the results.

Action Required: Complete the 'Service Change Chart' that is attached for Service 1. This information will also include the adjusted service description, number of units of service to be provided, number of unduplicated individuals to be served, and performance measures.

One administration of the teacher checklist.

39. The narrative on how the unit rate was determined lacks specific information. The current contract for BCSMHC does not list out each service with the outputs.

21,000 students three times per year= 63,000 units and 21,000 unduplicated.

Action Required: Provide a sufficient explanation on how the unit rate of \$6.29 was determined.

9 staff x .25FTE= \$173,607.18

Faculty support (.25 of 10%)= \$10,612.89

Data management support x .50= \$34,107.5

Consult with web-programmer = \$20,000

Travel = \$7,000

Server and Computing = \$3,000

Indirect = \$ 24,004.35

TOTAL # OF ANTICIPATED UNITS= 63,000/ year

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 21,000/ year

UNIT OF SERVICE RATE= \$ 272,331.91/ 63,000=\$4.32

40. The total number of units of service to be provided appears to align with the number of times the checklist is administered during a year given that the student-checklist is completed by students in third to twelfth grade.

Action Required: Provide the most accurate number of units to be provided in the 'Service Change Chart' for Service 1. Provide clarification on how the number of units to be provided was determined.

We will administer the student checklist to 14,000 students three times per year= 42,000 units and 14,000 unduplicated services. This number is less than teacher checklist because K-2 do not complete a self-assessment. Further some students are unable to complete due to language barriers the checklist or parents have opted them out.

9 staff x .25FTE= \$173,607.175

Faculty support (.25 of 10%)= \$10,612.89

Data management support x .50= \$34,107.5

Consult with web-programmer = \$20,000

Travel = \$7,000

Server and Computing = \$3,000

Indirect = \$ 24,004.35

TOTAL # OF ANTICIPATED UNITS= 42,000/ year

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 14,000/ year

UNIT OF SERVICE RATE= \$ 272,331.91/ 42,000=\$6.48

41. According to the number of units to be provided and the unit rate listed in the Outputs section, the total funding request for Service 1 should be \$660,450.00. The amount entered in the Funding Request section is not correct.

Action Required: Update the amount requested with the correct unit rate and number of units to be provided. The number of units to be provided should equal the same amount proposed and the math needs to be correct for the requested amount. Provide this information in the 'Service Change Chart' for Service 1.

Service 1 unit amounts have changed based on separation of student and teacher checklist and unit rate calculations above.

42. Service 1 could include additional outcomes and indicators. The percentage of teachers and students completing the checklist, the required number of times throughout the year could be tracked. Also, the change in responses could be tracked as well, for schools and school districts to see if there is a change in students exhibiting risk factors.

Action Required: Provide additional outcomes, indicators, and method of measurements for Service 1 on the provided 'Service Change Chart'.

We can monitor the percentage of teachers and students who complete the checklist with a goal that 100% of teachers will complete and 80% of students.

We could also set a goal that 100% of schools review the screening data at each round.

The outcome of monitoring change does not seem relevant as this is in indicator in the other services in which interventions are provided. The screening is not an intervention, but a method to identify needed services.

Service 2

43. The taxonomy service name does not fit the type of activities suggested in the service description. The definition of Consultation is written as an internal, organization capacity building service. For example, consultation would be listed if a business provided suggestions on improving the BCSMHC. The suggested taxonomy service name should be Professional Coaching. The Regional Coordinators work with teachers to provide training and support for implementing the BCSMHC Checklist.

Action Required: Complete the 'Service Change Chart' that is attached for Service 2. This information will also include adjusted service description, number of units of service to be provided, number of unduplicated individuals to be served, and performance measures.

We have changed this to professional coaching and completed chart below

44. Keep the unit measurement as '15 minutes' even with the service name change.

Action Required: Update the unit measurement on the 'Service Change Chart' for Service 2.

See below

45. The justification for how the unit rate was established does not provide a clear explanation. The current contract for BCSMHC does not list out the units and outputs to be able to clearly compare. The unit rates for the remaining services all equal \$18.18. Each of these services vary significantly from each other and should be based on a public funding unit.

Action Required: Provide a unit rate that is tied to an established public funding rate and provide justification on how the rate was established. The updated unit rate should be included on the 'Service Change Chart' for Service 2.

See below

46. The total number of unduplicated individuals to be served should only be for the school personnel receiving Professional Coaching from the Regional Coordinators. The current number appears to be too high for only teachers and could be including students.

Action Required: Only provide the total number of unduplicated individuals for teachers receiving Professional Coaching. This number should not include students. Provide the updated number in the 'Service Change Chart' for Service 2.

We have narrowed this to 100 school personnel

47. The amount requested is not the correct amount based on the unit rate and number of units to be provided.

Action Required: Update amount requested with the correct unit rate and number of units to be provided to school personnel. The number of units to be provided should equal the same amount proposed and the math needs to be correct. Provide this information in the 'Service Change Chart' for Service 2.

9 staff x .10 FTE= \$69442.87

Faculty support (.10 of 10%)= \$4,245.16

Travel = \$1,000

Indirect = \$ 8101.74

UNIT= 15 minutes of professional coaching

TOTAL # OF ANTICIPATED UNITS= 4000/ year

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 100 school staff/ year

UNIT OF SERVICE RATE= \$ 82,789.77/ 4000=\$20.70

48. The narrative provided for external factors or variables that may affect the outcomes explains that some school personnel are resistant to consultation and interventions.

Action Required: Provide further information on why school personnel are resistant to the screenings and Interventions.

As stated previously, systems change is difficult for some staff members. They may not easily understand or know how to collect or use data for decision making about social and emotional risk and interventions. Some staff are reluctant to embrace new initiatives and state that this will may create more work for them.

49. The outcomes and indicators do not show an increase in the number of schools and/or personnel that utilize Professional Coaching.

Action Required: Provide outcomes, indicators, and method of measurements to show an increase in the number of schools and/or personnel utilizing Professional Coaching. Provide this information in the 'Service Change Chart' for Service 2.

See below

Service 3

50. The description for Service 3 lacks details on how Group Therapy will be organized throughout all the schools, grades, and different intervention needs. The description also does not explain how targeted interventions are determined from the BCSMHC Checklist and how students, parents, and teachers are approached to encourage a student to participate in Group Therapy.

Action Required: Provide sufficient information detailing how Group Therapy – Child will be administered.

Within each school building data are reviewed by problem area (e.g. social skills, externalizing problems, internalizing problems). Students who appear at risk in a domain will be placed in groups (e.g., social skills groups) following parents consent. The student will participate in an identified evidence-based group intervention for the problem area.

51. The description for Service 3 lacks information on the qualification levels and justification for using the Regional Coordinators to lead group therapy.

Action Required: Provide more information on the qualifications Regional Coordinators possess to effectively provide Group Therapy services.

As previously stated, all Regional Coordinators are certified, provisionally licensed or fully licensed to practice in their professional area (School Psychology or Social Work). They are all experienced in this approach or co-facilitate with experienced individuals and are provided with Ph.D. level supervision.

52. The justification for how the unit rate was established does not provide a clear explanation. The current contract for BCSMHC does not list out the units and outputs to be able to clearly compare. The unit rates for the remaining services all equal \$18.18. Each of these services vary significantly from each other and should be based on a public funding unit.

Action Required: Provide a unit rate that is tied to an established public funding rate and provide justification on how the rate was established. The updated unit rate should be included on the 'Service Change Chart' for Service 3.

9 staff x .10 FTE= \$69442.87

Faculty support (.10 of 10%)= \$4245.16

Travel = \$1,500

Supplies for groups= \$500

Indirect = \$ 8101.74

UNIT= 15 min per student for group therapy

TOTAL # OF ANTICIPATED UNITS= 6500/ year

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 270 students/ year

UNIT OF SERVICE RATE= \$ 83,789.77/ 6500=\$12.89

53. The amount requested is not the correct amount based on the unit rate and number of units to be provided.

Action Required: Update amount requested with the correct unit rate and number of units to be provided to students. The number of units to be provided should equal the same amount

See above

proposed and the math needs to be correct. Provide this information in the 'Service Change Chart' for Service 3.

54. The Method of Measurement (3-1) does not provide specific information on the pre-post assessments that will be used for the different targeted areas of intervention.

Action Required: Provide specific information on the method of measurements that will be used for the pre-post assessments for different targeted areas of intervention.

Teacher report of student behavior and student report of their behavior will be administered prior to the intervention and following the intervention. The measurement will be directly aligned with the target problem area (e.g., TOCA- Emotion Regulation is a scale used to evaluate student emotion regulation that teachers will complete for students with problems with emotion regulation receiving Coping with Anger group intervention)

55. The Service 3 Performance Measure does not include outcomes, indicators, and method of measurements for reduction in teacher-reported and student-reported outcomes related to the targeted area of risk following group therapy services.

Action Required: Provide outcomes, indicators, and method of measurements for reduction in teacher-reported and student-reported outcomes related to the targeted area of risk following group therapy services. Provide this information in the 'Service Change Chart' for Service 3.

See below

56. The Service 3 Performance Measures need to include an outcome, indicator, and method of measurement to determine the percentage of students needing targeted interventions, the number referred to group therapeutic services when necessary, and a percentage that follow through with services.

Action Required: Provide outcomes, indicators, and method of measurements to show the percentage of students needing targeted interventions, the number referred to group therapeutic services when necessary, and a percentage that follow through with services. Provide this information in the 'Service Change Chart' for Service 3.

See below

Service 4

57. The description for Service 4 lacks details on how Individual Therapy will be organized throughout all the schools, grades, and different intervention needs. The description also does not explain how targeted interventions are determined from the BCSMHC Checklist and how students, parents, and teachers are approached to encourage a student to participate in Individual Therapy.

Action Required: Provide sufficient information detailing how Individual Therapy – Child will be administered.

If indicated from checklist information and confirmed by the administration of an additional assessment or approach (parent consented), individual therapy may be delivered by one of our Regional Coordinators. Risk factors dictate the approach and evidence based methods are used. Measurement of effectiveness is conducted. For example, if a student is at risk for internalizing concerns and risk in this area is confirmed for depression, then an age appropriate intervention such as Coping with Depression may be chosen to help the student. We focus our work at Tier 1 and Tier 2 (prevention activities) but we also intervene and provide direct service where needed and indicated.

58. The description for Service 4 lacks information on the qualification levels and justification for using the Regional Coordinators to lead individual therapy.

Action Required: Provide more information on the qualifications Regional Coordinators possess to effectively provide Individual Therapy services.

All Regional Coordinators are certified, provisionally licensed or fully licensed to practice as appropriate, in their professional area (School Psychology or Social Work). They are all experienced in this approach or co-facilitate with experienced individuals and are provided with Ph.D. level supervision.

59. The justification for how the unit rate was established does not provide a clear explanation. The current contract for BCSMHC does not list out the units and outputs to be able to clearly compare. The unit rates for the remaining services all equal \$18.18. Each of these services vary significantly from each other and should be based on a public funding unit.

9 staff x .04 FTE= \$27,777.15

Faculty support (.05 of 10%)= \$2122.58

Indirect = \$ 3287.37

UNIT= 15 min per student for individual therapy

TOTAL # OF ANTICIPATED UNITS= 1500/ year

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 75 students/ year

UNIT OF SERVICE RATE= \$ 33,187.10/ 1500=\$22.12

Action Required: Provide a unit rate that is tied to an established public funding rate and provide justification on how the rate was established. The updated unit rate should be included on the 'Service Change Chart' for Service 4.

60. The amount requested is not the correct amount based on the unit rate and number of units to be provided.

Action Required: Update amount requested with the correct unit rate and number of units to be provided to students. The number of units to be provided should equal the same amount

See above

proposed and the math needs to be correct. Provide this information in the 'Service Change Chart' for Service 4.

61. The Method of Measurement (4-1) does not provide specific information on the pre-post assessments that will be used for the different targeted areas of intervention.

Action Required: Provide specific information on the method of measurements that will be used for the pre-post assessments for different targeted areas of intervention.

See below

62. The Service 4 Performance Measures need to include an outcome, indicator, and method of measurement to determine the percentage of students needing targeted interventions, the number referred to individual therapeutic services when necessary, and a percentage that follow through with services.

Action Required: Provide outcomes, indicators, and method of measurements to show the percentage of students needing targeted interventions, the number referred to individual therapeutic services when necessary, and a percentage that follow through with services. Provide this information in the 'Service Change Chart' for Service 4.

See below

Service 5

63. The description for Case Management lacks detailed information on Interagency Meetings and other case management activities that may occur outside of Interagency Meetings. The narrative mentions that these meetings are only if a family does not utilize FACE services or is

not eligible. Case Management still occurs for students that are eligible for FACE services and those being connected to Group and Individual Therapy.

Action Required: Provide sufficient information on all activities that can be included in Case Management and more details on the Interagency Meetings.

The Boone County Interagency Committee is a long-standing, weekly meeting of representatives from state affiliated agencies that exists to assist families and guardians to learn about and access support options in the community to help families reach the goals they set for themselves. Starting in 2017, the Committee has been chaired by the Director of the BCSMHC.

Standing team members are representatives of:

- Juvenile Office (JO)
- Boone County Family Resources (BCFR)
- Children's Division (CD)
- Burrell Behavioral Health (BBH)
- Public School district (representative from the student's home district)
- Boone County Schools Mental Health Coalition (BCSMHC) representative (meeting chair)
- Missouri University Psychiatric Center (MUPC) representative attends if the student has had an inpatient hospitalization at this hospital, or if arranged
- Other agencies working with the family may attend though they are not standing members (e.g. Central MO Regional Center, Division of Youth Services, Rainbow House, state contractors)
- Families may bring individuals to support them in the meeting

Reason for referral

If schools or agencies wish to have assistance to connect families to the wide variety of social service supports in Boone County, this Committee can help. Some considerations:

- if a student has special circumstances in his/her life that cause or contribute to a lack of school success
- if the student has significant issues in the community
- if there is consideration that the family could benefit from comprehensive supports

Coordination, review and follow up of the progress and status of such services can also be addressed in this venue.

64. The justification for how the unit rate was established does not provide a clear explanation. The current contract for BCSMHC does not list out the units and outputs to be able to clearly compare. The unit rates for the remaining services all equal \$18.18. Each of these services vary

See below

65. significantly from each other and should be based on a public funding unit.

Action Required: Provide a unit rate that is tied to an established public funding rate and provide justification on how the rate was established. The updated unit rate should be included on the 'Service Change Chart' for Service 5.

9 staff x .01 FTE= \$6944.29

Indirect = \$ 763.50

UNIT= 15 min per student for case management

TOTAL # OF ANTICIPATED UNITS= 500/ year

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 35 students/ year

UNIT OF SERVICE RATE= \$ 7707.79/ 500=\$15.42

66. The number of individuals receiving Case Management should include all students that are identified needing targeted interventions. Service 3 proposed 175 individuals will be served and Service 4 proposed 50 individuals to be served.

Action Required: Provide the total number of unduplicated individuals to be served that includes all students needing targeted interventions to cover the amount of time required by the Regional Coordinators to link students to services. The number of individuals involved in Interagency Meetings should be included. The updated number of unduplicated individuals to be served should be included on the 'Service Change Chart' for Service 5.

This number is now 35 students.

67. The number of units to be provided will need to be adjusted to include all the students receiving Case Management through arranging targeted interventions and involved in Interagency Meetings.

Action Required: Update the number of units to be provided and include on the 'Service Change

See below

Chart' for Service 5.

68. The amount requested is not the correct amount based on the unit rate, number of units to be provided, and number of unduplicated individuals to be served.

Action Required: Update amount requested with the correct unit rate, number of units and number of unduplicated individuals to be served. The number of units to be provided should equal the same amount proposed and the math needs to be correct. Provide this information in the 'Service Change Chart' for Service 5.

below

69. Service 5 Performance Measures lacks specific information on the family assessments.

Action Required: Provide more information on the family assessments mentioned in the performance measures.

The Top Problems assessment will be used to determine effectiveness of services over time. This assessment has families rate their top 3 problems on a scale from 1 to 10. They are then asked to rate the problems over time on the same scale, allowing for change over time to be evaluated. The FACE clinicians also use this monitoring tool with clients.

70. There should be more outcomes, indicators, and method of measurements for Case Management and the information needs to be more specific.

Action Required: Provide more outcomes, indicators, and method of measurements for Case Management.

See below

Program Services Form (6-10)

Service 6

71. The service needs to be renamed to 'Best Practices Training'. All the training programs provided in the 2017 Interim Report do not appear to be evidence-based.

Action Required: Rename Service 6 to Best Practices Training and update in the 'Service Change Chart' for Service 6.

See below

72. The description for Service 6 does not provide specific information on the trainings, how professional development areas are determined, and how trainings are conducted. This section is unclear.

Action Required: Provide sufficient information on the types of Best Practices Trainings that will be provided to school personnel.

The best practices trainings are directly linked to the data gathered during screening. For instance, if a school has high level of students with attention/ academic competence issues, the regional coordinator may provide 1-2 hours of training on evidence-based strategies for improving executive functioning in youth. We have PD that can be utilized across each domain.

73. The justification for how the unit measurement and unit rate were established does not provide a clear explanation. The current contract for BCSMHC does not list out the units and outputs to be able to clearly compare. The unit measure for trainings should be one individual. The unit rates for the remaining services all equal \$18.18. Each of these services vary significantly from each other and should be based on a public funding unit. This unit rate should be based on the cost to provide any training to one individual.

Action Required: Provide a unit rate that is tied to an established public funding rate and provide justification on how the rate was established. The updated unit rate should be included on the 'Service Change Chart' for Service 6.

9 staff x .10 FTE= \$69442.87

Faculty support (.10 of 10%)= \$4,245.16

Travel = \$1500

Supplies/ Copies = \$500

Indirect = \$ 8101.74

UNIT= 1 hour of training per individual

TOTAL # OF ANTICIPATED UNITS= 1450/ year

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 800 staff/ year

UNIT OF SERVICE RATE= \$ 83,789.77/ 1450=\$57.79

74. The number of units to be provided seems low for the number of individuals receiving training. The average number of units of service per individual is only 1.32 or equal to 20 minutes of training per person.

Action Required: Re-examine the total number of units of service to be provided for Service 5. Provide this information on the 'Service Change Chart' for Service 6.

We have corrected this error

75. The amount requested is not the correct amount based on the unit rate, number of units to be provided, and number of unduplicated individuals to be served.

Action Required: Update amount requested with the correct unit measure, unit rate, number of units and number of unduplicated individuals to be served. The number of units to be provided should equal the same amount proposed and the math needs to be correct. Provide this information in the 'Service Change Chart' for Service 6.

See below

76. Service 6 Performance Measures lack specific information regarding the post tests administered for the trainings. There should be pre-assessments in order to compare post-assessments to determine an increase in knowledge and level of satisfaction.

Action Required: Provide pre-post assessments for Best Practice Trainings and provide specific information on these assessments.

Teachers complete a pre and post assessment of their knowledge on the topic presented. This provides information on whether they feel they have more knowledge on the topic.

Teachers also provide feedback on the quality and satisfaction with the survey.

When possible teachers provide fidelity to a new strategy by completing a weekly fidelity check on a new intervention or strategy they learned.

77. Service 6 Performance Measures do not show the percentage of faculty in each school that participate in trainings.

Action Required: Provide an outcomes, indicator, and method of measurement showing the percentage of faculty participating in trainings. This information should be included in the 'Service Change Chart' for Service 6.

Additional Clarifications	
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78. The current contract lists Universal Interventions for students as a service. These interventions are provided to schools, grades, and/or classrooms identified by the BCSMHC Checklist. However, this intervention level is not listed in the proposal. Group Therapy could be compared to the "Targeted Social, Behavioral, or Emotional Interventions" on the current contract.

Action Required: Provide clarification if the Universal Interventions will continue. If so, add this as a service following the Taxonomy of Services and complete the 'Service Change Chart' as Service 7. Provide sufficient information on the proposed service on how the service will be

Universal interventions are developed from the manualized menu of options based on the screening data in the area of concern/ focus. The Regional Coordinators work with schools to identify, implement, and monitor fidelity to the universal interventions. These interventions can occur in the classroom, at a grade level, or across the whole school. For instance one school identified that the entire 8th grade was struggling with organizational skills and academic competence. The Regional Coordinator worked with the school to identify the HOPS intervention, an evidence-based intervention to support organizational skills with students. The Regional Coordinator worked with school personnel to identify needed materials, train on relevant strategies, to implement with students, and to monitor the outcomes.

delivered, other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered.

79. If Service 7 was added to cover the currently contracted "Universal Interventions", the unit measure, unit rate, total number of units of service to be provided, and the total number of unduplicated individuals to be served needs to be provided.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and the total number of unduplicated individuals to be served if Service 7 is added. Provide this information in the 'Service Change Chart' for Service 7. Provide justification on how the outputs were determined below.

9 staff x .15 FTE= \$104164.31

Faculty support (.10 of 15%) = \$6367.73

Indirect = \$ 12,152.61

UNIT= 1 student receiving a universal prevention intervention

TOTAL # OF ANTICIPATED UNITS= 6000/ year

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 6000 students/ year

UNIT OF SERVICE RATE= \$ 124,684.65/ 6000=\$20.78

80. If Service 7 was added to cover the currently contracted "Universal Interventions", the requested amount and number of units of service that will be funded by the Boone County Children's Services Fund needs to be provided.

Action Required: Provide the requested amount and number of units of service that will be funded by the Boone County Children's Services Fund for Service 7 added as a service.

See below

81. If Service 7 was added to cover the currently contracted "Universal Interventions", performance measures need to be provided including narratives explaining the outcomes, indicators, and method of measures.

Action Required: Provide sufficient outcomes, indicators, and method of measurements on the "Service Change Chart" for Service 7, if added as a service. Provide a description of how each outcome is attributable to the Program Goal, any external factors or variables that may affect the proposed outcomes, rationale for the measurement levels for each indicator, and rationale for each method of measurement.

See below

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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82. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #1a – Taxonomy of Service Name: Boone County Schools Mental Health Coalition Checklist			
Service #1a – Taxonomy Definition of Service: An evaluation tool that allows schools to identify risk factors linked to youth development of social, emotional, or behavior problems and determine preventative or early intervention efforts before problems become serious. The results can be used as a tool to guide school-wide, grade level, and student supports.			
Provide a detailed description of the proposed service: Teachers will complete the checklist on each student in their classroom three times per year			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 Teacher checklist	\$4.32	63,000	21,000
Funding Request			
Amount Requested to Boone County: \$272,331.91		Proposed Number of Units of Service: 63,000 units	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Students will be identified who exhibit risk on the social, behavioral, emotional, and academic risk indicators	100% of students who are identified as at-risk will receive support services from the school or community	BCSMHC Checklist	
Teachers will complete the checklist on students in their classroom	100% of teacher will complete the checklist 3 times per year	BCSMHC checklist completion data	
School personnel will review the checklist data after each cycle of data collection	100% of schools will review the data after each cycle	Coalition fidelity measure	

Service Change Chart		
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)		
Program Name: Boone County Schools Mental Health Coalition		
Service #1b – Taxonomy of Service Name: Boone County Schools Mental Health Coalition Checklist		
Service #1b – Taxonomy Definition of Service: An evaluation tool that allows schools to identify risk factors linked to youth development of social, emotional, or behavior problems and determine preventative or early intervention efforts before problems become serious. The results can be used as a tool to guide school-wide, grade level, and student supports.		
Provide a detailed description of the proposed service: Students will complete the checklist on themselves three times per year		
Outputs		
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:
1 Student checklist	\$6.48	42,000
		Total Number of Unduplicated Individuals:
		14,000
Funding Request		
Amount Requested to Boone County: \$272,331.91		Proposed Number of Units of Service: 42,000 units
Performance Measures		
Outcome:	Indicator:	Method of Measurement:
Students will be identified who exhibit risk on the social, behavioral, emotional, and academic risk indicators	100% of students who are identified as at-risk will receive support services from the school or community	BCSMHC Checklist
Students will complete the self-assessment.	80% of students will complete the checklist 3 times per year	BCSMHC checklist completion data
School personnel will review the checklist data after each cycle of data collection	100% of schools will review the student data after each cycle	Coalition fidelity measure

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #2 – Taxonomy of Service Name: Professional Coaching			
Service #2 – Taxonomy Definition of Service: Provides individualized support for professional development.			
Provide a detailed description of the proposed service: Regional Coordinators will meet with school personnel to provide coaching support for implementing problems solving teams, identifying appropriate evidence-based practices and intervention, behavior support planning, and utilizing screening data.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes of Professional Coaching	\$20.70	4000	100 school staff
Funding Request			
Amount Requested to Boone County: \$82,789.77		Proposed Number of Units of Service: 4000	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
School staff will implement the Coalition model with high fidelity.	Schools using professional coaching will demonstrate a score of 80% fidelity to the Coalition model or higher.	Coalition fidelity measure.	
School staff will effectively support students with behavior support plans.	Students on behavior support plans will demonstrate a decrease in behavior problems.	Direct Behavior Ratings	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #3 – Taxonomy of Service Name: Group Therapy – Child			
Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment for children with a related problem arranged in a group format with a qualified mental health professional. Group Therapy places focus on all group members.			
Provide a detailed description of the proposed service: Students identified by the checklist data as having risk who would benefit from group supports will be selected. The group focus will be specific to the problem area (e.g., social skills, anger management, internalizing problems, etc.)			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes of group therapy per student	\$12.89	6500	270
Funding Request			
Amount Requested to Boone County: \$83,789.77		Proposed Number of Units of Service: 6500	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Students who receive a group intervention will demonstrate significant reductions in teacher rated social, behavioral, and emotional outcomes related to the targeted area of risk.	85% of students will demonstrate a decrease in targeted area symptoms between pre and post implementation of targeted interventions.	Pre-post assessments will be directly related to targeted area of the intervention. For instance, students who receive an anger management will have teacher report on emotion regulation prior to beginning the intervention and following completion of the intervention to determine change (see measurement list).	
Students who receive a group intervention will demonstrate significant reductions in self rated social, behavioral, and emotional outcomes related to the targeted area of risk.	85% of students will demonstrate a decrease in targeted area symptoms between pre and post implementation of targeted interventions.	Pre-post assessments will be directly related to the targeted area of the intervention. Each area of risk will have tailored assessments to capture change (see measurement list)	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #4 – Taxonomy of Service Name: Individual Therapy – Child			
Service #4 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
Provide a detailed description of the proposed service: Students identified as having high risk and need for individualized services will receive individual therapy for the area of concern (e.g., Depression, Anxiety, Anger, etc).			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minute per student for individual therapy	\$22.12	1500	75
Funding Request			
Amount Requested to Boone County: \$33,187.10		Proposed Number of Units of Service: 1500	
Outcome:			
Indicator:	Method of Measurement:		
Students who receive individualized supports will demonstrate significant reductions in teacher reported social, behavioral, and emotional outcomes related to the targeted area of risk.	85% of students who receive individualized supports will demonstrate significant reductions in teacher reported social, behavioral, and emotional outcomes related to the targeted area of risk.		
Students who receive individualized supports will demonstrate significant reductions in self-reported social, behavioral, and emotional outcomes related to the targeted area of risk.	85% of students who receive individualized supports will demonstrate significant reductions in self reported social, behavioral, and emotional outcomes related to the targeted area of risk.		

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #5 – Taxonomy of Service Name: Case Management			
Service #5 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individuals' health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service: Students who attend the interagency meetings will receive case management services, including helping them link to services, following them after services begin, and monitoring outcomes.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes of case management per student	\$15.42	500	35
Funding Request			
Amount Requested to Boone County: \$7,707.79		Proposed Number of Units of Service: 500	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Reduction in severity of identified problem areas.	Using the top problems assessment, families identify problem areas to target. The severity of problems will decrease to become not problematic between pre and post assessment for 80% of families.		Family rating of the severity of a problem area as identified by the Top Problems assessment.
Families will be linked to services.	80% of families will attend more than 1 visit to an identified service provider.		Case manager will follow-up with family following linkage to determine if they followed through with receipt of services.

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #6 – Taxonomy of Service Name: Best Practices Training			
Service #6 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service: School personnel will receive best practices training on evidence-based strategies as determined by areas of need from the checklist data. For instance, if a school has a large number of students with emotion regulation issues teachers and staff may receive a training on strategies to support students with emotion regulation, such as using the zones of regulation intervention.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 hour of training per school staff	\$57.79	1450	800
Funding Request			
Amount Requested to Boone County: \$83,789.77		Proposed Number of Units of Service: 1450	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Staff will indicate improved knowledge in the area of training	80% of staff will demonstrate an increase in knowledge of the topic after the training in comparison to before the training.	Staff survey of level of knowledge of the topic/skill.	
Staff will be satisfied with the training they received	80% of staff will report high satisfaction with the training in a post assessment	Staff survey of satisfaction with training.	
Staff will implement a new skill with fidelity	80% of staff will implement a new skill with fidelity.	When a discrete new skill is trained (e.g., using zone of regulation intervention with students), teacher will be asked to complete a measure of fidelity to the newly learned skills.	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #7 – Taxonomy of Service Name: Universal Intervention- no taxonomy found			
Service #7 – Taxonomy Definition of Service: Universal Intervention is implemented to large groups of individuals as an efficient preventive intervention strategy.			
Provide a detailed description of the proposed service: Schools with more than 20% of students exhibiting an area of risk as measured by the checklist are encouraged to implement universal interventions rather than intervening one student at a time. The intervention may occur at the school level, grade level, or classroom level. Universal intervention allow us to positively impact large numbers of students and prevent problems from needing more expensive individualized supports.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 student receiving a universal intervention	\$20.78	6000	6000
Funding Request			
Amount Requested to Boone County: \$124,684.66		Proposed Number of Units of Service: 6000	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Students receiving a universal intervention will demonstrate a decrease in the area of risk targeted by the intervention	The area of risk that had more than 20% of students identified as having that risk will decrease by 5% or more across the school year.	BCSMHC checklist.	

Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)				
Program Name: Boone County Schools Mental Health Coalition Checklist				
Program Outputs from all funding sources (including Children's Services Fund): \$973,862.67				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
BCSMHC Teacher Checklist	1 teacher checklist	\$4.32	63,000	21,000
BCSMHC Student Checklist	1 Student checklist	\$6.48	42,000	14,000
Professional Coaching	15 minutes of coaching	\$20.70	4000	100
Group Therapy	15 minutes of group therapy per student	\$12.89	6500	270
Individual Therapy	15 minutes of individual therapy per student	\$22.12	1500	75
Case Management	15 minutes of case management	\$15.42	500	35
Best Practices Training	1 hour of training per staff	\$57.79	1450	800
Universal Intervention	1 student receipt of a Universal Intervention	\$20.78	6000	6000

BCSMHC Pre/Post Measures

Domain	Subscale 1	Subscale 2	Subscale 3	Subscale 4	Subscale 5	Subscale 6	Subscale 7
Academic Competence Teacher	TOCA Concentration Problems	Vanderbilt Inattention	Vanderbilt Hyperactive/Impulsive	TCOMP Academic Competence			
Academic Competence Student Elementary	Child Trend Self-Control	Child Trend Persistence	Child Trend Mastery Orientation	Child Trend Academic Self-Efficacy	SEI Future aspirations and goals	SEI Intrinsic Motivation	SEI Behavioral Engagement
Academic Competence Student Secondary	MESH Self-management	MESH Growth Mindset	MESH Self Efficacy	SEI control and relevance of school work	SEI Future aspirations and goals	SEI Intrinsic Motivation	
Social Competence Teacher	TCOMP Prosocial Behavior	TCOMP Emotion Regulation	TCOMP Academic Competence				
Social Competence Student Elementary	SDQ Prosocial	SDQ Peer Problems	Child Trend Self-Control	Child Trend Persistence	Child Trend Mastery Orientation	Child Trend Academic Self-Efficacy	
Social Competence Student Secondary	SDQ Prosocial	SDQ Peer Problems	MESH Self-management	MESH Growth Mindset	MESH Self Efficacy	MESH Social Awareness	
Internalizing Teacher	Vanderbilt Anxiety/Depression						
Internalizing Student	RCADS Depression	RCADS Generalized Anxiety	RCADS Obsessions/Compulsions	RCADS Panic	RCADS Separation Anxiety	RCADS Social Phobia	
Internalizing Student (cont.)	CES-DC: if depression intervention grades 3-5	PHQ8: if depression intervention 6-12	SCARED social anxiety: if anxiety intervention	SCARED school avoidance: if anxiety intervention			
Externalizing Teacher	Vanderbilt Conduct	TOCA Disruptive	TOCA Emotion Dysregulation				
Externalizing Student Secondary	MESH Self-management	MESH Social Awareness					

Information about the MESH measures: <https://www.transformingeducation.org/measuring-mesh/>

Information about the SEI (student engagement instrument): <http://checkandconnect.umn.edu/research/engagement.html>

Information about the child trend measures: <https://www.childtrends.org/publications/measuring-elementary-school-students-social-and-emotional-skills-providing-educators-with-tools-to-measure-and-monitor-social-and-emotional-skills-that-lead-to-academic-success/>

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Program Outputs and Funding Request Tables – Best and Final Offer

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
BCSMHC Teacher Checklist	\$272,331.91	63,000
BCSMHC Student Checklist	\$272,331.91	42,000
Professional Coaching	\$82,789.77	4000
Group Therapy	\$83,789.77	6500
Individual Therapy	\$33,187.10	1500
Case Management	\$7,707.79	500
Best Practices Training	\$83,789.77	1450
Universal Intervention	\$124,684.66	6000
Development/Start Up Service Funding	\$13,250	

Total Amount Requested to Boone County:	\$973,862.67	
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Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Active Supervision

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Off-Task Behaviors; Disruptive Behaviors
Description: Active supervision consists of walking around the room; make positive contacts with students and redirect behavior or academic concerns. When supporting students with behavior or academic concerns; make sure to approach in a non-threatening manner, get down to the student level, and use a non-judgmental tone.
Location of Resource: http://www.pbisworld.com/tier-1/active-supervision/
Elementary Specifications: Walk around and scan the room with your eyes. For students who may have behavior and/or academic concerns, the teacher's presence can be supportive of those concerns.
Secondary Specifications: Walk around and scan the room with your eyes. For students who may have behavior and/or academic concerns, the teacher's presence can be supportive of those concerns.
Implementation Guidelines: <ul style="list-style-type: none">• Who Should Implement? Classroom Teacher• How Often Should It Be Implemented? Daily/Regularly• How Long Should It Be Implemented? Throughout the year
Measurement:
Additional Resources: More Information: http://www.jimwrightonline.com/mixed_files/arlington/beh_intvs_collection_27_May_2015.pdf

Additional Individual Strategies

Additional Completion Time

Cue Cards/Nonverbal Cues

Guided Notes

Preferential Seating

Structured Breaks

Tutoring/Homework Clubs

Target Ages: Grades K-12

Level of Intervention: Targeted (Tier III)

Domains Targeted: Attention and Academic Competence; Internalizing Behavior; Self-Regulating and Externalizing Behavior

Specific Concern Areas Addressed: Executive Functioning; Anxiety

Description: Additional strategies can be utilized for individual students to address attention and academic concerns.

Additional Completion Time:

Giving students the option of having extra time to complete their assigned work, or to complete it in an alternative manner, may benefit some students whom have difficulty attending to tasks for long periods of time or with organization concerns.

Cue Cards/Nonverbal Cues: Students whom struggle with maintaining attention/focus or display misbehavior or off-task behaviors can benefit from cue cards and/or nonverbal cues. Cue cards or nonverbal cues can be used to redirect students to return to a task or redirect their negative behaviors. They can also be helpful with students whom do not like to talk in front of the class or volunteer answers/participation. These can also be used for praise/reinforcement when students display positive or appropriate behaviors. Cue cards can contain words and/or visuals for students.

Examples of cue cards and non-verbal cue ideas are listed below in the “Additional Resources” section.

Guided Notes:

Students whom have difficulty with attention, may struggle with note taking, thus missing key concepts during a lesson or lecture. Giving students a copy of summarized notes with content from a class or lecture, with blanks where the students can fill in key concepts throughout the period can be very beneficial in ensuring students are getting all of the necessary information.

Templates available here: https://www.interventioncentral.org/rti2/guided_notes

Preferential Seating:

Seating the student in a location in which they will be most likely to stay focused on what is being taught.

This location may should be where most of the teaching takes place (i.e., near SmartBoard, near teacher's desk, etc.)

Structured Breaks: Providing students whom struggle with maintaining attention to tasks, or regulating their emotions may benefit from structured times in which they can appropriately escape a task or "cool down." These can be setup throughout the day (i.e., break after math, recess, etc.), or they can be utilized when needed through "break cards" or signals (i.e., time-out hand gesture). Structured breaks can either be non-contingent upon behavior or they may need to be earned. For example, if a student completes a specific amount of their work (i.e., 3 sentences), they will be given an option to take a break before coming back to finish the task.

Tutoring Supports/Homework Clubs:

Providing students whom struggle with academic tasks and/or homework completion can benefit from additional tutoring supports or Homework Clubs. Peer tutoring can be beneficial to both the student whom needs the additional supports, but also for the peer whom is mentoring that student.

Homework Clubs can be integrated throughout the school building and led by teachers whom are able to assist students with homework completion.

Location of Resources: See "Additional Resources" Listed Below

Elementary Specifications: Ensure that strategies provided are age appropriate and that prior knowledge to the skill has been taught (i.e., how to take notes, how to utilize breaks appropriately, etc.)

Secondary Specifications: Ensure that strategies provided are age appropriate and that prior knowledge to the skill has been taught (i.e., how to take notes, how to utilize breaks appropriately, etc.)

Implementation Guidelines:

- Who Should Implement? Classroom Teacher
- How Often Should It Be Implemented? Daily/Regularly
- How Long Should It Be Implemented? Throughout the School Year

Measurement:

Additional Resources:

Preferential Seating – More Information:

http://www.jimwrightonline.com/php/interventionista/interventionista_random.php?intv ID=15

Task Completion Support – More Information:

http://www.interventioncentral.org/sites/default/files/pdfs/pdfs_tools/wright_accommodations_finder_task_support.pdf

Guided Notes – More Information:

<http://www.interventioncentral.org/academic-interventions/study-organization/guided-notes-increasing-student-engagement-during-lecture->

Structured Breaks – More Information:

http://www.interventioncentral.org/behavior_management_escape_avoidance_Class_Pass

<http://www.pbisworld.com/tier-3/breaks/>

Cue Cards/Non-Verbal Cues – More Information:

<http://www.interventioncentral.org/academic-interventions/general-academic/group-response-techniques>

<https://www.interventioncentral.org/behavioral-interventions/communication-tools/working-defiant-kids-communication-tools-teachers>

Adolescent Coping with Depression (CWD-A)

Target Ages: Grades 9-12
Level of Intervention: Selected (Tier II)
Domains Targeted: Internalizing Behavior
Specific Concern Areas Addressed: Depression
<p>Description: Adolescent Copings with Depression should be conducted in a group of 4 to 8 students. Students will learn skills that can be utilized to help them with their depressive symptoms. Lessons, discussions, role-play exercises, and homework will be used throughout the intervention.</p> <p>Sessions</p> <ol style="list-style-type: none"> 1. Depression and social learning 2. Self-observation and change 3. Reducing tension 4. Learning how to change 5. Changing your thinking 6. The power of positive thinking 7. Disputing irrational thinking 8. Relaxation 9. Communication part 1 10. Communication part 2 <ol style="list-style-type: none"> 1. Negotiation and problem solving 15. Life Goals 16. Prevention, planning, and ending
<p>Location of Resource: Boone County Schools Mental Health Coalition; See "Additional Resources" listed below</p>
Elementary Specifications: N/A
<p>Secondary Specifications: Ensure that this intervention is aligned with the target behavior (i.e., depression) and that lessons align with students' age/developmental level; Ensure size of group is appropriate and students are accurately identified utilizing additional data collection methods</p>
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Counselor or Mental Health Professional • How Often Should It Be Implemented? Twice per week for 2 hours • How Long Should It Be Implemented? 8 weeks or until sessions complete
Measurement:
<p>Additional Resources:</p> <p>Therapist Manual: https://research.kpchr.org/Portals/0/Docs/project%20websites/ACWD/CWDA_manual.pdf?ver=2016-04-07-083511-610 </p>

Teen Workbook:

[https://research.kpchr.org/Portals/0/Docs/project%20websites/ACWD/CWDA_workbook.pdf
?ver=2016-04-07-083503-940](https://research.kpchr.org/Portals/0/Docs/project%20websites/ACWD/CWDA_workbook.pdf?ver=2016-04-07-083503-940)

Aggression Replacement Training (ART)

Target Ages: Grades 6-12

Level of Intervention: Selected (Tier II)

Domains Targeted: Self-Regulating & Externalizing Behavior

Specific Concern Areas Addressed: Aggression; Social Skills; Anger Management

Description: Aggression Replacement Training (ART) is used to enhance social skills, anger control, and moral reasoning for students who are experiencing anger and/or aggressive behavior.

Part 1: ART Program Content and Implementation

- ART Components and Implementation Concerns
- Social Skills Training: The Behavioral Component of ART
- Anger Control Training: The Affective Component of ART
- Moral Reasoning: The Cognitive Component of ART
- Group Member Motivation and Resistance
- Enhancing Generalization of Performance
- Application Models and Evaluations of Program Effectiveness
- Program Administration and Management

Part 2: ART Group Training Session

Social Skills Training

Week 1: Introducing ART and Social Skills Training/Making a Complaint

Week 2: Understanding the Feelings of Others

Week 3: Getting Ready for a Difficult Conversation

Week 4: Dealing with Someone Else's Anger

Week 5: Helping Others

Week 6: Keeping Out of Fights

Week 7: Angry Behavior Cycle

Week 8: Dealing with Group Pressure

Week 9: Expressing Affection

Week 10: Responding to Failure

Anger Control Training

Week 1: Introducing Anger Control Training/ABCs of Anger

Week 2: Hassle Log and Triggers

Week 3: Cues and Anger Reducers

Week 4: Reminders

Week 5: Thinking Ahead

Week 6: Self-Evaluation

Week 7: Angry Behavior Cycle

Week 8: Using a Social Skill and Rehearsal of Full Anger Control Chain

Week 9: Rehearsal of Full Anger Control Chain

Week 10: Overall Review and Rehearsal of Full Anger Control Chain

Moral Reasoning

Week 1: Introducing Moral Reasoning/Jim's or Emilio's Problem Situation

Week 2: Jerry's Problem Situation

Week 3: Mark's Problem Situation

Week 4: George's or Enzo's Problem Situation

Week 5: Sam's Problem Situation

Week 6: Leon's Problem Situation

Week 7: Reggie's Problem Situation

Week 8: Alonzo's Problem Situation

Week 9: Juan's Problem Situation

Week 10: Antonio's Problem Situation/Concluding ART

Location of Resource:

Boone County Schools Mental Health Coalition; Available for purchase at
<https://www.researchpress.com/books/409/aggression-replacement-training>

Elementary Specifications: N/A

Secondary Specifications: This curriculum has also been published in Spanish; Ensure to tailor sessions/lessons to be feasible in the school setting (has been modified to be applied to schools, clinics, juvenile institutions and other settings)

Implementation Guidelines:

- Who Should Implement? Counselor or Mental Health Professional
- How Often Should It Be Implemented? Weekly for 60 Minutes
- How Long Should It Be Implemented? For 10 Weeks or until lessons completed

Measurement:

Additional Resources:

More information: <http://aggressionreplacementtraining.com>

Alter Work Requirements

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence; Internalizing Behavior
Specific Concern Areas Addressed: Executive Functioning; Work Completion; Anxiety
Description: Alter or modify expectations for students that struggle with academic weaknesses and/or attentional difficulties. Give directions in smaller steps, break down tasks, change manner of response, i.e., verbal, multiple choice, matching, less writing), or reduce overall amount of work. with the goal of making tasks easier or less demanding.
Location of Resource: See "Additional Resources" listed below
Elementary Specifications: It is vital to ensure that the student is able/capable of completing the work prior to altering requirements (i.e. changing length of work, how long the student has to complete)
Secondary Specifications: It is vital to ensure that the student is able/capable of completing the work prior to altering requirements (i.e. changing length of work, how long the student has to complete)
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? Throughout school year
Measurement:
Additional Resources: Reducing Assignment http://www.pbisworld.com/tier-1/reduce-assignment/ Alternative Modes of Completing Assignment http://www.pbisworld.com/tier-1/alternative-modes-of-completing-assignments/ Breaking Down Assignment: http://www.pbisworld.com/tier-1/break-down-assignment/

Attention Signals

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Off-Task Behaviors (e.g., distraction)
<p>Description: To improve students' attention utilizing auditory and/or visual cues. The goal is to quickly gain students' attention.</p> <ul style="list-style-type: none"> • It is important to pre-teach these signals, so that when needed, the students are familiar with them before you actually need their attention. • A response is expected from the students following the signal <p>Ensure that signals are aligned with school-wide behavior management expectations (i.e. PBIS)</p>
Location of Resource: See "Additional Resources" listed below
Elementary Specifications: Ensure that attention signals are age appropriate (e.g., "Class, Class" or "Give Me Five") and that signals are taught, modeled and practice prior to expectation of understanding/display of appropriate response
Secondary Specifications: Ensure that attention signals are age appropriate (i.e., "MIZ" or countdown) and that signals are taught, modeled and practice prior to expectation of understanding/display of appropriate response
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? Throughout school year
Measurement:
<p>Additional Resources: <u>More Information/Examples</u> The Teacher Toolkit http://www.theteachertoolkit.com/index.php/tool/attention-signal Intervention Central http://www.interventioncentral.org/behavioral-interventions/challenging-students/school-wide-strategies-managing-task-inattention</p>

BASICS Manual

Target Ages: Grades 3-10/Ages 8-15
Level of Intervention: Selected (Tier II), Targeted (Tier III)
Domains Targeted: Internalizing Behavior
Specific Concern Areas Addressed: Anxiety; Depression; Disruptive Behaviors
<p>Description: The BASIC treatment manual uses five intervention principles to help students who are experiencing anxiety, depression, and/or disruptive behaviors. These five principles consist of, Belief repair, Alternative action, Solving problems, Increasing motivation, and Calming techniques.</p> <p>Sessions</p> <ul style="list-style-type: none">• Beginning treatment and affective education• Problem solving skills• Relaxation skills• Cognitive coping skills• Activity selection• Individualized coping plan and ending treatment
Location of Resource: Boone County Schools Mental Health Coalition
Elementary Specifications: Examples/situations discussed and analyzed should be age appropriate
Secondary Specifications: Examples/situations discussed and analyzed should be age appropriate
<p>Implementation Guidelines:</p> <ul style="list-style-type: none">• Who Should Implement? Counselor or Mental Health Professional• How Often Should It Be Implemented? 45 minutes• How Long Should It Be Implemented? 6 weeks or until sessions completed (may require additional sessions, dependent upon progress)
Measurement:
<p>Additional Resources:</p> <p>See manual for more information</p>

Behavior Contract

Target Ages: Grades K-12
Level of Intervention: Targeted (Tier III)
Domains Targeted: Attention and Academic Competence, Social Skills and Peer Relations, Self-Regulating and Externalizing Behavior
Specific Concerns: Work Avoidance; Aggressive Behavior; Mean/Bullying Behavior. **NOTE: <i>This intervention is less effective with impulse control issues.</i>
Description: Behavior contracts are a formal process in which student and teacher write a "contract" together that clearly states the definitions of the behaviors that are targeted for change. They identify what happens before the behavior occurs (antecedent), what the behavior looks like, as well as the consequences (either the reinforcers or punishers) that both parties will be responsible for during the intervention. This intervention can also be used to create contracts for small groups, entire classrooms, or between peers.
Location of Resource: University of Missouri EBI Network: http://ebi.missouri.edu/?p=160 ; Intervention Central: http://www.interventioncentral.org/behavioral-interventions/challenging-students/behavior-contracts
Elementary Specifications: Ensure that prior knowledge/understanding of behavior is known before implementing (i.e., knowing what sitting in seat looks like and how to do it); Ensure expectations align to age/development
Secondary Specifications: Ensure that prior knowledge/understanding of behavior is known before implementing (i.e., knowing what appropriate social interaction looks like and how to do it); Ensure expectations align to age/development
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily • How Long Should It Be Implemented? Continue monitoring and modify according to progress
Measurement:
Additional Resources: More information: http://ebi.missouri.edu/wp-content/uploads/2013/04/Behavior-Contracts.pdf Example of Behavior Contract: http://www.interventioncentral.org/sites/default/files/pdfs/pdfs_interventions/beh_contract_example.pdf

Behavioral Momentum/High Probability Commands

Target Ages: Grades K-12
Level of Intervention: Targeted (Tier III)
Domains Targeted: Self-Regulating and Externalizing Behaviors
Specific Concern Areas Addressed: Noncompliance; Off-Task/Disruptive Behaviors
Description: Providing a gradual increase in commands to a student whom is struggling with noncompliance. Give the student 2-3 easy commands that you expect they will comply with, then followed by a command that the student usually does not comply with. By giving the student easy or fun tasks first, you build the student's momentum to comply with the non-preferred task. Example: "Wendy please pass out these papers. Then put your name on your paper. Now write 2-3 sentences."
Location of Resource: See "Additional Resources" listed below
Elementary Specifications: Ensure that the number of steps/complexity of the commands are age appropriate (i.e. 1-2 step commands vs. 4-5)
Secondary Specifications: Ensure that the number of steps/complexity of the commands, as well as the expectations of the student are age appropriate (i.e., writing 2-3 sentences VS. writing a paragraph)
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly • How Long Should It Be Implemented? Throughout School Year
Measurement:
Additional Resources: More Information: http://www.interventioncentral.org/node/959507 http://www.jimwrightonline.com/mixed_files/lansingsd158/wright_BehMgtHandout_Lansing_IL_10_Aug_2012.pdf (Page 2)

Binder Checks

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Organization; executive functioning skills
Description: Provide your students with binder organization and/or desk expectations. Schedule routine binder/desk checks to help your students stay organized. Provide your students with incentives for organized binders/desks.
Location of Resource: http://www.pbisworld.com/tier-1/organize-materials-daily/
Elementary Specifications: Binders may not be used in the elementary level. So, provide expectations of desk and or coat room organization. At first consistently check in with their organization and then provide random checks. Provide incentives for organized desks and/or coat room. Once the norms and expectations are established, peers can be in charge of checking their peer's organization.
Secondary Specifications: Provide your students with expectations of binder organization. Make sure expectations are easily accessible for students to reference. At first consistently check in with their organization and then provide random checks. Provide incentives for organized binder. Once the norms and expectations are established, peers can be in charge of checking their peer's organization.
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? There may need to be more time at the beginning of the intervention to teach the students, however, with time the binder checks should take minimal time; Should be implemented throughout school year
Measurement:
Additional Resources: More Information: http://www.pbisworld.com/tier-1/organize-materials-daily/ (See bottom of page with additional links/examples)

Breaks Are Better

Target Ages: Grades K-5
Level of Intervention: Selected (Tier II)
Domains Targeted: Attention and Academic Competence; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Off-Task (e.g., distraction) Behaviors; Disruptive Behaviors
<p>Description: Breaks are Better is a modified version of Check-In/Check-Out. It is specifically geared towards students whose function of behavior is escape or avoidance from academic activities, tasks, or assignments. The intervention emphasizes academic behaviors being defined and reinforced. Furthermore, students are provided with opportunities to take appropriate breaks. There are four components of Breaks Are Better:</p> <ol style="list-style-type: none"> 1. Morning Check-In 2. Daily feedback meetings with teachers 3. Afternoon Check-Out 4. Home Component
<p>Location of Resource:</p> <ul style="list-style-type: none"> • Boone County School's Mental Health Coalition • Electronic manual: http://www.warrencountyschools.org/userfiles/1410/my%20files/breaks%20are%20better%20manual.pdf?id=525179
Elementary Specifications: Check-In/Check-Out needs to be implemented in the building with high fidelity before Breaks Are Better is implemented.
Secondary Specifications: N/A
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Counselor and/or Classroom Teacher • How Often Should It Be Implemented? Daily • How Long Should It Be Implemented? As Needed Throughout School Year
Measurement:
<p>Additional Resources:</p> <p>See above link to manual for more information</p>

CBT Based Strategies

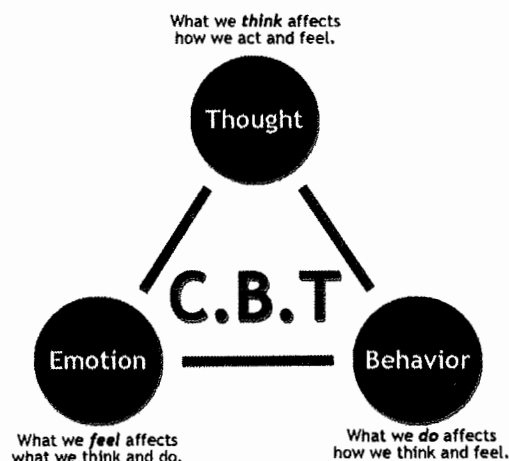
Target Ages: Grades 3-5

Level of Intervention: Targeted (Tier III)

Domains Targeted: Internalizing

Specific Concern Areas Addressed: Stress; Anxiety; Depression

Description: Cognitive Behavioral Strategies use the approach that one's thoughts, emotions, and behaviors are interconnected. If thoughts are changed, then that influences behavior and emotions; if behavior is changed, then that influences thoughts and emotions, etc.



CBT Strategies include:

- Pleasant activity scheduling: when people do pleasant activities, they are more like to have positive thoughts, feel happier and healthier, and connect to others.
- Relaxation:
 - Progressive muscle relaxation: tense and release muscles
 - Guided imagery: while deep breathing, focus mind on peaceful image.
- Adaptive thinking: teach, model, and practice adaptive thinking skills with the student.
- Problem-solving: teach, model, and practice problem solving strategies with the student.

CBT-Based Curriculum:

- BASICS Manual (3rd grade-12th grade)
- Coping Cat (7-13yrs)
- Coping Power- late elementary and early middle school
- Coping with Depression (14-18yrs)

- Coping with Stress (14-18yrs)

*The above curriculum encompasses CBT skills in their structured lessons/sessions

Location of Resource: Boone County Schools Mental Health Coalition

Elementary Specifications: Use either Coping Cat, BASICS Manual, or Coping Power for younger grades depending on target area (i.e., depression, anxiety)

Secondary Specifications: Use either Copings Cat, BASICS Manual, Coping Power, Coping with Depression, or Coping with Stress for older grades depending on target area (i.e., depression, anxiety)

Implementation Guidelines:

- Who Should Implement? Counselor or Mental Health Professional
- How Often Should It Be Implemented? As Needed; Consistent
- How Long Should It Be Implemented? Until all sessions have been completed and/or adequate progress shown

Measurement:

Additional Resources:

Coping Cat: <http://www.cebc4cw.org/program/coping-cat/detailed>

Coping with Depression: <https://research.kpchr.org/Research/Research-Areas/Mental-Health/Youth-Depression-Programs#Downloads>

Coping with Stress: <https://research.kpchr.org/Research/Research-Areas/Mental-Health/Youth-Depression-Programs#Downloads>

Check & Connect

Target Ages: Grades 9-12
Level of Intervention: Selected (Tier II)
Domains Targeted: Self-Regulation and Externalizing; School Engagement
Specific Concern Areas Addressed: Disruptive Behaviors; School Inclusion/Engagement
Description: Check & Connect is an intervention designed to be used with 9 th thru 12 th grade students who show warning signs of disengagement with school and who are at risk of dropping out. Check & Connect is built on establishing trusting relationships between the student and a caring, trained mentor who both advocates for and challenges the student to remain engaged in their education. Students are referred to Check & Connect when they show warning signs of disengaging from school, such as poor attendance, behavioral issues, and/or low grades.
Location of Resource: Boone County Schools Mental Health Coalition Purchasing information: www.checkandconnect.umn.edu/manual
Elementary Specifications: N/A
Secondary Specifications: School-based mentors provide individualized supports to help students based on their specific needs; There is also a parenting component to help bridge the gap between home and school.
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Counselor; Classroom Teacher; Other School Support Staff • How Often Should It Be Implemented? Monthly or weekly meetings with student (Dependent upon need) • How Long Should It Be Implemented? 9 months and ongoing as needed as shown by progress
Measurement:
Additional Resources: Online resources and additional information: www.checkandconnect.umn.edu/resources.html

Check-In/Check-Out (CICO)

Target Grades/Ages: Grades K-12
Level of Intervention: Selected (Tier II)
Domains Targeted: Attention and Academic Competence; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: School Engagement; Disruptive Behaviors/Off-Task Behaviors **NOTE: Not as effective with students who are escape maintained
<p>Description: Check-In Check-Out or CICO can be utilized in a couple of different ways – universally throughout the school building using adults within the building whom the student may not have regular contact with in their classroom or targeting specific students whom receive the intervention through their classroom and provided to them by their classroom teacher.</p> <p>CICO is a simple behavior intervention package focused on engaging students, as well as decreasing negative or problematic behaviors. Through this system, a student will “Check-In” with an adult prior to the start of their school day to set behavioral goals. Throughout the day, the student’s progress will be monitored by teachers whom interact with that student (i.e., classroom teacher, specialists, etc.). At the end of the day, the student will “Check-Out” with that same adult from the morning and review whether or not that student met their goals for that day and why. They will then problem-solve and plan for the next school day and modify what they feel needs to change in order to be more successful.</p> <p>Teachers can adapt this within their classroom as well, for a selected group of students whom they feel need more feedback given throughout the day. Additional “check-ins” can also be included in these plans (i.e., after each subject or every couple of hours).</p>
Location of Resource: See “Additional Resources” listed below
Elementary Specifications: Ensure that students are matched with appropriate adults to facilitate CICO; Ensure rewards are matched to student motivations/likes; Ensure goals are matched with student concerns/target areas
Secondary Specifications: Ensure that students are matched with appropriate adults to facilitate CICO; Ensure rewards are matched to student motivations/likes; Ensure goals are matched with student concerns/target areas
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Adult within Building; Classroom Teacher • How Often Should It Be Implemented? Daily Throughout Day • How Long Should It Be Implemented? Throughout school year or until goals met
Measurement:

Additional Resources:PBIS World: <http://www.pbisworld.com/tier-2/check-in-check-out-cico/>Intervention Central: <http://www.interventioncentral.org/node/970770>

Children's Friendship Training

Target Ages: Grades 1-5
Level of Intervention: Selected (Tier II)
Domains Targeted: Social Skills and Peer Relations
Specific Concern Areas Addressed: Conflict resolution; problem-solving; managing social situations
Description: The Children Friendship Training is designed teach student skills who have difficulty making, maintaining friendships. Each group session is geared towards learning new skill, practice, and coaching on their skills. Student are given homework to extend practice outside of the group setting. Skills taught are: <ol style="list-style-type: none">1. Conversational skills2. How to make a good first impression3. How to "play detective" to find common interests4. How to join a group of kids at play5. How to handle rejection, teasing and bullying6. How to be a good host on a play date7. How to be a good winner8. How to be a good sport9. How to show respect to adult supervisors
Location of Resource: Boone County Schools Mental Health Coalition; for purchasing information: https://www.amazon.ca/Childrens-Friendship-Training-Fred-Frankel/dp/1583913084 www.tandfebooks.com/action/showBook?doi=10.4324/9780203009154
Elementary Specifications: Parent participation is required. Parents attend a concurrent class and will learn how to help their children make and keep friends by using the skills learned.
Secondary Specifications: N/A
Implementation Guidelines: <ul style="list-style-type: none">• Who Should Implement? Counselor• How Often Should It Be Implemented? Weekly• How Long Should It Be Implemented? 60 min sessions or could be spread over longer timeframe with shorter sessions; for 12 weeks or until lessons completed
Measurement:

Additional Resources:

More information: [Children's Friendship Training - SAMHSA](#)

Cognitive Behavior Intervention for Trauma in Schools (CBITS)

Target Ages: Grades 5-12
Level of Intervention: Selected (Tier II)
Domains Targeted: Internalizing Behavior
Specific Concern Areas Addressed: PTSD; Depression; and Behavioral Problems
<p>Description: CBITS helps to improve overall functioning skills, grades, attendance, peer support, parent support, and coping skills of students who have witness or experiences trauma. Homework and participation are included in the curriculum in order to reinforce learning.</p> <p>CBITS utilizes cognitive-behavioral approaches such as psychoeducation, relaxation, social problem-solving, cognitive restructuring and exposure.</p> <p>Content</p> <ol style="list-style-type: none">1. Education about reactions to trauma2. Relaxation training3. Cognitive therapy4. Real life exposure5. Stress or trauma exposure6. Social problem-solving
<p>Location of Resource: Boone County Schools Mental Health Coalition;</p> <p>Register for Copy:</p> <p>https://cbitsprogram.org/survey/take/s=244&c=281&f=0#/g%3D1927%26i%3D1%26r%3D694458%26h%3D07635c%26t%3D205</p>
<p>Elementary Specifications: Parent and teacher sessions are included; Ensure sessions are provided in safe environment for students where rapport has been established and expectations have been set</p>
<p>Secondary Specifications: Parent and teacher sessions are included; Ensure sessions are provided in safe environment for students where rapport has been established and expectations have been set</p>
<p>Implementation Guidelines:</p> <ul style="list-style-type: none">• Who Should Implement? Counselor or Mental Health Professional• How Often Should It Be Implemented? Weekly for 60 Minutes• How Long Should It Be Implemented? 10 weeks or until all sessions completed
Measurement:

Additional Resources:

More information: <https://cbitsprogram.org>

Cognitive Reframing/Restructuring

Target Ages: Grades K-12
Level of Intervention: Targeted (Tier III)
Domains Targeted: Internalizing
Specific Concern Areas Addressed: Anxiety; Depression
<p>Description: A technique designed to aid identifying and then disrupting irrational or maladaptive thoughts. Reframing is a way of viewing and experiencing events, ideas, concepts and emotions to find more positive alternatives. Cognitive reframing is a process that occurs either voluntarily or automatically in all settings. Cognitive reframing can be useful in many ways, such as when trying to improve memory, reduce test anxiety, and decrease negative behaviors. The main point of cognitive reframing is to find a more positive interpretation, view or experience of unexpected adverse events, concepts or even ideas that you dislike. With cognitive reframing, you challenge yourself to see positive sides of challenging situations, avoid seeing only the negative, and identify a positive view of what is happening to you.</p> <p>There are three main goals you want to achieve by performing cognitive reframing:</p> <ol style="list-style-type: none">1. Describing your situation as accurately as possible: Your negative mind loves to see reality darker than it is, especially when something negative happens to you. With cognitive reframing, you want to make sure you see reality as accurately as possible, including all the negatives and positives, but without big cognitive distortions.2. Illuminating personal power: Just like your mind loves to see the reality darker than it is, it also loves to portray you as way less powerful than you really are. With cognitive reframing, you want to accurately understand your ability to cope with the event.3. Brainstorming alternative views: You want to find better alternative views of what is happening to you. You want to seek a redemptive narrative. The redemptive narrative (frame) tells the story of a life where tough events also bring something good (with time).
Location of Resource: See "Additional Resources" listed below
Elementary Specifications: differentiate language for appropriate age group
Secondary Specifications: differentiate language for appropriate age group
<p>Implementation Guidelines:</p> <ul style="list-style-type: none">• Who Should Implement? Counselor or Mental Health Professional• How Often Should It Be Implemented? Regularly/Consistently• How Long Should It Be Implemented? As needed, until outcomes/goals are achieved
Measurement:

Additional Resources:

More information:

<http://onlinelibrary.wiley.com/store/10.1002/9781118528563.wbcbt02/asset/wbcbt02.pdf;jsessionid=4EB23E82BBE99827EA656A8519F18504.f03t01?v=1&t=j6ryq89c&s=44736aba67b49f72e1d9e126c55c8fe1694c7971>

Examples:

www.strongbonds.jss.org.au/workers/youngpeople/feelings.html

Coping Cat

Target Ages: Grades K-8
Level of Intervention: Selected (Tier II)
Domains Targeted: Internalizing Behavior
Specific Concern Areas Addressed: Anxiety
<p>Description: Coping Cat uses cognitive-behavioral treatment strategies for children who experience anxiety. Homework/practice is also used throughout this intervention.</p> <p>Components</p> <ol style="list-style-type: none"> 1. Psychoeducation: involving information for children and families about how anxiety can develop and be maintained, and how it can be treated 2. Exposure tasks: which give the child the chance to be in the feared situation and have a mastery experience 3. Somatic management: which teaches relaxation techniques 4. Cognitive restructuring: which addresses FEAR: Feeling frightened, expecting bad things, attitudes and actions that will help, and results and rewards 5. Problem solving: to generate and evaluate specific actions for dealing with problems <p>Sessions</p> <ul style="list-style-type: none"> • Introduction • Recognizing Feelings • How does my body react? • Parent meeting • Let's relax • What am I thinking? • What should I do? • How am I doing? • Parent meeting • Start practicing • More practice • More practice • It's getting tougher • Let's practice some more • Another change to practice • You did it!
Location of Resource: Boone County Schools Mental Health Coalition;

Available for purchase at

http://www.workbookpublishing.com/product_info.php?products_id=30 or

<https://www.amazon.com/Coping-Workbook-Second-Therapy-Workbooks/dp/1888805218>

Elementary Specifications: For ages up to 13 years old

Secondary Specifications: See "The C.A.T Project" for ages 14-17

Implementation Guidelines:

- Who Should Implement? Counselor or Mental Health Professional
- How Often Should It Be Implemented? 50-minute sessions weekly
- How Long Should It Be Implemented? 16 weeks or until all sessions completed

Measurement:

Additional Resources:

More information: <http://www.cebc4cw.org/program/coping-cat/detailed>

Coping Power

Target Ages: Grades 3-8 (Ages: 8-14 Years)
Level of Intervention: Selected (Tier II)
Domains Targeted: Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Antisocial Behavior; Social Cognition; Self-Regulation; Peer Relations; Parent Engagement
<p>Description:</p> <p>Coping Power is an intervention that utilizes components for children, as well parents. There are 34 group sessions in the child component of the intervention. They focus on anger management, social problem solving and ways to avoid/resist peer pressure. The parent component of the intervention has 16 sessions focusing on supporting involvement and consistency in parenting, which contribute to better overall adjustment for the child.</p> <p>Overall goals of Coping Power Program include:</p> <ol style="list-style-type: none"> 1. Analyzing risk factors that impact delinquency, substance use and problem behaviors at school (i.e. peer relations, emotion regulation) 2. Improve parent practices by utilizing warmth/empathy, consistency and supervision
<p>Location of Resource: Boone County Schools Mental Health Coalition;</p> <p>Purchasing Information:</p> <p>https://global.oup.com/academic/search?q=coping+power&cc=us&lang=en</p>
Elementary Specifications: Parent involvement and collaboration is required for this intervention
Secondary Specifications: Parent involvement and collaboration is required for this intervention
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Counselor or Mental Health Professional • How Often Should It Be Implemented? Weekly/Regularly • How Long Should It Be Implemented? 50 Minutes per session for 34 weeks or until all sessions completed
Measurement:
<p>Additional Resources:</p> <p>More Information:</p> <p>http://www.cebc4cw.org/program/coping-power-program/detailed</p>

Coping with Stress (Adolescent)

Target Ages: Grades 8-12
Level of Intervention: Selected (Tier II)
Domains Targeted: Internalizing Behavior
Specific Concern Areas Addressed: Depression; Stress **NOTE: Not meant to be a treatment for active episodes of depression
<p>Description: The Coping with Stress program is to be used with groups and focuses on cognitive-restructuring skills and techniques for changing irrational or negative statements and/or thoughts.</p> <p>Sessions</p> <ol style="list-style-type: none"> 1. Getting to know each other 2. Coping with stress 3. Changing your thinking 4. Stressful situation and negative thinking 5. The power of positive thinking 6. Changing negative thinking to positive thinking 7. Irrational thinking 8. Disputing irrational thinking 9. The C-A-B method 10. Dealing with activating events 11. More C-A-B practice 12. Thought-stopping techniques 13. C-A-B in your life 14. Planning for stressful situations 15. Preventing the "blues"
<p>Location of Resource: Boone County Schools Mental Health Coalition; See "Additional Resources" listed below</p>
Elementary Specifications: N/A
Secondary Specifications: Ensure that rapport is built and a safe environment is provided for students prior to beginning sessions
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Counselor or Mental Health Professional • How Often Should It Be Implemented? 2-4 times per week for 60 minutes • How Long Should It Be Implemented? For 15 weeks or until all sessions completed
Measurement:
<p>Additional Resources:</p> <p>Therapist Manual: https://research.kpchr.org/Portals/0/Docs/project%20websites/ACWD/CWS_MANUAL.pdf?ver=2016-04-07-083502-000</p>

Daily Behavior Report Card

Target Ages: Grades K-12
Level of Intervention: Targeted (Tier III)
Domains Targeted: Attention and Academic Competence; Self-Monitoring and Externalizing Behavior
Specific Concern Areas Addressed: Disruptive Behaviors; Distraction; Self-Monitoring
<p>Description:</p> <p>The Daily Behavior Report Card is a technique to target specific behaviors in the classroom. It is utilized to provide reinforcement for positive behaviors, as well as teach students how to self-monitor their behaviors. It also encompasses a home-school communication component, geared to strengthen this collaboration.</p> <p>Positive behaviors displayed by students are given points throughout the day.</p> <p>This intervention allows for individual flexibility. The number of behaviors targeted, frequency of check-ins with the student/teacher, as well as where these behaviors will be observed/monitored can all be determined by teacher and student to fit individual needs.</p> <p>Steps:</p> <ul style="list-style-type: none"> • The teacher and student meet to select the desired behavior(s) to be monitored. The behavior(s) should be written so that it is clear, specific, and measureable. • Behavior(s) should be one that can be either increased or decreased. • Examples: staying on-task; following directions, interrupting, staying in seat, etc. • Teacher monitors and records whether the student achieved the target behavior. The report card is then "graded." • The student takes the report card home to show his/her parents, and they are responsible for signing the DRC and the student must return it to the teacher. • After a pre-determined amount of points, time, the student receives a reward (developing a reward menu is an effective tool for this component) <p>http://www.jimwrightonline.com/htmdocs/interventions/rewards/rewardmenu.php</p>
See below "Additional Resources" for templates/examples of Daily Report Cards
Location of Resource: See "Additional Resources" listed below
Elementary Specifications: Ensure rewards are tailored to individual student motivation; Ensure frequency of behavior monitoring is feasible to both teacher and student
Secondary Specifications: Ensure rewards are tailored to individual student motivation; Ensure frequency of behavior monitoring is feasible to both teacher and student; It is important that all teachers whom come into contact with the student throughout the day are included in monitoring the target behaviors to promote generalization
Implementation Guidelines:

- Who Should Implement? Classroom Teacher
- How Often Should It Be Implemented? Daily/Regularly
- How Long Should It Be Implemented? Throughout School Year

Measurement:

Additional Resources:

Daily Report Card Template/Maker: <https://www.interventioncentral.org/teacher-resources/behavior-rating-scales-report-card-maker>

More Information:

<http://www.jimwrightonline.com/pdffdocs/tbrc/tbrcmanual.pdf>

Desk Dividers

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Off-Task Behaviors (e.g., Distraction, Concentration)
Description: Provide dividers or barriers that divide students' work area. Appropriate times use desk dividers include: <ul style="list-style-type: none"> • Test taking or work completion • When student is easily distracted • When student is disruptive during work times • When student is disorganized
Location of Resource: http://www.pbisworld.com/tier-1/individual-work-space/
Elementary Specifications: This can look like open folders aligning the student's work space or other barriers- such as a book, a wall, or a nook in the classroom. If using a folder, the student can decorate their folder to make their "office" space more personable.
Secondary Specifications: This can look like open folders aligning the student's work space or other barriers- such as a book, a wall, or a nook in the classroom. If using a folder, the student can decorate their folder to make their "office" space more personable.
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? As Needed/Regularly • How Long Should It Be Implemented? As needed by student or group of students throughout school year; Ensure implementation is consistent
Measurement:
Additional Resources: See link above for more information/examples

Desk Fairy

Target Ages: Grades K-5
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Executive Functioning; Organization
<p>Description: The desk fairy helps your students keep their desk clean and organized utilizing reinforcements.</p> <p>Implementation: Provide your students with desk expectations. Schedule routine desk checks to help your students stay organized. Provide your students with incentives for organized desks.</p>
Location of Resource: N/A
Elementary Specifications: Provide expectations of desk organization. At first consistently check in with their organization and then provide random checks. For organized desks, make sure the “fairy” leaves behind a treat.
Secondary Specifications: N/A
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Consistently at first and then random checks • How Long Should It Be Implemented? There may need to be more time at the beginning of the intervention to teach the students, however, with time the desk checks should take minimal time; Throughout school year
Measurement:
<p>Additional Resources: For a free “Desk Fairy” handout: https://www.teacherspayteachers.com/Product/FREE-Desk-Fairy-Notes-393942</p>

First Steps Next

Target Ages: Grades Pre K-2
Level of Intervention: Selected (Tier II)
Domains Targeted: Self-Regulating and Externalizing Behaviors
Specific Concern Areas Addressed: Disruptive Behaviors
<p>Description:</p> <p>First Steps to Success is an intervention program that combines collaboration from home and school to achieve positive school success. It teaches students whom display challenging behaviors and are at-risk for negative life outcomes, a behavior pattern that contributes to school success and the development of positive friendships.</p> <p>FIRST STEP Next Process</p> <ul style="list-style-type: none"> • Multistep Screening collects information about the problem behavior. • Coach works one-on-one with the focus student to teach these school success skills: <ul style="list-style-type: none"> ○ Follow Directions ○ Be Safe ○ Ask for Attention the Right Way ○ Be a Team Player ○ Do Your Best ○ Be Cool ○ Mistakes Are Okay • In the classroom, the student earns points and praise for displaying the skills during the Green Card game. • A home component links skills introduced at school to the home environment.
<p>Location of Resource:</p> <p>Purchasing Information: https://pacificnwpublish.com/products/FIRST-STEP-Next.html</p>
<p>Elementary Specifications: This intervention has seen more positive outcomes within the Pre-K population, but has been modified to address these issues in early elementary grades K-3; Parent involvement and partnership is required for this intervention to be successful</p>
<p>Secondary Specifications: N/A</p>
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Counselor and Parent(s) • How Often Should It Be Implemented? Regularly • How Long Should It Be Implemented? Until all sessions completed and progress displayed
Measurement:
<p>Additional Resources:</p> <p>See above link for more information</p>

Good Behavior Game

Target Ages: Grades K-5
Level of Intervention: Universal (Tier I)
Domains Targeted: Self-Regulating and Externalizing Behaviors; Suicide Prevention
Specific Concern Areas Addressed: Off-Task Behaviors
<p>Description: Classroom management approach that rewards students for on-task and appropriate behaviors during a designated amount of time in the classroom. Students are divided into teams and points are given to teams that have a student display an off-task or inappropriate behavior. The team with the fewest amount of points when the game has ended, will win a group reward. However, if both teams are able to keep their points below a defined number or threshold (prior to playing), both teams will earn the reward.</p> <p>Implementation:</p> <ul style="list-style-type: none"> • Determine expectations or list of “Do Not” rules • Divide class into groups (two is recommended, but may use more if needed) • Clearly define the “Do Not” rules to the class • Explain what they must do to “win” the game <ul style="list-style-type: none"> ○ Determine number of points or threshold that each team must stay below to win • Explain rewards that can be earned from winning the game • Determine a time to play the game <ul style="list-style-type: none"> ○ Especially difficult times are recommended ○ Start with small amount of time and build up • Implement the game and track the number of points each team earns during that time frame • Reward the team or teams that earn the reward
Location of Resource: See “Additional Resources” listed below
Elementary Specifications: Ensure reward or incentive is motivating for all students; Display “Do Not” rules for all to see; Do not allow “losing” team to participate in rewards
Secondary Specifications: Can be modified to fit into secondary model with age-appropriate language and motivators
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? Throughout School Year
Measurement:
<p>Additional Resources:</p> <p>University of Missouri EBI Network http://ebi.missouri.edu/wp-content/uploads/2011/09/Good-Behavior-Game.pdf</p> <p>Intervention Central http://www.interventioncentral.org/behavioral-interventions/schoolwide-classroommgmt/good-behavior-game</p>

Video Example and Additional Research Information

<https://www.youtube.com/watch?v=Jqrug7afH7A&t=24s>

Graphic Organizer

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Executive Functioning
Description: Graphic organizers help your students organize their understanding of content and brainstorm for assignments. It is a note-taking visual.
Location of Resource: University of Missouri EBI Network: http://ebi.missouri.edu/?s=graphic+organizers
Elementary Specifications: Teach and model how to use a graphic organizer for your students. Provide your students with feedback with their use of the organizer. Graphic organizers should be very simple for the younger grades and gradually become more detailed as the students progress in school.
Secondary Specifications: Teach and model how to use a graphic organizer for your students. Provide your students with feedback with their use of the organizer. Graphic organizers can help divide up thoughts and knowledge for long-term projects into more manageable chunks.
Implementation Guidelines: <ul style="list-style-type: none">• Who Should Implement? Teacher• How Often Should It Be Implemented? Use as needed for appropriate assignments and tasks• How Long Should It Be Implemented? Throughout the year
Measurement:
Additional Resources: Templates/Examples: http://www.teach-nology.com/worksheets/graphic/

Guided Visualization

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Internalizing Behaviors; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Anxiety; Stress; Off-Task Behaviors
<p>Description: Guided visualization can be used as a coping strategy for students who are experiencing stress and anxiety. Using a script or an audio/video file, walk through the steps with the student(s) and guide them into relaxation by focusing on their breathing and the imagery you are trying to convey.</p> <p><u>Example:</u></p> <p>“We are going to do an exercise to help us relax and get us ready for our next task. Most of you have probably done some sort of guided imagery before. Some like it, others don't. Regardless of your past experience, I encourage you to be open to the chance that this might help us see some new possibilities.</p> <p>You don't have to do any part of the process that you are uncomfortable with. For instance, I will be suggesting you close your eyes. If you are not comfortable with that, you can keep your eyes open.</p> <p>I will be putting you through a few simple exercises to help you relax. It will only take a few minutes. Then we will continue with our work.</p> <p>Now, I'd like to ask you to sit up straight in your chair, with both feet on the floor. Put anything down that you may be holding. If you are wearing glasses, take them off. Rest your hands comfortably on your legs. Close your eyes and be still for a moment (Pause about 30 seconds and allow people to be still, then continue).</p> <p>Now pay attention to your breathing. Slow your breathing somewhat and exhale slightly longer than you inhale. (Pause for 30 seconds while people slow their breathing, then continue).”</p>
Location of Resource: See “Additional Resources” listed below
Elementary Specifications: N/A
Secondary Specifications: Use scripts appropriate for the targeted age group
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Counselor • How Often Should It Be Implemented? As Needed; Regularly • How Long Should It Be Implemented? Throughout school year
Measurement:

Additional Resources:

More information: <http://www.meditationinschools.org/resources/>

High Number of Opportunities to Respond

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Inattention; Off-Task Behaviors
Description: This increases student engagement as well as elicits feedback for teachers about comprehension of material. Disruptive behaviors have also been noted to decrease. Responses can be verbal, nonverbal, or written. Examples include choral responding, frequently calling on many students, having the class respond with hand signals or white boards.
Location of Resource: See "Additional Resources" listed below
Elementary Specifications: Ensure that questions align with prior knowledge/understanding; If low number of students answering correctly, adjust material accordingly
Secondary Specifications: Ensure that questions align with prior knowledge/understanding; If low number of students answering correctly, adjust material accordingly
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? Throughout School Year
Measurement:
Additional Resources: Missouri EBI - Opportunities to Respond http://ebi.missouri.edu/wp-content/uploads/2016/05/OTR-EBI-Brief.pdf Intervention Central http://www.interventioncentral.org/behavioral-interventions/challenging-students/school-wide-strategies-managing-task-inattention

Homework, Organization, & Planning System (HOPS)

Target Ages: Grades 5-12
Level of Intervention: Universal (Tier I), Selected (Tier II)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Executive Functioning Skills (i.e. organization); Work Completion
Description: An evidence based curriculum comprised of strategies that target organization, time management, and planning skills through the usage of an organized binder system. This can be implemented universally or in small groups.
Location of Resource: Boone County Schools Mental Health Coalition
Elementary Specifications: The curriculum can be modified for late elementary students to prepare for the transition to middle school.
Secondary Specifications: The curriculum is adaptable and can be modified to individual schools' needs. While the content can be taught in one class, the skills will be bridged throughout a student's course load. The curriculum requires the use of binders, as well as additional materials.
Implementation Guidelines: <ul style="list-style-type: none">• Who Should Implement? Classroom Teacher• How Often Should It Be Implemented? Daily/Regularly• How Long Should It Be Implemented? Throughout the School Year
Measurement:
Additional Resources: More information: https://nasp.inreachce.com/Details/Information/4855787c-7a1e-47d7-94cb-9e9aa942c495

Homework Contract

Target Ages: Grades K-12
Level of Intervention: Targeted (Tier III)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Work Completion; Executive Functioning Skills (i.e. planning)
Description: A homework contract entails: <ul style="list-style-type: none"> • School subjects • Detail of homework in each section • Teacher and/or parent signing off on homework completion • Incentivize skill using points and reward system <p>Teach and model how to use the homework contract. Provide opportunities for your student to practice how to use the contract and then provide feedback. Ensure that the student has a copy of their contract and a way to track their progress. Connect the contract with a point system as a means to incentivize the learned skills.</p>
Location of Resource: http://www.interventioncentral.org/academic-interventions/study-organization/homework-contracts-tapping-power-parents
Elementary Specifications: Ensure that homework expectations align with students' academic level; Allow student participation in incentive choice to increase motivation; Parent participation and communication is highly recommended
Secondary Specifications: Ensure that homework expectations align with students' academic level; Allow student participation in incentive choice to increase motivation; Parent participation and communication is highly recommended
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? Throughout the School Year
Measurement:
Additional Resources: Examples/Templates: http://www.interventioncentral.org/sites/default/files/pdfs/pdfs_interventions/hwkcontract_1.pdf https://www.understood.org/en/school-learning/learning-at-home/homework-study-skills/download-sample-homework-contract

Homework Management System

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Work Completion; Executive Functioning Skills (i.e., planning, organization)
<p>Description: A system that helps student manage and organize their homework; through a system of organization (i.e., folders/binders), as well as an agenda or a homework checklist. It can be helpful for the teachers to sign off on the agenda at the end of the day/period. Parent signatures can be helpful as well.</p> <p>Have a structure/process in place to turn in homework; whether that be at the beginning of the period, or a specific place in the classroom to turn work in. Also, have a specific place in the room where the homework is written down and easily seen by all students.</p>
Location of Resource: See "Additional Resources" Listed Below
Elementary Specifications: Teach and model how to use the homework management system. Provide incentives for students who follow the homework system; Parent engagement is highly recommended
Secondary Specifications: Teach and model how to use the homework management system. Provide incentives for students who follow the homework system; Parent engagement is highly recommended
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? Throughout the School Year
Measurement:
<p>Additional Resources:</p> <p>Examples of Homework Organizational Tools:</p> <p>http://www.pbisworld.com/tier-1/color-coded-folders/</p> <p>http://www.interventioncentral.org/academic-interventions/study-organization/study-skills-package</p>

I Can Problem-Solve

Target Ages: Grades Pre K-5
Level of Intervention: Universal (Tier I), Selected (Tier II)
Domains Targeted: Social Skills and Peer Relations
Specific Concern Areas Addressed: Problem-Solving Skills; Feeling Identification and Recognition
<p>Description: The I Can Problem-Solve lessons are delivered in activities such as games, role plays and puppets. Through these activities, I Can Problem-Solve, focuses on development of student's interpersonal cognitive problem-solving skills. The skills are differentiated at each grade level. The I Can Problem-Solve skills include:</p> <ul style="list-style-type: none"> • Use of pre-problem-solving vocabulary and skills • Identifying feelings of self and others • Developing alternative solutions to problems • Use of consequential thinking • Means-ends thinking
<p>Location of Resource: Boone County Schools Mental Health Coalition; Purchasing information: https://www.researchpress.com/books/592/icps-i-can-problem-solve</p>
<p>Elementary Specifications: Pre-K and kindergarten is best implemented in a small group with fewer than 10 students. 1st -5th grade is more feasible to conduct lessons with the whole class.</p>
<p>Secondary Specifications: N/A</p>
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Counselor or Classroom Teacher • How Often Should It Be Implemented? 2-3 times per week • How Long Should It Be Implemented? 3 to 5 months or until lessons completed and adequate progress displayed
Measurement:
<p>Additional Resources: Program overview: www.icanproblemsolve.info/program-overview/</p>

Incredible Years

Target Ages: Grades K-3
Level of Intervention: Selected (Tier II)
Domains Targeted: Self-Regulating and Externalizing Behaviors
Specific Concern Areas Addressed: Aggression; Emotion Regulation **NOTE: Parent participation is REQUIRED
Description: <p>Incredible Years is a training curriculum for parents, teachers and children that promotes emotional and social competence. Each of the programs designed for these populations address risk factors across settings that are shown to be related to conduct disorders.</p> <p>The <u>parent training</u> component addresses parenting skills that promote children's social competence and decrease behavior problems. These skills include: how to play with children, persistence skills coaching, effective praise, use of incentives, creating predictable routines and rules, promoting responsibility, effective limit-setting, management of misbehavior and problem-solving. More advanced skills include: effective communication, anger and depression management, problem solving, how to receive and give support, family meetings, taking responsibility, implementation of logical consequences for misbehavior and building collaborative relationships with teachers.</p> <p>The <u>teacher training</u> component addresses classroom management skills that promote positive behaviors within the classroom. These skills include: teacher coaching, attention, praise, encouragement, use of incentives, proactive teaching strategies, managing inappropriate classroom behaviors, building positive relationships with students and parents, teaching empathy, social skills and problem-solving.</p> <p>The <u>children training</u> component emphasizes skill development in emotional literacy, empathy, perspective taking, friendship skills, anger management, interpersonal problem-solving, following rules, and how to be successful at school. The Dinosaur Curriculum is utilized for this component.</p>
Location of Resource: Boone County Schools Mental Health Coalition; Purchasing Information: http://www.incredibleyears.com/order/
Elementary Specifications: All components of this intervention (including teacher, parent and child) must be engaged for intervention to be effective
Secondary Specifications: All components of this intervention (including teacher, parent and child) must be engaged for intervention to be effective
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Counselor or Mental Health Professional • How Often Should It Be Implemented? <ul style="list-style-type: none"> ○ Parent Training: Weekly for 2-3 Hours ○ Teacher Training: Regularly/Ongoing

- Child Training: Weekly for 2 Hours
- How Long Should It Be Implemented?
 - Parent Training: For 12-20 weeks or until sessions completed and goals met
 - Teacher Training: Throughout School Year
 - Child Training: For 18-22 weeks or until sessions completed and goals met

Measurement:**Additional Resources:**

More Information:

<file:///Users/chelseaclark/Downloads/IY-Full-Fact-Sheet-2016.pdf>

Parent Training: <http://www.incredibleyears.com/programs/parent/>

Teacher Training: <http://www.incredibleyears.com/programs/teacher/>

Child Training: <http://www.incredibleyears.com/programs/child/>

Individualized Academic Plan

Target Ages: Grades K-12
Level of Intervention: Targeted (Tier III)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Academic Skills (i.e., reading, writing, math)
<p>Description: Provides a specific plan detailing academic goals and supports to meet those goals.</p> <p>The main components of an individualized academic plan include:</p> <ol style="list-style-type: none"> 1. Goal 2. Intervention plan 3. Progress Monitoring 4. Fidelity
Location of Resource: Typically, the template/format is provided through school or district; See "Additional Resources" below for other options
<p>Elementary Specifications: Follow your school's protocol for academic planning; Ensure plan aligns to academic deficit areas and that core instruction has been provided with high fidelity prior to implementation of academic plan; Utilize school's intervention resources (i.e., Reading Recovery, PALS, etc.)</p>
<p>Secondary Specifications: Follow your school's protocol for academic planning; Ensure plan aligns to academic deficit areas and that core instruction has been provided with high fidelity prior to implementation of academic plan; Utilize school's intervention resources, as well as clubs/tutoring services</p>
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? Throughout the School Year
Measurement:
<p>Additional Resources:</p> <p>Link to Academic Planner Template: http://www.interventioncentral.org/tools/academic-intervention-planner-struggling-students</p>

Individualized Function-Based Intervention

Target Ages: Grades K-12
Level of Intervention: Targeted (Tier III)
Domains Targeted: Internalizing Behavior; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Anxiety; Disruptive Behaviors; Aggressive Behaviors
<p>Description: Function-based interventions are devised based on assessment data. The intervention incorporates strategies to prevent behavior from occurring, teaching replacement behaviors, and reinforcing use of preferred behaviors and non-use of non-preferred behaviors based on the identified function of behavior.</p> <p>There are 5 steps involved:</p> <ul style="list-style-type: none"> • Gathering of data • Data analysis • Identify the behavior's function • Develop a behavior plan • Re-evaluate after implementation for effectiveness of plan • If necessary, redraft plan.
<p>Location of Resource: Intervention Central Behavior Intervention Planner - https://www.interventioncentral.org/tools/behavior-intervention-planner</p>
<p>Elementary Specifications: It is vital that the function of behavior is accurately identified prior to implementation of behavior plan; additional data may need to be collected and revisited to ensure function appropriately identified; the behavior plan will need to be revisited/re-evaluated throughout to ensure effectiveness; Ensure that all components of behavior plan are age appropriate and reinforcements motivating to student</p>
<p>Secondary Specifications: It is vital that the function of behavior is accurately identified prior to implementation of behavior plan; additional data may need to be collected and revisited to ensure function appropriately identified; the behavior plan will need to be revisited/re-evaluated throughout to ensure effectiveness; Ensure that all components of behavior plan are age appropriate and reinforcements motivating to student</p>
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher (with support from Counselor and/or other behavior supports within school building) • How Often Should It Be Implemented? Regularly/Consistently • How Long Should It Be Implemented? Throughout school year; Fade as progress is made/goals are met
Measurement:
<p>Additional Resources: More Information: http://www.intensiveintervention.org/sites/default/files/Handout1_BehaviorCEC2014.pdf</p>

Individualized Organization Plan

Target Ages: Grades K-12
Level of Intervention: Targeted (Tier III)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Executive Functioning Skills (i.e., organization, planning)
Description: An organization plan entails: <ul style="list-style-type: none"> Study/homework schedule Organizing materials Scheduling regular “clean out” days Consistent feedback throughout
Location of Resource: Intervention Central: http://www.jimwrightonline.com/php/interventionista/interventionista_intv_list.php?prob_ttype=study_skills_organization
Elementary Specifications: Teach and model organization expectations for your student/s. Provide opportunities for your student to practice the expectations and then provide feedback. Ensure that the student has a copy of their expectations and a way to track their progress. Connect the organization plan with a point system as a means to incentivize the learned skills.
Secondary Specifications: Teach and model organization expectations for your student/s. Provide opportunities for your student to practice the expectations and then provide feedback. Ensure that the student has a copy of their expectations and a way to track their progress. Connect the organization plan with a point system as a means to incentivize the learned skills.
Implementation Guidelines: <ul style="list-style-type: none"> Who Should Implement? Classroom Teacher How Often Should It Be Implemented? Daily/Regularly How Long Should It Be Implemented? Throughout the School Year
Measurement:
Additional Resources: The HOPS intervention (page __) checklist example: http://www.scred.k12.mn.us/UserFiles/Servers/Server_3022443/File/special%20ed/HOPS.pdf

Individualized Social Stories

Target Ages: Grades K-5
Level of Intervention: Targeted (Tier III)
Domains Targeted: Social Skills and Peer Relations
Specific Concern Areas Addressed: Conflict Resolution; Pro-Social Behaviors/Communication
Description: Individualized Social Stories are short descriptions or pictures of a particular situation or activity in the school environment that may include information about what to expect in that situation and why. Social stories can help teach routines, expectations and behavioral standards. Social stories are aimed at helping the student be more involved in the learning process. Social Stories are evidenced to work particularly well for students on the Autism Spectrum and those diagnosed with ADD/ADHD.
Location of Resource: PBIS World: http://www.pbisworld.com/tier-2/social-stories/
Elementary Specifications: Ensure that the language utilized within the social story is developmentally appropriate
Secondary Specifications: N/A (While this intervention is more applicable to Elementary students – it can also be applied to secondary students whom may have developmental disabilities)
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? School Psychologist, Counselor, Classroom Teacher • How Often Should It Be Implemented? Regularly/Consistently • How Long Should It Be Implemented? As needed; You may slowly wean the student off the social story as they consistently perform the task/tasks correctly
Measurement:
Additional Resources: More information/templates on Social Stories: www.pbisworld.com/tier-2/social-stories www.child-behavior-guide.com/social-stories.html

Meaningful Work

Target Ages: Grades K-9
Level of Intervention: Selected (Tier II)
Domains Targeted: Self-Regulating and Externalizing Behaviors
Specific Concern Areas Addressed: Disruptive Behaviors; School Engagement
Description: The Meaningful Work intervention provides an avenue for students whom display disruptive behaviors to experience success and a sense of contribution/belonging to their school. This intervention provides students with job options throughout the school day (i.e., calendar, picking up homework, lunch box carrier, etc.).
Location of Resource: Boone County Schools Mental Health Coalition Purchasing Information: https://pacificnwpublish.com/products/Meaningful-Work.html
Elementary Specifications: Ensure that jobs given to students are motivating, as well as age appropriate; acknowledgement/encouragement from others for their job success is imperative
Secondary Specifications: Ensure that jobs given to students are motivating, as well as age appropriate; acknowledgement/encouragement from others for their job success is imperative
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly • How Long Should It Be Implemented? Throughout School Year
Measurement:
Additional Resources: Tips on Adoption into School Processes: http://www.apbs.org/archives/conferences/8thconference/files/g1-kelk.pdf

Mood Monitoring

Target Ages: Grades K-12
Level of Intervention: Selected (Tier II), Targeted (Tier III)
Domains Targeted: Internalizing Behavior
Specific Concern Areas Addressed: Depression; Anxiety; Overall Mood
Description: Mood Monitoring gives an overall assessment of the student's mood on a day-to-day basis. By collecting this data, a student's progress can be tracked over time. It provides visual feedback for students to when tracking their mood and allows for them to see patterns throughout the day/week/year.
Location of Resource: See "Additional Resources" listed below
Elementary Specifications: Ensure that monitoring methods are age appropriate; Prior knowledge about feelings/mood required prior to implementation
Secondary Specifications: Ensure that monitoring methods are age appropriate; Technology can also be useful (many different apps, programs in which monitoring is done in a simple and effective manner)
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher; Counselor • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? Throughout the School Year
Measurement:
Additional Resources: Templates/Examples: https://blackdoginstitute.org.au/docs/default-source/psychological-toolkit/19-dailymoodchart.pdf http://www.cgaimh.org/pdf/tool_edu_moodchart.pdf Apps: https://psyberguide.org/expert_opinion/apps-for-bi-polar-disorder-expert-review/

Mystery Motivator

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I), Targeted (Tier III)
Domains Targeted: Self-Regulating and Externalizing Behaviors
Specific Concern Areas Addressed: Motivation; Engagement; Off-Task/Disruptive Behaviors
<p>Description: Intervention that increases on-task or appropriate behaviors by rewarding students for displaying these behaviors. Mystery motivators incorporate uncertainty, which causes them to be more motivating/powerful to students. Motivators should be given to students on a random schedule and the reward/reinforcement should be kept a surprise.</p> <p>Preparation:</p> <ul style="list-style-type: none"> ○ Teacher should decide when to schedule the intervention <ul style="list-style-type: none"> ○ Can be used daily ○ Especially effective for difficult times ○ Do not exceed 40 minutes ○ Teacher should identify which target behaviors to monitor <ul style="list-style-type: none"> ○ I.e., out of seat, talking out ○ Teacher determines goal or “cut-off” amount (allotted negative behaviors for Mystery Motivator to be earned) <ul style="list-style-type: none"> ○ Baseline data of these target behaviors can help drive this amount ○ Teacher displays replacement behaviors for classroom to see <ul style="list-style-type: none"> ○ I.e., staying in seat, raise hand to answer question ○ Teacher identifies list of motivating rewards that class/student can earn <ul style="list-style-type: none"> ○ Putting these on pieces of paper within an envelope with a big “?” on the outside and placing it where students can see is especially powerful ○ Teacher creates calendar of when intervention will be utilized <p>Implementation:</p> <ul style="list-style-type: none"> ● Teacher should announce the Mystery Motivator process to the classroom/teacher ● Teacher will record the number of target behaviors during defined time frame ● Teacher will uncover to the classroom/teacher if that day/time contained a Mystery Motivator ● Teacher provides feedback and/or encouragement after specified time frame
<p>Location of Resource:</p> <p>EBI Network: http://ebi.missouri.edu/?s=mystery+motivator</p> <p>Intervention Central: https://www.interventioncentral.org/classroom_management_mystery_motivator</p>
Elementary Specifications: Ensure that reinforcements identified are motivating to students; Consistency and follow-through with this intervention is key in order to keep students motivated

Secondary Specifications: Ensure that reinforcements identified are motivating to students; Consistency and follow-through with this intervention is key in order to keep students motivated

Implementation Guidelines:

- Who Should Implement? Classroom Teacher
- How Often Should It Be Implemented? Regularly
- How Long Should It Be Implemented? Throughout the school year; fade when decrease in off-task/disruptive behaviors apparent

Measurement:

Additional Resources:

Intervention Brief (EBI Network): <http://ebi.missouri.edu/wp-content/uploads/2011/09/Mystery-Motivator.pdf>

Non-Contingent Reinforcement

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I), Targeted (Tier III)
Domains Targeted: Self-Regulating and Externalizing Behaviors
Specific Concern Areas Addressed: Off-Task/Disruptive Behaviors
<p>Description: Non-contingent reinforcement is a strategy that allows students access to a preferred reinforcement prior to the display of negative behaviors. The goal is to provide the student with reinforcement regularly enough so that they are not motivated to display negative behaviors to obtain it.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Sarah enjoys teacher attention (positive or negative) and will often act out in order to receive it. Sarah's teacher gives her attention every 5 minutes no matter what behavior she displays. This decreases Sarah's disruptive behaviors because she is able to access attention from the teacher without having to display them. • John does not like to do math work and will often refuse to complete the assigned task or become disruptive to others. John's teacher gives him a break every 10 minutes during math time, no matter what behavior he displays. This decreases John's refusal and disruptive behaviors during math time, because he is able to escape the task frequently enough without having to display those negative behaviors. <p>Implementation:</p> <ol style="list-style-type: none"> 1. Identify reinforcement that is causing negative behaviors (i.e., attention, avoidance, tangible item) 2. Create regular schedule for application of the reinforcement, non-contingent upon behavior 3. Do not draw any attention to the negative behaviors if displayed (do not want to reinforce) 4. Once student has shown reduction in problem behavior for a period of time, slowly thin out reinforcement schedule
<p>Location of Resource: EBI Network: http://ebi.missouri.edu/?s=noncontingent</p>
Elementary Specifications: Ensure function of the problem behavior is accurate to identify appropriate reinforcements
Secondary Specifications: Ensure function of the problem behavior is accurate to identify appropriate reinforcements
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly

- How Long Should It Be Implemented? Until reduction shown in problem behavior, then slowly thin out schedule

Measurement:

Additional Resources:

Intervention Brief (EBI Network): <http://ebi.missouri.edu/wp-content/uploads/2013/04/Noncontingent-Reinforcement.pdf>

Note Taking Skills

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Executive Functioning Skills (e.g., organization, planning)
<p>Description: Note taking includes the following steps:</p> <ul style="list-style-type: none"> • Activate prior knowledge • Record key points • Highlight/underline/circle new vocabulary • Not connections between lectures • Provide a brief summary highlighting main points <p>When first teaching this strategy, make sure to model the strategy and provide students with feedback when they are practicing the strategy.</p>
<p>Location of Resource: https://www.interventioncentral.org/self_management_note_taking_strategic</p>
<p>Elementary Specifications: Ensure that amount of material given to students is age/developmentally appropriate; Graphic organizers can be helpful to ensure that all note taking skills are practiced. Partially completed notes can also be helpful for some students.</p>
<p>Secondary Specifications: Graphic organizers can be helpful to ensure that all note taking skills are practiced. Partially completed notes can also be helpful for some students.</p>
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly; As Needed • How Long Should It Be Implemented? Throughout the School Year
Measurement:
<p>Additional Resources: More Information/Examples: http://www.interventioncentral.org/node/967556</p>

Partner Work/Cooperative Learning

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Social Skills and Peer Relations
Specific Concern Areas Addressed: Social Skill Development; Peer Relationship Management; Empathy; Problem Solving; Learning Skills
<p>Description: Partner work/cooperative learning consist of utilizing small groups in order to work together on a task. Cooperative learning can help increase a student's self-esteem, motivation, and empathy by placing the ownership of learning on the students instead of on the teacher alone.</p> <p>Some student roles consist of:</p> <ol style="list-style-type: none">1. Organizer—provides the group with the overall process structure2. Recorder—writes down important information (e.g., directions or group work)3. Checker—Makes sure that all team members understand the concepts and the team's conclusions.4. Questioner—generates questions and involves all students5. Assessor—evaluates the progress of each work session6. Encourager—models and reinforces appropriate social skills7. Summarizer: Restates the team's conclusions or answers.8. Spokesperson—represents the group and presents group work to rest of the class9. Timekeeper—keeps group on task and on time10. Team facilitator—Moderates discussions, keeps the team on schedule, ensures that work is completed by all, and makes sure that all have the opportunity to participate and learn.11. Elaborator—Relates the discussion with prior concepts and knowledge.12. Research runner—Gets needed materials and is the liaison between teams and between their team and the instructor.
Location of Resource: See "Additional Resources" for more information
Elementary Specifications: Create team rules for cooperative learning groups. When creating groups, take into consideration several different variables such as, social skills, academic skills, and student interests. Seat placement can also effect the impact of cooperative learning.

Secondary Specifications: Create team rules for cooperative learning groups. When creating groups, take into consideration several different variables such as, social skills, academic skills, and student interests. Seat placement can also effect the impact of cooperative learning. Projects should involve some of the role mentioned in the description section.

Implementation Guidelines:

- Who Should Implement? Classroom Teacher
- How Often Should It Be Implemented? Regularly
- How Long Should It Be Implemented? Throughout the School Year

Measurement:

Additional Resources:

More information: <https://www.teachervision.com/professional-development/cooperative-learning>

PASS System for Escape Maintained Behavior

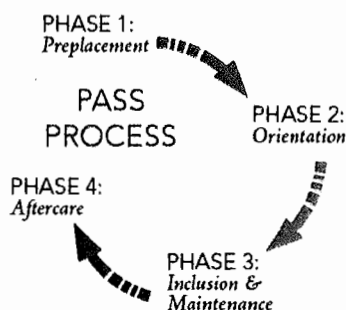
Target Ages: Grades K-12

Level of Intervention: Targeted (Tier III)

Domains Targeted: Self-Regulating and Externalizing Behavior

Specific Concern Areas Addressed: Social Skills; Behavior Monitoring; Self-Management Skills

Description: There are four phases in the PASS System, which include preplacement, orientation, inclusion and maintenance, and aftercare. Students work through each of these phases while also receiving consultation. Students learn to replace maladaptive behaviors with more appropriate behaviors.



Content

1. What is the PASS program?
2. The Essence of PASS
3. PASS staff-Personnel and their roles
4. PASS classroom-Philosophy and organization
5. Phase 1- Preplacement
6. Phase 2- Orientation
7. Bridging procedures-Monitor, redirect, record, reward
8. Phase 3- Inclusion & maintenance
9. Phase 4-Aftercare
10. Handling emergencies
11. Implementing PASS

Location of Resource: Boone County Schools Mental Health Coalition

Available for purchase at <https://pacificnwpublish.com/products/PASS%3A-Positive-Approach-to-Student-Success.html>

Elementary Specifications: Ensure that plans and reinforcements are age appropriate and motivating to the student

Secondary Specifications: Ensure that plans and reinforcements are age appropriate and motivating to the student

Implementation Guidelines:

- Who Should Implement? Counselor
- How Often Should It Be Implemented? Regularly

- How Long Should It Be Implemented? As needed

Measurement:

Additional Resources:

More information: <http://thepassprogram.com/ourbook.html>

PATHS

Target Ages: Grades K-5
Level of Intervention: Universal (Tier I)
Domains Targeted: Social Skills and Peer Relations; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Aggression; Externalizing Behaviors; Impulse Control; Problem Solving
<p>Description: Promoting Alternative Thinking Strategies (PATHS) focuses on improving a student's understanding of emotions. PATHS works on strengthening students' ability to discuss their feelings and to manage their emotions.</p> <p>Goals for Kindergarten</p> <ol style="list-style-type: none"> 1. To increase children's self-control 2. To increase children's ability to get along with others by improving friendship skills (sharing, caring, and other social skills) 3. To enhance children's self-esteem, self-confidence, and ability to give and receive compliments 4. To increase children's understanding and communication of the vocabulary of emotions (verbal mediation and dialoguing about feelings with others) 5. To help children recognize and understand how one's behavior affects others 6. To increase children's understanding and use of logical reasoning and problem-solving vocabulary 7. To improve children's knowledge of, and skill in, the steps of social problem solving. <p>Goals for 1-5</p> <ol style="list-style-type: none"> 1. To establish and reinforce basic classroom rules 2. To strengthen self-control and encourage reflective thinking in the classroom 3. To improve children's communication skills with adults and peers 4. To use literature to discuss and promote prosocial, responsible behavior 5. To increase children's abilities to identify, understand, and discuss the variety of feelings people experience in their daily lives 6. To enhance children's abilities to recognize and interpret similarities and differences in the feelings, reactions, and points of view in themselves and others 7. To build character development through the reading of "role-model" biographies 8. To promote the development of empathy and perspective-taking 9. To help children use social problem-solving skills to prevent and/or resolve problems and conflicts in social interactions

10. To support children in using these skills to improve classroom ecology and academic success
Location of Resource: Available for purchase at: http://shop.channing-bete.com/onlinestore/store.html?cid=134563
Elementary Specifications: Kindergarten intervention is connected with the preschool curriculum. Generalization and integration of these skills throughout a student's environment can be emphasized by using re-teaching, modeling, and reinforcement.
Secondary Specifications: N/A
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? 2-3 times per week (20-30 minute) lessons • How Long Should It Be Implemented? Throughout the School Year
Measurement:
Additional Resources: More information: http://www.pathseducation.com/what-is-paths/paths-curriculum

Positive Behavior Interventions and Supports (PBIS)

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Disruptive/Off-Task Behaviors; Positive School Climate, School Engagement
<p>Description: Positive Behavior Interventions and Supports (PBIS) is a universal proactive approach to identifying and teaching expectations (rules/procedures) needed for all students in a school to sustain healthy social, emotional and academic success.</p> <p>These rules/procedures should be positively stated and understood by all staff/students within a school building. Matrices should be visually posted for all to reference when moving from location to location.</p> <p>The goal in having universal behavioral expectations in a school building, and rewarding students for following these expectations, is to improve the students' and teachers' environment by making targeted misbehavior less effective, efficient and relevant, and desired behaviors more evident.</p>
<p>Location of Resource: PBISWorld: http://www.pbisworld.com/</p>
<p>Elementary Specifications: Behavioral expectations should align with developmental ages; Consistency throughout school building is an integral part into an effective PBIS process; Providing tickets and rewards to students for positive behaviors should also be a component to this process</p>
<p>Secondary Specifications: Behavioral expectations should align with developmental ages; Consistency throughout school building is an integral part into an effective PBIS process; Providing tickets and rewards to students for positive behaviors should also be a component to this process (ensure these are age appropriate and motivating to students)</p>
<p>Implementation Guidelines:</p> <ul style="list-style-type: none">• Who Should Implement? All School Staff• How Often Should It Be Implemented? Daily/Regularly• How Long Should It Be Implemented? Throughout the School Year
<p>Measurement:</p>
<p>Additional Resources: Additional Information and Example Rules/Procedures: http://www.pbisworld.com/tier-1/review-pbis-expectations-and-rules/</p>

Positive Peer Reporting

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Social Skills and Peer Relations; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Disruptive Behaviors; Peer Relationships; Empathy
<p>Description: Positive Peer Reporting is a strategy that utilizes classroom peers to give positive praise to a student who seeks negative attention and is disruptive. In this strategy, classroom peers gain points that they can exchange for rewards by giving praise to the disruptive student. The disruptive student starts to associate appropriate behavior with praise from their peers.</p> <p>Steps towards implementation:</p> <ol style="list-style-type: none"> 1. Select one or more group rewards 2. Choose students as particular targets for the intervention 3. Teach students to praise each other 4. Introduce the Positive Peer Reporting intervention 5. Start the Positive Peer Reporting intervention
Location of Resource: See "Additional Resources" for more information
Elementary Specifications: Group rewards should be geared towards the age and the interests of the students and do not have to be tangible items (iPad time, extra recess, free time); Collaborate with students when making the reward list in order to encourage participation and increase effectiveness.
Secondary Specifications: Group rewards should be geared towards the age and the interests of the students and do not have to be tangible items (Free time, homework passes); Collaborate with students when making the reward list in order to encourage participation and increase effectiveness.
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly • How Long Should It Be Implemented? Throughout the School Year
Measurement:
<p>Additional Resources:</p> <p>More information:</p> <p>Intervention Central http://www.interventioncentral.org/behavioral-interventions/schoolwide-classroommgmt/positive-peer-reports-changing-negative-behaviors-</p> <p>EBI Network http://ebi.missouri.edu/?s=positive+peer+reporting</p>

Post & Review Daily Schedule

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Executive Functioning Skills (i.e., organization, planning)
<p>Description: Post your schedule daily so it can be accessible by all students. This can be on a smartboard, whiteboard, or a bulletin board. Review this schedule with students before beginning each day's activities.</p> <p><u>Note:</u> This strategy is especially helpful/effective with students whom have developmental disabilities.</p>
Location of Resource: See "Additional Resources" Listed Below
<p>Elementary Specifications: When crafting your daily schedule, you can include pictures that represent what your classroom will be doing that day. Also, when there are differences in the schedule (e.g. assembly) make sure to post those changes. Review your daily schedule each morning and reference it often when moving on to the next lesson. A student could be in charge of making changes to the schedule. If the schedule is challenging to see by all students, make sure it is in multiple places.</p>
<p>Secondary Specifications: Lay out and review your classroom's schedule of that period:</p> <ol style="list-style-type: none"> 1. Objective of lesson 2. Materials needed 3. Assignment to be completed 4. Homework to be given 5. Any important dates of tasks in the tests to come. <p>If the schedule is challenging to see by all students, make sure it is in multiple places.</p>
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? Beginning of class and, if applicable, throughout the day
Measurement:
<p>Additional Resources:</p> <p>More Information:</p> <p>http://www.interventioncentral.org/behavioral-interventions/special-needs/teaching-children-developmental-disabilities-classroom-ideas</p>

Practice Relaxation Techniques

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Internalizing Behavior; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Stress; Anxiety; Emotion Regulation
<p>Description: Practice relaxation techniques with students in order to give them the skills needed to calm themselves when feeling overwhelmed or anxious. Techniques should be practiced regularly in addition to times when students are experiencing emotional distress.</p> <p>Techniques</p> <ul style="list-style-type: none"> • Progressive Muscle Relaxation Ex: "Now, make a fist with your left hand and squeeze...imagine that you are holding an orange and you are squeezing all the juice out of the orange" • Deep Breathing Ex: Inhale slowly through the nose, wait 2 seconds, exhale through the mouth (blowing up a balloon), repeat • Visualization Ex: "Now as your body relaxes, imagine you're a <i>beautiful</i> butterfly fluttering high in the sky. You see the lovely green valley below you with lots of colorful flowers, just waiting for you to enjoy. You feel the wind blow against your delicate wings" • Meditation
Location of Resource: See "Additional Resources" listed below
Elementary Specifications: Media and other tools (singing bowl, chime instrument) can be used during a variety of relaxation techniques; ensure techniques/strategies are age appropriate
Secondary Specifications: Media and other tools (singing bowl, chime instrument) can be used during a variety of relaxation techniques; ensure techniques/strategies are age appropriate
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly • How Long Should It Be Implemented? As needed throughout school year
Measurement:
<p>Additional Resources:</p> <p>More information: https://www.edutopia.org/sites/default/files/resources/stw-glenview-stress-reduction-activities.pdf</p> <p>Progressive muscle relaxation: https://www.anxietybc.com/parenting/how-do-progressive-muscle-relaxation</p>

Deep breathing

<https://www.anxietybc.com/parenting/how-teach-your-child-calm-breathing>

Visualization

<http://www.greenchildmagazine.com/guided-relaxation/>

Meditation

<https://www.teachchildrenmeditation.com>

Process/Place for Materials When Absent

Target Ages: K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Executive Functioning Skills (i.e., organization, planning)
Description: Provide a consistent process and structure for students to gather work/assignments when they have been absent. This will help students' organization. This can look like a folder on a student's desk with the missing day's work, or it can be another student's job to help their peer catch up on what was missed. There can also be a certain area in the classroom for extra worksheets that the student can gather.
Location of Resource: See "Additional Resources" Listed Below
Elementary Specifications: A "Ketchup" folder can be helpful for students. This folder should be in a consistent place for students who were absent (i.e., on student's desk, in specific location in classroom) to let the students know what was missed and what needs to be completed.
Secondary Specifications: Have a structure in place for students to know who to talk to and where to find work when they are absent.
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly; As needed • How Long Should It Be Implemented? Throughout the School Year
Measurement:
Additional Resources: For a free "Ketchup" Folder download: https://www.teacherspayteachers.com/Product/KETCHUP-Folder-Freebie-1392583 Additional Ideas/Information: http://www.interventioncentral.org/blog/self-management/how-help-students-complete-missing-work-late-work-teacher-student-conference

Provide Controlled Choice

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I), Targeted (Tier III)
Domains Targeted: Attention and Academic Competence; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Work Completion; Off-Task/Disruptive Behaviors
<p>Description: Providing 2-3 choices in task completion when asking non-compliant students to comply with a task. The options that the student is given should still result in completion of the desired task.</p> <p>Example: "Dan, will you please hand out these papers and begin your work OR get started on your assignment?"</p> <p>Keep voice calm and have neutral tone when asking for compliance.</p>
Location of Resource: See "Additional Resources" listed below
Elementary Specifications: Ensure that options given to student allow for the desired task to be completed; Ensure tasks align with age and are given in a manner that is developmentally appropriate (i.e., giving 1-2 step directions vs. 5-6 for younger students)
Secondary Specifications: Ensure that options given to student allow for the desired task to be completed; Ensure tasks align with age
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly/As Needed • How Long Should It Be Implemented? Throughout the School Year
Measurement:
<p>Additional Resources:</p> <p>More Information: Page 7</p> <p>http://www.jimwrightonline.com/mixed_files/NJASP/wright_NJASP_Handout_1_May_09.pdf</p>

Provide Structured Routine and Predictability

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence; Internalizing Behavior
Specific Concern Areas Addressed: Work Completion; Student Engagement; Attention; Anxiety
<p>Description: All students benefit from provision of a structured routine and predictability. This can positively affect classroom behaviors, classwork production, student engagement, and attention. Teachers can post schedules so that all students can see or put them on individual desks. Some students with developmental disabilities do well with a schedule that is more visual, i.e., pictures as opposed to words.</p> <p>Students who have difficulty with transitions need to be prepared for transitions as well as changes in their schedules. For example, if speech therapy is not going to happen as planned, the student needs to be pre-set for this change in order to decrease the chance of behavioral difficulties.</p>
<p>Location of Resources: University of Missouri's Evidenced Based Intervention Network http://ebi.missouri.edu/?cat=22 Intervention Central - http://www.interventioncentral.org/behavioral-interventions/special-needs/teaching-children-developmental-disabilities-classroom-ideas Positive Behavioral Interventions and Supports www.pbisworld.com http://www.cesa7.org/sped/autism/structure/str11.htm</p>
Elementary Specifications: Ensure that routines are taught immediately, understood by students, and practiced throughout the school year; Visual schedules can be very beneficial for younger students, as well as students with disabilities
Secondary Specifications: Ensure that routines are taught immediately, understood by students, and practiced throughout the school year; Having students place a copy of their daily schedule in their notebooks/planners can also be beneficial
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? Throughout the School Year
Measurement:
<p>Additional Resources: More Information/Examples:</p> <ol style="list-style-type: none"> 1. Rules, Routines, and Standards In Elementary and Secondary Grades ¹ 2. Organization Help for ADHD Children (and Their Parents!) ² 3. Structured Daily Schedule.pdf ³ <p>Positive Behavioral Interventions and Supports www.pbisworld.com</p>

Proximity Control

Target Ages: Grades K-12
Level of Intervention: Targeted (Tier III)
Domains Targeted: Attention and Academic Competence; Self-Regulating and Externalizing Behaviors
Specific Concern Areas Addressed: Student Engagement; Off-Task/Disruptive Behaviors
<p>Description: Proximity control encompasses the placement of a student in a location in which their off-task or disruptive behaviors are minimal. Placing students whom have difficulty sustaining attention or will become disruptive, next to or near the teacher in the classroom or having the teacher stand near their desk/table when possible is effective in decreasing problematic behaviors.</p> <p>Examples of proximity control include: placing student's desk near teacher's desk, standing close to student in line or assigning them as line leader, standing near student when delivering instructions or directions, etc.)</p>
Location of Resource: See "Additional Resources" listed below
Elementary Specifications: Ensure that placement of the student is far enough away from other distractions, such as peers or objects; Giving the student assigned seats near the teacher during transition times or movement around the classroom can be effective (i.e., when seated at carpet, during stations/centers, etc.)
Secondary Specifications: Ensure that placement of the student is far enough away from other distractions, such as peers or objects; Ensure that proximity is non-threatening (i.e. not trying to catch misbehavior) to the student as this may escalate these behaviors
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly • How Long Should It Be Implemented? Throughout the School Year
Measurement:
<p>Additional Resources:</p> <p>More Information: http://www.interventioncentral.org/behavioral-interventions/challenging-students/school-wide-strategies-managing-task-inattention</p> <p>http://www.interventioncentral.org/blog/behavior/how-handle-common-classroom-problem-behaviors-using-behavior-management-menu</p> <p>(Point 3)</p>

Reinforcement/Reward System

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I), Targeted (Tier III)
Domains Targeted: Attention and Academic Competence; Social Skills and Peer Relations; Internalizing Behavior; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Inattention; Work Completion; Pro-Social Social Interactions/Conflict Resolution; Anxiety; Off-Task/Disruptive Behaviors
<p>Description: A reinforcement system awards student/s who display expected behaviors and/or academic goals. It is best if the reinforcements are chosen by the students and the initial goal is achievable by the student.</p> <p>A reward menu is a reinforcement system option that breaks down how many points the student needs to have to earn a specific reward.</p> <p>Preference assessments are also beneficial when determining student rewards/reinforcements.</p> <p>Implementation Process:</p> <ul style="list-style-type: none"> • Complete the guide to determine reinforcers with the student. • Select a behavior and/or academic goal (remember, start with a small goal at first). • Provide students opportunities to earn reinforcements by utilizing a reward menu (ex: 2 points earned = YouTube video, 3 points earned = phone time, 4 points earned= bag of chips...etc.). • Teach and model how to earn rewards. • Provide opportunities for your student to practice how to use the plan and then provide feedback. • Ensure that the student has a copy of their plan and a way to track their progress.
Location of Resource: See "Additional Resources" Listed Below
Elementary Specifications: Ensure rewards are motivating to student by including them in the selection process; Ensure behaviors/academic expectations are age appropriate and aligned with developmental level
Secondary Specifications: Ensure rewards are motivating to student by including them in the selection process; Ensure behaviors/academic expectations are age appropriate and aligned with developmental level
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Daily/Regularly • How Long Should It Be Implemented? Throughout the School Year
Measurement:
Additional Resources:

More Information/Ideas:

<http://www.pbisworld.com/tier-3/reward-system/>

Example Preference Assessment:

[http://www.interventioncentral.org/sites/default/files/pdfs/pdfs_interventions/rftassessme
nt1.pdf](http://www.interventioncentral.org/sites/default/files/pdfs/pdfs_interventions/rftassessme
nt1.pdf)

Response-Cost System

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I), Targeted (Tier III)
Domains Targeted: Self-Regulating and Externalizing Behaviors
<p>Specific Concern Areas Addressed: Off-Task/Disruptive Behaviors; Motivation; Engagement</p> <p>**NOTE: This intervention will not work well with students whom will become more angry/upset if they “lose” something (those whom have anger management concerns)</p>
<p>Description: This intervention is similar to a token economy (<i>see page ____</i>). Response-cost systems provide some kind of positive reinforcement for appropriate behaviors and negative punishment (i.e., removal of something) for inappropriate behaviors. The goal of this intervention is to encourage students to identify and acknowledge their display of inappropriate behaviors and increase their motivation to engage in appropriate behaviors.</p> <p>Example:</p> <ol style="list-style-type: none"> 1. Sarah is given two “dollars” each time she displays a positive behavior. When she displays a negative behavior, she has to “pay” a “dollar” <ol style="list-style-type: none"> a. These “dollars” can be cashed in for rewards off of Sarah’s reward menu 2. In Ms. Smith’s classroom, students receive a ticket when she catches them doing something positive. If Ms. Smith has to re-direct or reprimand a student for negative behaviors, she then takes a ticket away. <ol style="list-style-type: none"> a. These tickets are utilized at the classroom store, where students can by reinforcements
Location of Resource: See “Additional Resources” listed below
Elementary Specifications: Ensure that students are motivated by the reinforcement provided (if it doesn’t bother them to lose the reinforcement, then the intervention will not be effective)
Secondary Specifications: Ensure that students are motivated by the reinforcement provided (if it doesn’t bother them to lose the reinforcement, then the intervention will not be effective)
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly • How Long Should It Be Implemented? Throughout school year; fade when display of negative behaviors begin to decrease consistently
Measurement:
<p>Additional Resources:</p> <p>More Information:</p> <p>EBI Network: http://ebi.missouri.edu/?s=response+cost</p>

Examples of Response-Cost Systems:

<http://ebi.missouri.edu/wp-content/uploads/2013/04/The-Response-Cost-Raffle.pdf>

<http://www.interventioncentral.org/behavioral-interventions/challenging-students/response-cost-lottery>

Role Play/Model Coping Strategies

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Internalizing Behavior; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Stress; Anxiety; Emotion Regulation
<p>Description: Role-play helps integrate coping skills by allowing students to connect to real-life situations. Assist students in practicing skills, gaining insights, resolving conflicts, and finding solutions by having them act out certain situations. By practicing these coping skills, students will have the ability to access them when experience emotional distress.</p> <p>Integration</p> <ol style="list-style-type: none"> 1. Prepare the role play 2. Prepare the role players 3. Prepare the audience 4. Present the role play 5. Process the role play
Location of Resource: See "Additional Resources" listed below
Elementary Specifications: Role play situations should be appropriate for age of the students; Ensure that coping strategies are taught and understood prior to role-play and modeling practices; Process with students as difficult situations arise and work through appropriate coping strategies together
Secondary Specifications: Role play situations should be appropriate for age of the students; Ensure that coping strategies are taught and understood prior to role-play and modeling practices; Process with students as difficult situations arise and work through appropriate coping strategies together
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly • How Long Should It Be Implemented? As needed throughout school year
Measurement:
<p>Additional Resources:</p> <p>More Information/Guidance:</p> <p>http://www.opheliaproject.org/teaching/Role%20Playing%20Packet.pdf</p>

Role Play/Model Problem Solving

Target Ages: K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Self-Regulating and Externalizing Behavior; Social Skills and Peer Relations
Specific Concern Areas Addressed: Disruptive Behaviors; Peer Relationships; Empathy; Problem Solving Skills
<p>Description: Role play helps integrate learning/behavior management by allowing students to connect to real-life situations. Assist students in practicing skills, gaining insights, resolving conflicts, and finding solutions by having them act out certain situations.</p> <p>Integration</p> <ol style="list-style-type: none"> 1. Prepare the role play 2. Prepare the role players 3. Prepare the audience 4. Present the role play 5. Process the role play <p>Role Play Content Ideas</p> <ol style="list-style-type: none"> 1. Teasing vs. Taunting 2. Touching vs. Hitting 3. Friendship Groups vs. Cliques 4. Protecting Friends vs. Building Alliances 5. Sharing vs. Gossiping 6. Telling vs. Tattling 7. Assertive vs. Aggressive
Location of Resource: See "Additional Resources" for more information
Elementary Specifications: Role play situations should be appropriate for age of the students (i.e., playground conflict, sharing toys/materials)
Secondary Specifications: Role play situations should be appropriate for age of the students (i.e., conflict within peer group, gossiping/rumors)
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher or Counselor • How Often Should It Be Implemented? Regularly • How Long Should It Be Implemented? Regularly throughout the school year
Measurement:
<p>Additional Resources:</p> <p>More information: http://www.opheliaproject.org/teaching/Role%20Playing%20Packet.pdf</p>

Scoring Rubric

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Executive Functioning Skills (e.g., organization, planning); Work Completion
Description: Scoring rubrics help students understand assignment expectations. They also help chunk out project components, which helps students' organization and attention skills.
Location of Resource: See "Additional Resources" Listed Below
Elementary Specifications: Scoring rubrics should be simplified for the younger grades and more detailed for the older grades. Teach and model how to use a rubric; review expectations of each rubric.
Secondary Specifications: Teach and model how to use a rubric; review expectations of each rubric
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly/As Needed • How Long Should It Be Implemented? Throughout the School Year
Measurement:
Additional Resources: More information regarding scoring rubrics: https://www.gallaudet.edu/office-of-academic-quality/assessment/assessment-of-student-learning/instructions-and-examples/developing-a-scoring-criteria-(rubrics) http://www.interventioncentral.org/sites/default/files/pdfs/pdfs_blog/student_assessment_rubrics.pdf

Second Step

Target Ages: Grades K-5
Level of Intervention: Universal (Tier I)
Domains Targeted: Self-Regulating and Externalizing Behavior; Social Skills and Peer Relations
Specific Concern Areas Addressed: Social-Emotional Learning; Self-Regulation; Empathy; Problem Solving; Learning Skills; Emotion Management
<p>Description: Second Step strengthens a student's social-emotional skills by in-classroom lessons taught once a week in addition to daily activities. This universal intervention works on helping students to better manage their emotions while also learning how to properly control their reactions. By improving upon students' social-emotional skills, they will begin to be aware of others' feelings and better their problem solving and decision-making skills.</p> <p>Lesson Concepts</p> <ol style="list-style-type: none"> 1. Learning to listen 2. Focusing Attention 3. Following directions 4. Self-talk for staying on task 5. Being assertive 6. Feelings 7. More feelings 8. Identifying anger 9. Same or different? 10. Accidents 11. Caring and helping 12. We feel feelings in our bodies 13. Managing frustration 14. Calming down strong feelings 15. Handling waiting 16. Managing anger 17. Managing disappointment 18. Handling being knocked down 19. Solving problems 20. Inviting to play 21. Fair ways to play 22. Having fun with our friends 23. Handling having things taken away 24. Handling name-calling 25. Review Second Step skills
Location of Resource: Boone County Schools Mental Health Coalition; Available for purchase at: http://www.secondstep.org/Purchase

Elementary Specification: Generalization and integration of these skills throughout a student's environment can be emphasized by using re-teaching, modeling, and reinforcement.

Secondary Specifications: N/A

Implementation Guidelines:

- Who Should Implement? Classroom Teachers (Counselor can be used when needed for additional support)
- How Often Should It Be Implemented? Once a week (20-40 minute) lessons and daily (5-10 minutes) lessons
- How Long Should It Be Implemented? Throughout the school year; Until lessons completed

Measurement:

Additional Resources:

More information: <http://www.cfchildren.org/second-step/elementary>

Second Step (6-8)

Target Ages: Grades 6-8

Level of Intervention: Universal (Tier I)

Domains Targeted: Bullying; Self-Regulating and Externalizing Behavior; Social Skills and Peer Relations

Specific Concern Areas Addressed: Empathy; Communication; Bullying Prevention; Emotion Management; Problem Solving; Substance Abuse Prevention

Description: Second Step (6-8) places an emphasis on strengthening communication, coping, and decision-making skills. The goal of this program is to reduce aggression and create a more supportive and inclusive environment for students. Second Step (6-8) utilizes lessons, posters, activities, homework, family letters, and assessments in order to implement the intervention.

Lesson Concepts for Grade 6

1. Work in groups
2. Friends and allies
3. Considering perspectives
4. Disagreeing respectfully
5. Being assertive
6. Recognizing bullying
7. Bystanders
8. Emotions-brain and body
9. Calm-down strategies
10. Using the action steps
11. Making a plan
12. Tobacco and marijuana
13. Alcohol and inhalants
14. Identifying hopes and plans
15. Making a commitment

Lesson Concepts for Grade 7

1. Working in groups
2. Disagreeing respectfully
3. Negotiating and compromising
4. Giving and getting support
5. Responding to bullying
6. Cyber bullying
7. Sexual harassment
8. Understanding anger
9. Staying in control
10. Coping with stress
11. Myths and facts
12. Norms and attitudes

13. Making good decisions

Lesson Concepts for Grade 8

- Working in groups
- Leaders and allies
- Handling a grievance
- Negotiating and compromising
- Bullying in friendships
- Labels, stereotypes, and prejudice
- Bullying in dating relationships
- De-escalating a tense situation
- Coping with stress
- Making your plan
- Evaluating your plan
- Identifying future goals
- Keeping your commitment

Location of Resource: Boone County Schools Mental Health Coalition; Available for purchase at: <http://www.secondstep.org/Purchase>

Elementary Specifications: N/A

Secondary Specifications: Generalization and integration of these skills throughout a student's environment can be emphasized by using re-teaching, modeling, and reinforcement.

Implementation Guidelines:

- Who Should Implement? Classroom Teachers (Counselor can be used when needed for additional support)
- How Often Should It Be Implemented? Once a week (50 minute) lessons
- How Long Should It Be Implemented? Throughout the school year; Until lessons completed

Measurement:

Additional Resources:

More information: <http://www.cfchildren.org/second-step/middle-school>

Self-Monitoring Strategies

Target Ages: Grades K-12

Level of Intervention: Universal (Tier I), Targeted (Tier III)

Domains Targeted: Attention and Academic Competence; Self-Regulating and Externalizing Behavior

Specific Concern Areas Addressed: Off-Task Behaviors; Disruptive Behaviors

Description: Self-monitoring can be utilized to increase on-task/positive behaviors and decrease off-task/disruptive behaviors in classroom settings. The student is an active participant in the intervention as he/she will be responsible for monitoring and evaluating his or her own behaviors.

Steps for Implementation

- The teacher and student meet to select the desired behavior(s) to be monitored. The behavior should be written so that it is clear, specific, and measureable.
- 1. Behavior should be one that can be either increased or decreased.
- 2. Examples: listing homework assignments; staying on-task; following directions, interrupting, staying in seat, etc.
- Teach student how to evaluate whether they completed the targeted behavior(s) and record this on their self-monitoring sheet. When teaching each step, be sure to model for the student how to use the sheet and then allow the student to practice completing.

Auditory or visual cues should be utilized for when students should monitor behaviors. For example – if the student is tracking their on-task behavior, there should be a reminder given (visually from teacher or auditory from computer, headphones, watches, etc.) for student to document their behavior at that time. See “Additional Resources” section below for more information about cues, as well as example monitoring forms.

Self-monitoring can also be used to track work completion. Students will document whether or not they complete a task for a given time. For example, a student or students can use a checklist to monitor whether or not they write down their assignments each day. See the example below.

CHECKLIST

Did I...	Mon.	Tue.	Wed.	Thurs.	Fri.
Write down my homework assignments?	Yes No	Yes No	Yes No	Yes No	Yes No

Location of Resource: See “Additional Resources” listed below

Elementary Specifications: Ensure that behaviors are age-appropriate; ensure tracking sheets are feasible for both student and teacher to complete

Secondary Specifications: Ensure that behaviors are age-appropriate; ensure tracking sheets are feasible for both student and teacher to complete

Implementation Guidelines:

- Who Should Implement? Classroom Teacher
- How Often Should It Be Implemented? Daily/Regularly
- How Long Should It Be Implemented? Throughout the School Year

Measurement:

Additional Resources:

More Information, Example Tracking Forms, and Ideas for Visual/Audio Cues

Intervention Central:

https://www.interventioncentral.org/self_management_self_monitoring

<http://www.interventioncentral.org/node/970765>

University of Missouri Evidence Based Intervention Network

<http://ebi.missouri.edu/wp-content/uploads/2013/04/Self-Management-Brief1.pdf>

Universal Self-Monitoring – Additional Information:

https://www.interventioncentral.org/sites/default/files/pdfs/pdfs_blog/classroom_management_group_self_monitoring.pdf

ADD Tracking Sheets Coalition Has Created (For Watches, etc.)

SOAR

Target Ages: Grades 6-12
Level of Intervention: Universal (Tier I), Selected (Tier II)
Domains Targeted: Attention and Academic Competence
Specific Concern Areas Addressed: Organization; Communication; Work Completion
<p>Description: The SOAR® Study Skills Curriculum teaches learning, organizing, and communication skills for school and work achievement. Those skills include:</p> <ul style="list-style-type: none"> • Set goals • Establish priorities • Manage time • Organize papers, desks, lockers, & other space • Speak & listen effectively • Work with teachers & peers • Read and understand textbooks • Take notes • Study for tests • Write research papers • Prepare for presentations • Track long-term goals
<p>Location of Resource: Boone County School's Mental Health Coalition</p> <p>Purchasing Information: https://studyskills.com/educators/soar-educator-options/</p>
Elementary Specifications: N/A
Secondary Specifications: The curriculum is adaptable to individual student's life (organization system at home) and the school's expectations (organization system at school).
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher and/or Counselor • How Often Should It Be Implemented? Daily or Weekly/Regularly • How Long Should It Be Implemented? Throughout the school year; Until all lessons completion (there are 5 sections and 15 chapters, depending on how often the curriculum is implemented, it could take between 4 and 15 weeks to implement)
Measurement:
<p>Additional Resources:</p> <p>More Information: https://studyskills.com/educators/study-skills-curriculum/</p>

Social Decision Making/Problem Solving

Target Ages: Grades K-8
Level of Intervention: Universal (Tier I)
Domains Targeted: Self-Regulating and Externalizing Behaviors
Specific Concern Areas Addressed: Impulsivity; Problem-Solving
Description: Social Decision Making/Problem Solving is an intervention curriculum that emphasizes reflection, non-impulsiveness and decision making/problem-solving. It uses an array of cooperative learning methods including group work and role playing. Students are taught skills that address self-control, listening, respectful communication, giving/receiving help and working cooperatively.
Location of Resource: Boone County Schools Mental Health Coalition Purchasing Information: https://www.researchpress.com/books/919/social-decision-making-social-problem-solving-sdmsps
Elementary Specifications: This curriculum is ideal in the classroom setting, but can be modified for small groups if needed
Secondary Specifications: This curriculum is ideal in the classroom setting, but can be modified for small groups if needed
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher and/or Counselor • How Often Should It Be Implemented? Weekly/Regularly • How Long Should It Be Implemented? Throughout the school year; Until all lessons completed
Measurement:
Additional Resources: K-1 Curriculum Information: https://www.researchpress.com/books/702/social-decision-making-social-problem-solving-sdmsps 2-3 Curriculum Information: https://www.researchpress.com/books/703/social-decision-making-social-problem-solving-sdmsps 4-5 Curriculum Information: https://www.researchpress.com/books/704/social-decision-making-social-problem-solving-sdmsps 6-8 Curriculum Information: https://www.researchpress.com/books/705/social-decision-making-social-problem-solving-sdmsps

Social-Emotional Coaching

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Social Skills and Peer Relations
Specific Concern Areas Addressed: Social-Emotional Learning; Empathy; Emotion Management; Peer Relationships.
<p>Description: Social-Emotional Coaching is a strategy that is utilized when students are having difficulty in social situations. The teacher “catches” kids having problems/concerns (in the moment) and coaches them to use effective strategies to get through it.</p> <p>Teachers should:</p> <ul style="list-style-type: none"> • Recognize and pay attention to students’ emotions • Do not dismiss or avoid students’ emotions • See emotional moments as opportunities for teaching/problem-solving • Encourage students to talk about their emotions • Provide guidance/coaching before the emotions escalate
Location of Resource: See “Additional Resources” Listed Below
Elementary Specifications: Use emotional moments as opportunities to connect with the students
Secondary Specifications: Use emotional moments as opportunities to connect with the students
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly; As Needed • How Long Should It Be Implemented? Throughout the School Year
Measurement:
<p>Additional Resources:</p> <p>Additional Information/Guidance on Topics/Situations: http://www.casel.org/in-the-classroom/</p>

Stop and Think Social Skills Curriculum (Pre K – 1)

Target Ages: Pre-K-1
Level of Intervention: Selected (Tier II)
Domains Targeted: Self-Regulating and Externalizing Behavior; Social Skills and Peer Relations
Specific Concern Areas Addressed: On-Task Behaviors; Problem-Solving; Conflict Resolution; Social Skills
<p>Description: Stop and Think Social Skills curriculum focuses on ten core skills for student's Pre-K to early elementary school. The skills selected are considered to be important to the development of good interpersonal, problem-solving and conflict resolution and to help create positive classroom climate and safe school buildings. Stop and Think is delivered in a 5 Step Teaching process; teaching (the steps of the desired social skill), modeling (the steps and language used), role playing (providing students with practice opportunities), giving performance feedback (how well they are doing with the new behavior) and applying (students use the skills as much as possible during the day).</p> <p>The Ten Core Social Skills for Pre-K-1 are:</p> <ul style="list-style-type: none"> • Listening • Following Directions • Using Nice Talk • Asking for help • Waiting your Turn • How to Interrupt • Ignoring • Dealing with Teasing • Dealing with Losing • Accepting Consequences
<p>Location of Resource: Boone County Schools Mental Health Coalition Link from Drive; for Stop and Think purchasing information please visit: http://store.voyagersopris.com/stop-think-social-skills-program/</p>
<p>Elementary Specifications: Ensure that implementation is consistent and that students understand topic/skill prior to moving on to the next; Can be modified for universal implementation</p>
<p>Secondary Specifications: N/A</p>
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher and/or Counselor • How Often Should It Be Implemented? Weekly/Regularly (20 – 30 Minute Sessions) • How Long Should It Be Implemented? Throughout the school year; Until lessons complete (10 weeks)
Measurement:

Additional Resources:

More information:

www.projectachieve.info/stop-think/social-skills-program.htm

Stop and Think Social Skills Curriculum (2 - 3)

Target Ages: Grades 2-3
Level of Intervention: Selected (Tier II)
Domains Targeted: Self-Regulating and Externalizing Behavior; Social Skills and Peer Relations
Specific Concern Areas Addressed: On-Task Behaviors; Problem-Solving; Conflict Resolution; Social Skills
<p>Description: Stop and Think Social Skills curriculum focuses on ten core skills for student's in 2nd and 3rd grades. Also for this age range, skill steps for ten more advanced social skills are introduced for increased development in skills. The skills selected are considered to be important to the development of good interpersonal, problem-solving and conflict resolution and to help create positive classroom climate and safe school buildings. Stop and Think is delivered in a 5 Step Teaching process; teaching (the steps of the desired social skill), modeling (the steps and language used), role playing (providing students with practice opportunities), giving performance feedback (how well they are doing with the new behavior) and applying (students use the skills as much as possible during the day).</p> <p>Ten Core Social Skills for 2nd and 3rd Grade are:</p> <ul style="list-style-type: none"> Listening Following Directions Asking for Help Ignoring Distractions Dealing with Teasing Contributing to Discussions/Answering Classroom questions How to Interrupt Dealing with Losing Apologizing Accepting Consequences <p>Ten Advanced Social Skills for 2nd and 3rd Grade Introduced are:</p> <ul style="list-style-type: none"> Deciding What to Do Asking for Permission Joining an activity Giving and accepting a compliment Understand Your /Others' feelings Avoiding Trouble Dealing with Anger Dealing with Being rejected or Left Out Dealing with Accusations Dealing with Peer Pressure
<p>Location of Resource: Boone County School Mental Health Coalition; Link from Drive; for Stop and Think purchasing information please visit: store.voyagersopris.com/stop-think-social-skills-program/</p>

Elementary Specifications: Ensure that implementation is consistent and that students understand topic/skill prior to moving on to the next; Can be modified for universal implementation
Secondary Specifications: N/A
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher and/or Counselor • How Often Should It Be Implemented? Weekly/Regularly (30 Minutes a Session) • How Long Should It Be Implemented? Throughout the school year; Until lessons complete (10 weeks)
Measurement:
Additional Resources: More Information: www.projectachieve.info/stop-think/social-skills-program.htm

Stop and Think Social Skills Curriculum (4 – 5)

Target Ages: Grades 4-5
Level of Intervention: Selected (Tier II)
Domains Targeted: Self-Regulating and Externalizing Behavior; Social Skills and Peer Relations
Specific Concern Areas Addressed: On-Task Behaviors; Problem-Solving; Conflict Resolution; Social Skills
<p>Description: Stop and Think Social Skills curriculum focuses on ten core skills for student's in 4th and 5th grades. Also for this age range, skill steps for ten more advanced social skills are introduced for increased development in skills. The skills selected are considered to be important to the development of good interpersonal, problem-solving and conflict resolution and to help create positive classroom climate and safe school buildings. Stop and Think is delivered in a 5 Step Teaching process; teaching (the steps of the desired social skill), modeling (the steps and language used), role playing (providing students with practice opportunities), giving performance feedback (how well they are doing with the new behavior) and applying (students use the skills as much as possible during the day).</p> <p>Ten Core Social Skills for 4th and 5th Grade are:</p> <ul style="list-style-type: none"> Listening Following Directions Asking for Help Ignoring Distractions Dealing with Teasing Apologizing Accepting Consequences Dealing with Anger Dealing with Being Rejected or Left Out Walking Away from a Fight <p>Ten Advanced Social Skills for 4th and 5th Grade Introduced are:</p> <ul style="list-style-type: none"> Setting a Goal Evaluating Yourself Responding to Failure Beginning/Ending a Conversation Giving/Accepting a Compliment Understand Your /Others' feelings Dealing with Accusations Dealing with Peer Pressure Dealing with Another Person's Anger Dealing with Fear

Location of Resource: Boone County School Mental Health Coalition; Link from Drive; for Stop and Think purchasing information please visit: store.voyagersopris.com/stop-think-social-skills-program/

Elementary Specifications: Ensure that implementation is consistent and that students understand topic/skill prior to moving on to the next; Can be modified for universal implementation

Secondary Specifications: N/A

Implementation Guidelines:

- Who Should Implement? Classroom Teacher and/or Counselor
- How Often Should It Be Implemented? Weekly/Regularly (30 Minute Sessions)
- How Long Should It Be Implemented? Throughout school year; Until lessons completed (10 weeks)

Measurement:

Additional Resources:

More Information:

www.projectachieve.info/stop-think/social-skills-program.htm

Stop and Think Social Skills Curriculum (6 – 8)

Target Ages: Grades 6-8
Level of Intervention: Selected (Tier II)
Domains Targeted: Self-Regulating and Externalizing Behavior; Social Skills and Peer Relations
<p>Description: Stop and Think Social Skills curriculum focuses on ten core skills for student's in 6th thru 8th grades. For this age range, skill steps for ten more advanced social skills are introduced for increased development in skills. The skills selected are considered to be important to the development of good interpersonal, problem-solving and conflict resolution, as well as to help create positive classroom climate and safe school buildings. Stop and Think is delivered in a 5 Step Teaching process; teaching (the steps of the desired social skill), modeling (the steps and language used), role playing (providing students with practice opportunities), giving performance feedback (how well they are doing with the new behavior) and applying (students use the skills as much as possible during the day).</p> <p>Ten Core Social Skills for 6th thru 8thth Grade are:</p> <ul style="list-style-type: none"> Listening Following Directions Asking for Help Ignoring Distractions Dealing with Teasing Apologizing Accepting Consequences Dealing with Ange Understanding Your/Other's feelings Walking Away from a Fight Dealing with Accusations <p>Ten Advanced Social Skills for 6th thru 8th Grade Introduced are:</p> <ul style="list-style-type: none"> Setting a Goal Evaluating Yourself Responding to Failure Beginning/Ending a Conversation Giving/Accepting a Compliment Being a GOOD leader Standing up for your rights Avoiding Trouble Dealing with FEAR Dealing with another person ANGER <p>Location of Resource: Boone County School Mental Health Coalition; Link from Drive; for Stop and Think purchasing information please visit: store.voyagersopris.com/stop-think-social-skills-program/</p>
Elementary Specifications: N/A

Secondary Specifications: Ensure that implementation is consistent and that students understand topic/skill prior to moving on to the next; Can be modified for universal implementation

Implementation Guidelines:

- Who Should Implement? Classroom Teacher and/or Counselor
- How Often Should It Be Implemented? Weekly/Regularly (30 Minute Sessions)
- How Long Should It Be Implemented? Throughout the school year; Until lessons completed (10 weeks)

Measurement:

Additional Resources:

More Information:

www.projectachieve.info/stop-think/social-skills-program

[www.projectachieve.info/.../TAP Stop Think Social Skills Program 607 pdf copy.pdf](http://www.projectachieve.info/.../TAP%20Stop%20Think%20Social%20Skills%20Program%20607%20pdf%20copy.pdf)

Strong Start (K – 2)

Target Ages: Grades K-2	
Level of Intervention: Selected (Tier II)	
Domains Targeted: Self-Regulating and Externalizing Behavior; Social Skills and Peer Relations	
Specific Concern Areas Addressed: Self-Regulation; Understanding and Expressing Feelings	
Description: Preventative or intervention curriculum designed to enhance social and emotional learning. Strong Start consists of 10 lessons which incorporate activates and children's books to help emphasize the lesson concepts.	
Lesson Number and Title	Main Purpose
1. The Feelings Exercise Group	Introduce students to the Strong Start curriculum
2. Understanding Your Feelings 1	Teach students to name basic feelings
3. Understanding Your Feelings 2	Teach students appropriate ways to express feelings
4. When You're Angry	Teach students to manage anger and helpful ways of handling anger
5. When You're Happy	Teach students to feel happy and to use positive thinking
6. When You're Worried	Teach students to manage anxiety, worry, and fear
7. Understanding Other People's Feelings	Teach students how to identify others' feelings
8. Being a Good Friend	Teach students basic communication and friendship-making skills
9. Solving People Problems	Teach students to solve problems with others
10. Finishing UP!	Review of major concepts in the Strong Start curriculum
Location of Resource: Boone County Schools Mental Health Coalition; Link from Drive; Available for purchase at: http://products.brookespublishing.com/Merrells-Strong-StartGrades-K-2-P946.aspx	
Elementary Specifications: Strong Start encourages leaders to use a stuffed animal as the mascot for the curriculum. Allow extra time during lessons in order to incorporate media, games, etc. as needed; Can be modified for universal implementation	
Secondary Specifications: N/A	
Implementation Guidelines: <ul style="list-style-type: none"> Who Should Implement? Classroom Teacher and/or Counselor 	

- | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• How Often Should It Be Implemented? Weekly/Regularly (35 Minute Sessions)• How Long Should It Be Implemented? Throughout school year; Until lessons completion (10 weeks) |
| Measurement: |
| Additional Resources:
More information: http://strongkids.uoregon.edu/strongstart.html |

Strong Kids (3 – 8)

Target Ages: Grades 3-8	
Level of Intervention: Selected (Tier II)	
Domains Targeted: Self-Regulating and Externalizing Behavior; Social Skills and Peer Relations	
Specific Concern Areas Addressed: Self-Regulation; Understanding and Expressing Feelings	
Description: Preventative or intervention curriculum designed to enhance social and emotional learning. Strong Start consists of 12 lessons which incorporate activities to help emphasize the lesson concepts.	
Lesson Number and Title	Main Purpose
1. About Strong Kids: Emotional Strength Training	Introduce students to the Strong Kids curriculum
2. Understanding Your Feelings 1	Teach students to identify comfortable and uncomfortable feelings, and to increase their emotional vocabulary
3. Understanding Your Feelings 2	Focus on appropriate ways to express various feelings
4. Dealing With Anger	Teach students to understand and manage anger, using a four-step cognitive-behavioral model
5. Understanding Other People's Feelings	Development of empathy skills, or ability to identify feelings that other people may have
6. Clear Thinking 1	Teach students strategies to identify negative and maladaptive thinking patterns and common thinking errors
7. Clear Thinking 2	Techniques for dispelling irrational negative thoughts and replacing them with more realistic and constructive cognitions
8. The Power of Positive Thinking	Teach students more strategies to offset negative thinking styles, and to use an optimistic style of approaching problems
9. Solving People Problems	Teach students to solve interpersonal problems and deal with conflicts effectively and without violence
10. Letting Go of Stress	How to identify stressors, cognitive and behavioral strategies for managing stress, anxiety, and worries
11. Behavior Change: Setting Goals and Staying Active	Teach students basic steps for setting and achieving realistic goals, and strategies for increasing positive and appropriate activities

12. Finishing UP!	Review of major concepts in the Strong Kids curriculum
Location of Resource: Boone County Schools Mental Health Coalition; Link from Drive; Available for purchase at: http://products.brookespublishing.com/Merrells-Strong-KidsGrades-3-5-P944.aspx (3-5)	
http://products.brookespublishing.com/Merrells-Strong-KidsGrades-6-8-P945.aspx (6-8)	
Elementary Specifications: Allow extra time during lessons in order to incorporate media, games, etc. as needed; Can be modified for universal implementation	
Secondary Specifications: Allow extra time during lessons in order to incorporate media, games, etc. as needed; Can be modified for universal implementation	
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher and/or Counselor • How Often Should It Be Implemented? Weekly/Regularly (45-55 Minute Sessions) • How Long Should It Be Implemented? Throughout school year; Until lessons completed (12 weeks) 	
Measurement:	
Additional Resources: More information: http://strongkids.uoregon.edu/strongkids.html	

Strong Teens (9 - 12)

Target Ages: 9-12	
Level of Intervention: Selected (Tier II)	
Domains Targeted: Self-Regulating and Externalizing Behavior; Social Skills and Peer Relations	
Specific Concern Areas Addressed: Self-Regulation, Understanding and Expressing Feelings	
<p>Description: Preventative or intervention curriculum designed to enhance social and emotional learning. Strong Start consists of 12 lessons which incorporate activities to help emphasize the lesson concepts.</p>	
Lesson Number and Title	Main Purpose
1. About Strong Teens: Emotional Strength Training	Introduce students to the Strong Teens curriculum
2. Understanding Your Feelings 1	Teach students to identify comfortable and uncomfortable feelings, and to increase their emotional vocabulary
3. Understanding Your Feelings 2	Focus on appropriate ways to express various feelings
4. Dealing With Anger	Teach students to understand and manage anger, using a cognitive-behavioral model
5. Understanding Other People's Feelings	Development of empathy skills, or ability to identify feelings that other people may have
6. Clear Thinking 1	Teach students strategies to identify negative and maladaptive thinking patterns and common thinking errors
7. Clear Thinking 2	Techniques for dispelling irrational negative thoughts and replacing them with more realistic and constructive cognitions
8. The Power of Positive Thinking	Teach students more strategies to offset negative thinking styles, and to use an optimistic style of approaching problems
9. Solving People Problems	Teach students to solve interpersonal problems and deal with conflicts effectively and without violence
10. Letting Go of Stress	How to identify stressors, cognitive and behavioral strategies for managing stress, anxiety, and worries
11. Behavior Change: Setting Goals and Staying Active	Teach students basic steps for setting and achieving realistic goals, and strategies for increasing positive and appropriate activities

12. Finishing UP!	Review of major concepts in the Strong Teens curriculum
Location of Resource: Boone County Schools Mental Health Coalition; Link from Drive; For purchase at: http://products.brookespublishing.com/Merrells-Strong-TeensGrades-9-12P943.aspx	
Elementary Specifications: N/A	
Secondary Specifications: Allow extra time during lessons in order to incorporate media, games, etc. as needed; Can be modified for universal implementation	
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher and/or Counselor • How Often Should It Be Implemented? Weekly/Regularly (45-55 Minute Sessions) • How Long Should It Be Implemented? Throughout the school year; Until lessons completed (12 weeks) 	
Measurement:	
Additional Resources: More information: http://strongkids.uoregon.edu/strongkids.html	

Systematic Exposure

Target Ages: Grades K-12
Level of Intervention: Targeted (Tier III)
Domains Targeted: Internalizing Behavior
Specific Concern Areas Addressed: Anxiety
Description: Also called systematic desensitization. This is a behavioral approach developed by Joseph Wolpe. Cognitive restructuring can also be utilized with this approach. Steps: <ol style="list-style-type: none"> 1. Identify the anxiety. 2. Teach relaxation technique. 3. Develop a 1 – 10 hierarchy(least to most anxious). 4. Start at 1 and work up with utilizing the relaxation technique. 5. As the student becomes comfortable, go to the next step until anxiety dissipates.
Location of Resource: See “Additional Resources” Listed Below
Elementary Specifications: Must be facilitated by a mental health professional; ensure that relaxation techniques are modeled, taught and practiced prior to implementation (and are effective in decreasing anxiety)
Secondary Specifications: Must be facilitated by a mental health professional; ensure that relaxation techniques are modeled, taught and practiced prior to implementation (and are effective in decreasing anxiety)
Implementation Guidelines: <ul style="list-style-type: none"> • Who Should Implement? Counselor or Mental Health Professional • How Often Should It Be Implemented? Regularly • How Long Should It Be Implemented? Throughout school year and fades when progress from student is consistent/goals are met
Measurement:
Additional Resources: More Information: www.simplypsychology.org/Systematic-Desensitisation.html http://www.div12.org/psychological-treatments/treatments/exposure-therapies-for-specific-phobias/

Teach Positive Self-Talk

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I)
Domains Targeted: Internalizing Behavior
Specific Concern Areas Addressed: Self-Esteem; Motivation; Anxiety
<p>Description: Teach, Model and Practice positive self-talk phrases for students to utilize instead of negative talk</p> <ul style="list-style-type: none"> • Examples of Positive Self-Talk: <ul style="list-style-type: none"> ○ I can do this ○ I am smart ○ I am a good friend <p>Doing this can change how the student feels about themselves (self-esteem/self-image) and also positively impacts motivation.</p>
Location of Resource: See "Additional Resources" Below
Elementary Specifications: Modeling of these behaviors/phrases by teachers is important; Reinforcement/praise of utilizing these strategies will allow for increased displays of these behaviors from students
Secondary Specifications: Modeling of these behaviors/phrases by teachers is important; Reinforcement/praise of utilizing these strategies will allow for increased displays of these behaviors from students
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly; As Needed • How Long Should It Be Implemented? Throughout the School Year
Measurement:
<p>Additional Resources:</p> <p>More Information – Page 13</p> <p>http://www.jimwrightonline.com/mixed_files/NASP_Indy/wright_NASP_IN_motivation_supplemental_handout.pdf</p> <p>Test Anxiety Information</p> <p>https://www.google.com/url?q=http://www.jimwrightonline.com/ppt/NASP08/NASP_08_Wright_Test_Anxiety.ppt&sa=U&ved=0ahUKEwjwu6q81qLVAhXGTSYKHxolCboQFggKMAM&client=internal-uds-cse&usg=AFQjCNHGYC6qZ8Gc56PrQEWP5SXxw18uQg</p>

Teen Outreach Program

Target Ages: Grades 6-12
Level of Intervention: Selected (Tier II)
Domains Targeted: Social Skills and Peer Relations
<p>Description: The Teen Outreach Program is designed to empower teens by giving them the tools and opportunities needed to build and sustain a solid foundation of healthy behaviors, life skills, and sense of purpose. It equips teens with the skills necessary to avoid risky behaviors that can derail future plans of achievement.</p> <p>The curriculum includes the following skills/topics:</p> <ul style="list-style-type: none"> • Healthy relationships (for example, tips and techniques to avoid peer pressure) • Communication and assertiveness • Critical thinking and external influences • Goal-setting (for example, in relation to the impact of teen parenting) • Decision making and personal reflection • Values clarification to explore their own values • Human development and sexuality (Partners can modify based on their setting or choose to exclude these lessons) • Community service learning
Location of Resource: www.teenoutreachprogram.com/
Elementary Specifications: N/A
Secondary Specifications: Can be implemented in a variety of settings such as: in-school, after-school through community organizations and in systems (residential treatment, foster care, or juvenile justice).
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Counselors, Teachers, or other support staff who are trained to facilitate • How Often Should It Be Implemented? Min. of 20 hrs. of community service learning with weekly meetings • How Long Should It Be Implemented? 9 months; Throughout the school year
Measurement:
<p>Additional Resources:</p> <p>For information regarding the Teen Outreach Program in Columbia MO visit: www.como.gov *Search: Teen Outreach Program</p> <p>More general information about the Teen Outreach Program (not specific to Columbia MO: www.blueprintsprograms.com/factsheet/wyman-s-teen-outreach-program</p>

The C.A.T. Project

Target Ages: Grades 6-12
Level of Intervention: Selected (Tier II)
Domains Targeted: Internalizing Behavior
Specific Concern Areas Addressed: Anxiety
<p>Description: Provides psycho-education by using cognitive-behavioral strategies. Students will learn skills for identifying anxiety, managing anxiety, and how to face fears. The C.A.T. Project uses different pictures and examples than Coping Cat in order to be applied to students in secondary school.</p> <p>Components</p> <ol style="list-style-type: none"> 1. Recognize anxious feelings 2. Clarify feeling in anxiety-provoking situations 3. Develop a coping plan 4. Evaluate performance and administer self-reinforcement
<p>Location of Resource: Boone County Schools Mental Health Coalition; Available for purchase at http://www.workbookpublishing.com/c-a-t-project-workbook-for-the-cognitive--behavioral-treatment-of-anxious-adolescents-ages-14-17.html</p>
Elementary Specifications: N/A
Secondary Specifications: For ages 14-17 years
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Counselor or Mental Health Professional • How Often Should It Be Implemented? 50-minute sessions weekly • How Long Should It Be Implemented? 16 weeks or until sessions completed
Measurement:
<p>Additional Resources:</p> <p>More Information: http://www.cebc4cw.org/program/c-a-t-project/</p>

The Cool Kids Program

Target Ages: Grades 2-12 (Ages 7-17)
Level of Intervention: Selected (Tier II), Targeted (Tier III)
Domains Targeted: Internalizing Behavior
Specific Concern Areas Addressed: Anxiety
<p>Description: Uses cognitive behavioral strategies to teach children how recognize emotions, challenge their anxious beliefs, and gradually expose themselves to fearful situation in more positive ways. This program follows a family model, so parent involvement is necessary.</p> <p>Session Topics</p> <ol style="list-style-type: none"> 1. What, Why and How? An Overview of the Program 2. Learning to Think Realistically 3. Rewards 4. Fighting Fear by Facing Fear 5. Creative Exposure 6-9. Building Skills While Facing Fears 10. Maintaining Gains and Coping with Set-Backs <p>The Parent Information sessions contained within the school version of Cool Kids are as follows:</p> <ol style="list-style-type: none"> 1. Overview and Early Skills Session 2. Behavior Management and Stepladders
<p>Location of Resource:</p> <p>Purchasing Information: https://www.surveygizmo.com/s3/3153802/Cool-Kids-Intake-Redirection</p>
Elementary Specifications: Involves both group and individual sessions; Parental involvement/participation is required for children under 12 years of age; Homework components are also integrated
Secondary Specifications: Involves both group and individual sessions; Parental involvement/participation is recommended; Homework components are also integrated
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Counselor or Mental Health Professional • How Often Should It Be Implemented? Weekly (60 Minute Sessions) • How Long Should It Be Implemented? Throughout school year; Until sessions completed (10-12 weeks)
Measurement:
Additional Resources:

More information: <http://www.mq.edu.au/about/campus-services-and-facilities/hospital-and-clinics/centre-for-emotional-health-clinic/programs-for-children-and-teenagers>

Token Economy Reward System

Target Ages: Grades K-12
Level of Intervention: Universal (Tier I), Targeted (Tier III)
Domains Targeted: Attention and Academic Competence; Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Behavior Management; Task Completion; Motivation
<p>Description: A system in which tokens (can also be stickers, points, etc.) are provided to students for completing certain tasks or behaving in certain ways. A Token Economy use positive reinforcement in order to increase the likelihood that a certain task or behavior will occur more frequently.</p> <p>Implementation:</p> <ul style="list-style-type: none"> • Select behaviors to target for change • Develop a method for keeping track of tokens or points • Identify powerful rewards • Establish goals • Explain the program to the child • Teacher provides feedback • Teacher provides reward • Changing the program (when needed)
Location of Resource: See "Additional Resources" for more information
Elementary Specifications: Try incorporating interests of the students (ex: using Disney stickers as tokens). Additionally, rewards should match the age of the students and do not always have to be tangible items (iPad time, extra recess).
Secondary Specifications: Try incorporating interests of the students (music, sports, etc.). Additionally, rewards should match the age of the students and do not always have to be tangible items (homework passes, free time).
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher • How Often Should It Be Implemented? Regularly • How Long Should It Be Implemented? Throughout the School Year
Measurement:
<p>Additional Resources:</p> <p>More information: http://www.educateautism.com/token-economy.html</p>

Tough Kids

Target Ages: Grades 3-7
Level of Intervention: Selected (Tier II)
Domains Targeted: Self-Regulating and Externalizing Behavior; Social Skills and Peer Relations
Specific Concern Areas Addressed: Emotion Regulation; Conflict-Resolution; Problem-Solving
<p>Description: The Tough Kid Social Skills Book teaches skills needed for healthy development and enables student to get along successfully in a majority of social situations. The Tough Kids manual also offers strategies to help schools identify students in need of social skills training. The Tough Kids curriculum focuses on skills such as:</p> <ul style="list-style-type: none"> • Body Basics • Joining in • Recognizing and expressing feelings • Having a conversation • Play cooperatively • Solving problems • Using self-control • Solving arguments • Dealing with teasing • Dealing with being left out • Accepting "NO"
<p>Location of Resource: Boone County School Mental Health Coalition; For purchasing information: toughkid.com/tk-products/socialskills.html; https://www.amazon.com/Tough-Kid-Social-Skills-Book/dp/1570350515</p>
Elementary Specifications: Curriculum can be adapted to work with some second graders if developmentally appropriate; Can be modified for universal implementation
Secondary Specifications: Ensure that language utilized and examples given are aligned with age/developmental level of students; Can be modified for universal implementation
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher and/or Counselor • How Often Should It Be Implemented? Weekly/Regularly • How Long Should It Be Implemented? Throughout the school year (60 Minute Sessions); Until all lessons completed (12 weeks)
Measurement:
<p>Additional Resources:</p> <p>More information: toughkid.com/tk-products/socialskills.html</p>

Zones of Regulation

Target Ages: Grades K-5
Level of Intervention: Selected (Tier II)
Domains Targeted: Self-Regulating and Externalizing Behavior
Specific Concern Areas Addressed: Self-regulation; Conflict-Resolution
<p>Description: Zones of Regulation is a curriculum intervention that incorporates cognitive behavior approaches to teach students how to self-regulate their emotions. It provides easily understood visuals (traffic signals) with related colors to align with younger and older elementary students' understanding.</p> <p>Lessons Include:</p> <ul style="list-style-type: none"> • Introducing the Zones • Zones Bingo • The Zones in Video • The Zones in Me • Understanding Different Perspectives • Me in My Zones • How Do I Feel? • My Zones Across the Day • Caution! Triggers Ahead • Exploring Sensory Support Tools • Exploring Tools for Calming • Exploring Tools – Thinking Strategies • The Toolbox • When to Use Yellow Zone Tools • Stop and Use a Tool • Tracking My Tools • STOP, OPT and GO • Celebrating My Use of Tools
<p>Location of Resource: Boone County Schools Mental Health Coalition; Link from Drive;</p> <p>Purchasing Information: https://www.socialthinking.com/Search%20Results?utm_source=zonesofregulation.com&utm_medium=website&utm_campaign=zones_search#q=zones</p>
Elementary Specifications: Lessons can be provided universally or through small groups (for more effective generalization – universal application is recommended); Ensure there is plenty of practice and application opportunities provided throughout the school day
Secondary Specifications: N/A
<p>Implementation Guidelines:</p> <ul style="list-style-type: none"> • Who Should Implement? Classroom Teacher and/or Counselor • How Often Should It Be Implemented? Weekly/Regularly

- How Long Should It Be Implemented? Throughout the school year; Until all lessons completed (18 total lessons)

Measurement:

Additional Resources:

Completed Lesson Materials/Additional Lesson Resources:

<http://mrsduranterzones.weebly.com/the-zones-of-regulation.html>

Tier 1 Intervention List

All Packaged Programs/Curricula in **BOLD**

* indicates not available in Coalition library and would need to be ordered by school

Attention and Academic Competence - Elementary

Active Supervision
Alter Work Requirements
Attention Signals
Executive Functioning/Organizational Strategies <ul style="list-style-type: none"> • Binder checks • Desk dividers • Desk fairy • Graphic organizer • Homework management system • Note taking skills • Post and review daily schedule • Process/place for materials when absent (make-up work) • Scoring rubric
High Number of Opportunities to Respond
Provide Controlled Choice
Provide Structured Routine and Predictability <ul style="list-style-type: none"> • Prepare for Transitions/Changes to Schedule • Visual Schedule
Reinforcement/Reward System
Self-Monitoring Strategies <ul style="list-style-type: none"> • On-task behaviors <ul style="list-style-type: none"> ○ Auditory cues • Task/homework completion
Token Economy Reward System

Attention and Academic Competence – Secondary

Active Supervision
Alter Work Requirements
Attention Signals
Executive Functioning/Organizational Strategies <ul style="list-style-type: none"> • Binder checks • Desk dividers • Graphic organizer • Homework management system • Note taking skills • Post and review daily schedule • Process/place for materials when absent (make-up work) • Scoring rubric

High Number of Opportunities to Respond
Homework, Organization and Planning System (HOPS)
Provide Controlled Choice
Provide Structured Routine and Predictability <ul style="list-style-type: none"> • Prepare for Transitions/Changes to Schedule • Visual Schedule
Reinforcement/Reward System
Token Economy Reward System
Self-Monitoring Strategies <ul style="list-style-type: none"> • On-task behaviors <ul style="list-style-type: none"> ○ Auditory cues • Task/homework completion
SOAR

Social Skills and Peer Relations - Elementary

I Can Problem-Solve
Partner Work/Cooperative Learning
PATHS*
Positive Peer Reporting (PPR)
Reinforcement/Reward System
Role Play/Model Problem-Solving
Second Step*
Social-Emotional Coaching

Social Skills and Peer Relations – Secondary

Partner Work/Cooperative Learning
Positive Peer Reporting (PPR)
Reinforcement/Reward System
Role Play/Model Problem-Solving
Second Step (Grades 6 – 8)*
Social-Emotional Coaching

Internalizing Behavior - Elementary

Alter Work Requirements
Guided Visualization
Practice Relaxation Techniques
Provide Structured Routine and Predictability

<ul style="list-style-type: none"> • Prepare for Transitions/Changes to Schedule • Visual Schedule
Reinforcement/Reward System
Role Play/ Model Coping Strategies
Teach Positive Self-Talk

Internalizing Behavior – Secondary

Alter Work Requirements
Guided Visualization
Practice Relaxation Techniques
Provide Structured Routine and Predictability <ul style="list-style-type: none"> • Prepare for Transitions/Changes to Schedule • Visual Schedule
Reinforcement/Reward System
Role Play/ Model Coping Strategies
Teach Positive Self-Talk

Self-Regulating & Externalizing Behavior - Elementary

Active Supervision
Good Behavior Game
Guided Visualization
Mystery Motivator
Non-Contingent Reinforcement
PATHS*
Positive Behavior Interventions and Supports (PBIS)
Positive Peer Reporting (PPR)
Practice Relaxation Techniques
Provide Controlled Choice
Reinforcement/Reward System
Response-Cost System
Role Play/ Model Coping Strategies
Role Play/Model Problem-Solving
Second Step*
Self-Monitoring Strategies
Social Decision Making/Problem-Solving
Token Economy Reward System

Self-Regulating & Externalizing Behavior - Secondary

Active Supervision
Guided Visualization
Mystery Motivator
Non-Contingent Reinforcement
Positive Behavior Interventions and Supports (PBIS)
Positive Peer Reporting (PPR)
Practice Relaxation Techniques
Provide Controlled Choice
Reinforcement/Reward System
Response-Cost System
Role Play/ Model Coping Strategies
Role Play/Model Problem-Solving
Second Step (Grades 6 – 8)*
Self-Monitoring Strategies
Social Decision Making/Problem-Solving (Grades 6 – 8)
Token Economy Reward System

Tier 2 Intervention List

All Packaged Programs/Curricula in **BOLD**

* indicates not available in Coalition library and would need to be ordered by school

Attention and Academic Competence – Elementary

Breaks Are Better
Check-In-Check-Out (CICO)

Attention and Academic Competence – Secondary

Check-In-Check-Out (CICO)
HOPS
SOAR

Social Skills and Peer Relations – Elementary

Children's Friendship Training (Grades 1 – 5)
I Can Problem-Solve
Stop and Think (Grades Pre K – 1)
Stop and Think (Grades 2 - 3)
Stop and Think (Grades 4 - 5)

Strong Start (Grades K - 2)
Strong Kids (Grades 3 - 5)
Tough Kids (Grades 3 – 5)

Social Skills and Peer Relations – Secondary

Stop and Think (Grades 6 – 8)
Strong Kids (Grades 6 – 8)
Strong Teens (Grades 9 - 12)
Tough Kids (Grades 6 - 7)

Internalizing Behavior - Elementary

BASICS Manual (Grades 3 – 5)
Coping Cat
Mood Monitoring

Internalizing Behavior – Secondary

Adolescent Coping with Depression (CWD-A)
BASICS Manual (Grades 6 – 10)
Cognitive Behavior Intervention for Trauma in Schools (CBITS)
Coping Cat (Grades 6 – 8)
Coping with Stress (Grades 8 – 12)
Mood Monitoring
The C.A.T. Project

Self-Regulating & Externalizing Behavior - Elementary

Breaks Are Better
Check-In-Check-Out (CICO)
Coping Power (Grades 3 – 5)
First Steps Next (Grades Pre K – 2)
Incredible Years
Meaningful Work
Stop and Think (Grades Pre K – 1)
Stop and Think (Grades 2 - 3)
Stop and Think (Grades 4 - 5)
Strong Start (Grades K - 2)
Strong Kids (Grades 3 - 5)

Tough Kids (Grades 3 - 5)
Zones of Regulation

Self-Regulating & Externalizing Behavior - Secondary

Aggression Replacement Training
Check-And-Connect
Check-In Check-Out (CICO)
Coping Power (Grades 6 – 8)
Meaningful Work (Grades 6 – 9)
Stop and Think (Grades 6 – 8)
Strong Kids (Grades 6 – 8)
Strong Teens (Grades 9 - 12)
Tough Kids (Grades 6 - 7)

Tier 3 Intervention List

All Packaged Programs/Curricula in **BOLD**

* indicates not available in Coalition library and would need to be ordered by school

Attention and Academic Competence – Elementary

<i>Additional Accommodations/Modifications</i>
<ul style="list-style-type: none"> • Additional completion time • Guided notes • Preferential seating • Tutoring supports
Behavior Contract
Daily Behavior Report Card
Homework Contract
Individualized Academic Plan
Individualized Organizational Plan
Individualized Reinforcement/Reward System
Individualized Self-Monitoring Plan
Individualized Token Economy Reward
Provide Controlled Choice
Proximity Control

Attention and Academic Competence – Secondary

<i>Additional Accommodations/Modifications</i>
<ul style="list-style-type: none"> • Additional completion time • Guided notes • Preferential seating • Tutoring supports/Homework clubs
Behavior Contract
Daily Behavior Report Card
Homework Contract
Individualized Academic Plan
Individualized Organizational Plan
Individualized Reinforcement/Reward System
Individualized Self-Monitoring Plan
Individualized Token Economy Reward System
Provide Controlled Choice
Proximity Control

Social Skills and Peer Relations - Elementary

Behavior Contract
Individualized Reinforcement/Reward System
Individualized Social Stories

Social Skills and Peer Relations – Secondary

Behavior Contract
Individualized Reinforcement/Reward System

Internalizing Behavior - Elementary

<i>Additional Accommodations/Modifications</i> <ul style="list-style-type: none"> • Additional completion time • Cue cards/Nonverbal Cues • Structured breaks
BASICS Manual (Grades 3 – 5)
CBT Based Strategies (Grades 3 - 5)
Cognitive Reframing/Restructuring
Individualized Function-Based Intervention
Individualized Reinforcement/Reward System
Self-Monitoring Mood/Affect
Systematic Exposure

Internalizing Behavior – Secondary

<i>Additional Accommodations/Modifications</i> <ul style="list-style-type: none"> • Additional completion time • Cue Cards/Nonverbal Cues • Peer tutoring supports • Structured breaks
BASICS Manual (Grades 6 – 10)
Cognitive Reframing/Restructuring
Individualized Function-Based Intervention
Individualized Reinforcement/Reward System
Self-Monitoring Mood/Affect
Systematic Exposure

Self-Regulating & Externalizing Behavior - Elementary

<i>Additional Accommodations/Modifications</i> <ul style="list-style-type: none"> • Additional completion time

<ul style="list-style-type: none"> • Cue Cards/Nonverbal Cues • Preferential seating • Structured breaks
Behavior Contract
Behavioral Momentum (High Probability Commands)
Daily Behavior Report Card
Individualized Function-Based Intervention Plan
Individualized Reinforcement/Reward System
Individualized Response-Cost System
Individualized Self-Monitoring Plan
Individualized Token Economy Reward System
Mystery Motivator
Non-Contingent Reinforcement
Pass System for Escape Maintained Behavior
Provide Controlled Choice
Proximity Control
Teach Replacement Behavior(s)

Self-Regulating & Externalizing Behavior - Secondary

<i>Additional Accommodations/Modifications</i> <ul style="list-style-type: none"> • Additional completion time • Cue Cards/Nonverbal Cues • Preferential seating • Structured breaks
Behavior Contract
Behavioral Momentum (High Probability Commands)
Daily Behavior Report Card
Individualized Function-Based Intervention Plan
Individualized Reinforcement/Reward System
Individualized Response-Cost System
Individualized Self-Monitoring Plan
Individualized Token Economy Reward System
Mystery Motivator
Non-Contingent Reinforcement
Pass System for Escape Maintained Behavior
Provide Controlled Choice

Proximity Control
Teach Replacement Behavior(s)

BOONE COUNTY SCHOOLS MENTAL HEALTH COALITION COOPERATIVE AGREEMENT

The Centralia R-VI School District, Columbia School District No. 93, Hallsville R-IV School District, Harrisburg R-VIII School District, Southern Boone County R-I School District, Sturgeon R-V School District, private/parochial schools of Boone County who work with the Coalition and The Curators of the University of Missouri ("the University of Missouri") mutually contract and agree with each other as follows:

ARTICLE 1. DEFINITIONS

- 1.1 MEMBER:** All School Districts signatory to the Cooperative Agreement and the University of Missouri.
- 1.2 BCSMHC:** Abbreviation for "Boone County Schools Mental Health Coalition"; the name by which the Cooperative agreed to is known.
- 1.3 COOPERATIVE AGREEMENT:** This contract and all addendums and amendments thereto; also referred to as "Agreement."
- 1.4 BOONE COUNTY COALITION BOARD OF DIRECTORS:** The group of Member representatives consisting of the six superintendents of the Member school districts, or their designated representatives, and the designated representative of the University of Missouri charged with performances of the Cooperative Agreement, the functioning of the Co-Operative Agreement, the functioning of the Cooperative and the fulfillment of its purposes; also referred to as "the Board."
- 1.5 EFFECTIVE DATE:** The effective date of this Agreement shall be the date upon which all Members have adopted this Agreement.
- 1.6 REPRESENTATIVE:** The Superintendent of a Member school district, or their designee, or the designated representative of the University of Missouri.
- 1.7 ALTERNATE REPRESENTATIVE:** The duly appointed Member school district or University of Missouri alternate person representing the Member School District or the University of Missouri in the absence or unavailability of the Representative.
- 1.8 RESIDENT PUPIL:** A pupil who is legally attending a Member school district.
- 1.9 ADMINISTRATIVE AGENT:** The Member chosen by the Board as the administrative and fiscal agent of the Co-Operative.
- 1.10 APPROVED EDUCATIONAL SERVICES:** Educational services authorized by the Cooperative Agreement or otherwise approved by the Board.
- 1.11 COALITION DIRECTOR:** The appointed administrator of the BCSMHC.

- 1.12 **OFFICERS:** President and Vice President of the Board and such other officers as designated by the Board.
- 1.13 **PRESIDENT:** The person elected annually by the Board to serve as President of the BCSMHC.
- 1.14 **VICE-PRESIDENT:** The person elected annually by the Board to serve as Vice President of the BCSMHC.
- 1.15 **PROJECTED OPERATING COSTS:** Those costs that are projected at the beginning of the fiscal year to be spent on educational services for resident pupils in that fiscal year, excluding the fiscal agent fee.
- 1.16 **PROJECTED FISCAL YEAR BUDGET:** The total projected budget for that fiscal year, including the projected operating costs and projected fiscal agent fee.
- 1.17 **FINAL OPERATING COSTS:** Total amount spent on educational services for resident pupils, excluding the fiscal agent fee, at the end of the fiscal year.
- 1.18 **FINAL FISCAL YEAR BUDGET:** The amount of funding, including final operating costs and the fiscal agent fee, that are required to fulfill the functions of the BCSMHC on a yearly basis.
- 1.19 **EXCESS FUNDS:** Any amount of funding that exceeds the final fiscal year budget.
- 1.20 **FISCAL AGENT FEE:** Amount payable to the Administrative Agent figured as a percentage of the yearly operating costs and submitted to the Board for approval on an annual basis. This amount shall be projected at the beginning of the fiscal year, finalized at the end of the year based on the final operating costs, and approved by the Board.

ARTICLE 2. GENERAL

- 2.1 The Members shall conduct a co-operative educational service. The so designated conducted educational service shall be known as the "Boone County Schools Mental Health Coalition" and may utilize an abbreviation of "BCSMHC"
- 2.2 This Cooperative Agreement is made, entered into and executed by the Member Districts pursuant to authority granted by Sections 70.210 through 70.320 of the Revised Statutes of Missouri. The law of the State of Missouri shall apply to, govern and control this Cooperative Agreement.
- 2.3 The Members executing this Agreement and becoming signatory hereto do so upon express authority of the respective School Boards and Board of Curators. Said authority being duly granted at an appropriate and legally called, noticed and convened regular or special meeting of said Boards.
- 2.4 A declaration or finding of illegality or invalidity concerning any part of this Cooperative Agreement shall not constitute a declaration or finding of total illegality or invalidity.

- 2.5** The initial term of this Agreement shall be for a period of twelve (12) months, beginning on July 1, 2017, and ending on June 30, 2018. Thereafter, this Agreement may be renewed via amendment for additional one (1) year terms at the option of each Member. Members shall notify the Board, in writing and no later than March 1 prior to the expiration of any given term, of their intent not to renew the Agreement and to withdraw from the BCSMHC.
- 2.6** This Agreement shall be governed by and construed in accordance with the laws of the State of Missouri. Venue for any lawsuit filed and arising out of this Agreement shall be in Boone County.
- 2.7** The waiver by any Member of a breach of any portion of this Agreement by any other Member shall not operate or be construed as a waiver of any subsequent breach.
- 2.8** This instrument contains the entire Agreement of the Members, and all prior representations and Agreements of the Members, whether written or oral, are merged herein.
- 2.9** In the event it should become impossible for any Member to perform its obligations under this Agreement at any time or times because of Acts of God, government restriction, unavailability of supplies, fire, riot, war, civil commotion, or any similar conditions, the Member shall be excused from performance; provided that such nonperformance is not due solely to the Member's own fault or negligence.
- 2.10** This Agreement may be executed in any number of counterparts, each of which, when executed and delivered, shall constitute an original; provided, however, that all such counterparts shall constitute one and the same instrument.
- 2.11** All section headings in this Agreement are for the convenience of the reader only and are not intended, nor shall they be deemed, to define or limit the scope of any provision of this Agreement.
- 2.12** Nothing in this Agreement shall be considered or construed to be a waiver by any individual Member of its sovereign immunity under the laws of the State of Missouri.

ARTICLE 3. PURPOSES

- 3.1** The BCSMHC has as its general purpose the promotion of a coordinated, multidisciplinary, collaborative initiative through: (a) implementation of a scientifically-based model of prevention and intervention, (b) reducing contextual risk factors and promoting existing protective factors, and (c) providing access for in-risk youth and their families to comprehensive mental health assessment and wrap-around case management services.
- 3.2** Approved Educational Services contemplated within the purposes of the BCSMHC shall be those services expressly authorized by the Board.

ARTICLE 4. EFFECTIVE DATE

- 4.1 The effective date of the Agreement shall be the date of adoption and shall be binding upon the Members.

ARTICLE 5. FISCAL YEAR

- 5.1 The BCSMHC shall operate on a fiscal year which shall commence on July 1st of each year and terminate on June 30th following.

ARTICLE 6. BOARD OF DIRECTORS

- 6.1 The BCSMHC shall be governed by a Board of Directors.
- 6.2 The Board shall be responsible for the performance of this Agreement and for the function of the BCSMHC and the fulfillment of its purpose. The Board shall have the power and authority to do all manner of things necessary to accomplish the performance of this Agreement and to carry out the functions of the BCSMHC and to fulfill its purposes, provided, however, that nothing herein contained shall be construed as a delegation by Members of such duties and responsibilities as are not by said Members delegable.
- 6.3 The Board shall be composed of all of the representatives of each Member. Each representative shall also appoint an alternative representative who shall serve in the absence or unavailability of the representative.
- 6.4 Each representative or the alternate, in the representative's absence, shall be entitled to one vote at all Board meetings.
- 6.5 The Board will hold four meetings per year (August, October, February and April) as deemed appropriate and necessary by the Board President, the date, time and place of which shall be designated by the President of the Board and be made known in writing to all representatives and alternates.
- 6.6 The Board may hold special meetings at the pleasure and call of the President or upon request therefore to the President or other appropriate executive officer of three (3) or more representatives. Notice of any special meeting shall be given at least five (5) days prior to the date of the meeting by prepaid United States Mail addressed to or personally delivered to the representative and alternate. Alternatively, Notice may be given by email if the email address of the designated representative, alternate or superintendent has been provided to the BCSMHC and that Member has consented to receive notices by email. Any email notice shall be sent in such a manner that a "receive receipt" and a "read receipt" are requested, and if the sender shall fail to receive such receipts within two (2) business days, mailed Notice shall be sent as provided above. Additionally, notice of the call, date, time and place of special meetings shall be given in accordance with "Open Meeting Laws" Sections 610.010 through 610.030, RSMo., at least twenty-four (24) hours before convening, unless otherwise determined.

- 6.7** Attendance at any Board meeting by a representative or alternate without objection to the call, notice or holding of said meeting shall constitute waiver by said representative of all requirements of call, notice and holding of said meeting.
- 6.8** Alternates shall participate in Board meetings only upon the absence or unavailability of the representative of the Member.
- 6.9** A quorum of the Board shall be necessary for the transaction of all business of any meeting. A quorum shall consist of the presence of representative or alternates constituting a majority of the Members.
- 6.10** Matters submitted for vote at the Board meetings shall be approved upon affirmative vote of a majority of the representatives present at the meeting.
- 6.11** The Board will elect the President and Vice-President for annual terms. The Board may elect other officers as deemed necessary to serve for designated terms. All officers shall serve until their successors are duly elected. Elections shall be on an annual basis at the April meeting. Officers begin their terms on July 1 next following their election of each year.
- 6.12** All Board business shall be appropriately recorded in books and journals of the BCSMHC which shall be maintained at the offices of the Administrative Agent and be made available for inspection by anyone upon reasonable request and at reasonable times therefore in accordance with the policy established by the Administrative Agent pursuant to the provisions § 610.023-610.026, RSMo.
- 6.13** Included in the Board's powers shall be the authority to appoint and employ other officers, administrators and personnel to perform the obligations under this Agreement and cause it to function and fulfill its purposes.
- 6.14** Subcommittees may be appointed from the Board, and may be assigned specific or limited purposes. Subcommittees shall report to the Board. Subcommittees shall only have authority to investigate, outline and recommend.
- 6.15** The offices of President and Vice-President shall be filled by representatives of the Board. The President shall preside at all meetings of the Board. The Vice-President shall preside in his absence. The Administrative Agent shall be in charge of the BCSMHC funds, the collection and disbursement thereof, and the recording and custody of all BCSMHC records.
- 6.16** The Coalition Director shall prepare and the Board shall approve a budget on an annual basis for the BCSMHC. This budget shall be developed and approved in accordance with the budgetary procedures and process of the Administrative Agent.

ARTICLE 7. MEMBER DISTRICTS

- 7.1** The BCSMHC may admit additional Members by a simple majority vote of the Board. New Members shall be signatories to this Agreement and shall be bound by its terms as of the effective date of admission to the BCSMHC. The effective date for admission of new Members shall be the first day of the next fiscal year of the BCSMHC following the Board's decision to admit the new Member.
- 7.2** A Member may elect to withdraw from the BCSMHC and not renew this Agreement by filing written notice of intent to do so with the Board no later than March 1 prior to the expiration of any given term on June 30th of that year.

Following termination of membership, a Member shall no longer receive distribution of funds held by the BCSMHC.

Upon termination of membership, a Member forfeits all interest in any equipment, materials, supplies, or property purchased with BCSMHC funds for cooperative use that is not otherwise in the possession of the Member.

- 7.3** The physical property of any Member may be utilized by the BCSMHC at no cost in providing Approved Educational Services to the individual Member's Resident Pupils.
- 7.4** Members shall include space for BCSMHC programs or services in future building programs.
- 7.5** Members or former Members are responsible for their own litigation costs, indebtedness, or other costs (i.e., unemployment claims, etc.) occurring during the period of membership or after termination of membership for any claims brought directly against the Member for actions taken as an individual district or entity and not as a member of the BCSMHC. Under no circumstance shall the BCSMHC or any individual Member be held responsible for any claim, lawsuit, indebtedness or other cost brought against or incurred by another Member or former Member for any actions taken by a Member or former Member that were not directly related to the BCSMHC.
- 7.6** Members or former Members shall assume their prorated share of litigation costs, indebtedness, and other costs incurred by the BCSMHC (i.e., unemployment claims, etc.) resulting from the termination of their membership in the BCSMHC.
- 7.7** Each Member shall cooperate fully in the application for any funds for the BCSMHC and, if possible, shall designate the Administrative Agent as the fiscal agent to facilitate the direct payment of any such funds. Each Member shall also assume the responsibility of pursuing additional funding opportunities for the BCSMHC, subject to the Board's approval of the same.
- 7.8** Any property or funds distributed to a Member through the BCSMHC shall be the property of the Member and the Member shall hold legal title to the same.

ARTICLE 8. ADMINISTRATIVE AGENT

- 8.1** The Administrative Agent shall be the University of Missouri.
- 8.2** The Administrative Agent shall be the legal entity which shall hold title to all BCSMHC funds and legal interests while this Agreement is in effect and through which all receipts and all disbursements shall flow. However, once any funds are distributed to a Member, those funds and any property or assets purchased with the same shall become the property of the Member.
- 8.3** The accounting system used by the Administrative Agent for BCSMHC financial matters shall conform to requirements established by Missouri law. The Board shall receive monthly financial statements from the Administrative Agent showing the financial condition of the BCSMHC. In addition, other financial statements determined necessary or desirable by the Board shall be presented to the Board by the Administrative Agent for review upon request.
- 8.4** The Administrative Agent shall be deemed the custodian of all books and records for the BCSMHC.
- 8.5** The Administrative Agent shall be responsible for the administrative operations of the BCSMHC as approved by the Board. All employees of the BCSMHC shall be deemed the employees of the Administrative Agent. The Administrative Agent shall maintain appropriate professional and general liability insurance with a minimum coverage of \$1,000,000 for each incident and \$3,000,000 annually for the aggregate of all claims, as well as any workers compensation insurance required under the laws of the State of Missouri.
- 8.6** Upon termination of this Agreement and termination of the BCSMHC, the Administrative Agent shall act as the liquidator of all assets of the BCSMHC not otherwise in the possession of the Members and shall distribute any remaining funds of the BCSMHC as required by law or the conditions upon which the funding was provided. If any excess funds remain upon termination which, subject to a valid claim of any asset supplier, may be distributed to Members, then the Administrative Agent shall distribute the same to the Members on the basis of the apportionment last made among Members prior to termination. Last apportionment made shall be defined as all Federal, State, and Local revenues made available to the BCSMHC during the last full year the BCSMHC operated.
- 8.7** At the end of every fiscal year, the fiscal agent shall determine whether there have been excess funds paid to the BCSMHC and submit to the Board for approval. If the Board determines excess funds exist, these funds shall be distributed to the Members in the amounts determined by the Board, or incorporated into the projected fiscal year budget for the following fiscal year.
- 8.8** The Administrative Agent shall receive a Fiscal Agent Fee for its services. The Fiscal Agent Fee shall be figured as a percentage of the yearly operating costs and conform to the specific requirements and limits associated with the funding provided to the BCSMHC. This amount shall be projected by the Administrative Agent at the beginning of the fiscal

year, finalized at the end of the year based on the final operating costs, and approved by the majority of the Board as a whole.

- 8.9** The Administrative Agent shall assume responsibility for the application for any funds for the BCSMHC. The Administrative Agent shall also assume the responsibility of pursuing additional funding opportunities for the BCSMHC, subject to the Board's approval of the same.
- 8.10** The Administrative Agent shall be considered the employer of any staff assisting with the day to day operations of the BCSMHC or providing Approved Educational Services for the BCSMHC. Under no circumstances shall any Member of the BCSMHC other than the Administrative Agent be held responsible for any claims, lawsuits, indebtedness or any other costs brought against or incurred by the Administrative Agent which involve or are related to any employees assisting with the day to day operations of the BCSMHC or providing Approved Educational Services for the BCSMHC.
- 8.11** Through its participation in this Cooperative Agreement, the Administrative Agent is a contractor of the other Members. Each of the other Members declares that, through this Cooperative Agreement, it outsources certain institutional services or functions to be performed by the Administrative Agent for which it would otherwise use its own employees. The Administrative Agent agrees that its employees involved in the performance of services or functions under this Cooperative Agreement shall be under the direct control of each Member with respect to the use and maintenance of that Member's education records. The Administrative Agent agrees to abide by the requirements of 34 CFR Section 99.33(a) governing the use and re-disclosure of personally identifiable information from education records. Based on the undertakings of this Cooperative Agreement, it is the express intention of the Members that pursuant to applicable implementing regulations of the Family Educational Rights and Privacy Act, including 34 CFR Section 99.31(a)(1)(i)(B), they each may disclose personally identifiable information from an education record of a student to the Administrative Agent and its employees involved in the performance of services or functions under this Cooperative Agreement without the consent that might otherwise be required by the Family Educational Rights and Privacy Act and its implementing regulations.

ARTICLE 9. EDUCATIONAL SERVICES

- 9.1** The initial Approved Educational Services, and all other Approved Educational Services of the BCSMHC, shall be provided by the BCSMHC and coordinated and integrated as feasibly as possible with regular programs of instruction and training provided by Members.

ARTICLE 10. PERSONNEL

- 10.1** The Board shall recommend annually to the Administrative Agent the appointment of a Coalition Director who shall be charged under the direction of the Board with the

- performance of this Agreement, the functions of the BCSMHC and the fulfillment of its purposes.
- 10.2** The Board, within the framework of the employee policies of the Administrative Agent, shall define the duties of the Director and shall establish the Director's authority and set forth the Director's responsibilities.
- 10.3** The Director shall assist the Board in all matters relating to the performance of this Agreement, the function of the BCSMHC and the fulfillment of its purpose.
- 10.4** All staff of the BCSMHC shall be employees of the Administrative Agent and subject to all employment policies of the Administrative Agent. The Administrative Agent will review and consider any written recommendations related to the annual reemployment of staff of the BCSMHC made by the Board, or its designee, which is submitted to the Administrative Agent prior to April 30th of each year.
- 10.5** Any employees of the Administrative Agent who provide Approved Educational Services to Resident Pupils of Members, or who for any reason must enter the property of a Member, shall satisfactorily complete any background checks required by the Policies of the individual Members' Board of Education.

ARTICLE 11. AMENDMENT

- 11.1** This Agreement may be amended by favorable vote of at least two-thirds of all Members.
- 11.2** Proposed amendments shall be submitted in writing to the Board which shall thereupon place the same upon the records and in the journals of the BCSMHC. Upon the presentment of the proposed amendment, the Board shall in writing forward copies of the amendment to all Members and to all representatives and alternatives together with an appropriate ballot. All amendments shall be approved if affirmatively voted upon by ballot returned to the Board in the time specified. Amendments shall be numbered as to sequence as Amendment No. 1, Amendment No. 2, etc. Additionally, upon approval of the amendments, they shall be incorporated in this Agreement utilizing article and paragraph numbers as the same are presently utilized, contained and set forth in this Agreement.

Centralia R-VI School District

By [Signature]
Authorized Representative

Date of Board Approval: 4/10/17

Date of Signature: 4-28-17

Hallsville R-IV School District

By [Signature]
Authorized Representative

Date of Board Approval: 5/23/17

Date of Signature: 5/23/17

Southern Boone County R-I School District

By [Signature]
Authorized Representative

Date of Board Approval: 4/17/2017

Date of Signature: 4/26/2017

**Curators of the
University of Missouri**

By [Signature]
Authorized Representative

Date of Board Approval: NA

Date of Signature: 10/17/2017

MU Project 00061043

APPROVED
AS TO
LEGAL FORM

[Signature] 9/27/17

Columbia School District No. 93

By [Signature]
Authorized Representative

Date of Board Approval: 04/10/17

Date of Signature: 04/10/17

Harrisburg R-VIII School District

By [Signature]
Authorized Representative

Date of Board Approval: 5/8/17

Date of Signature: 5/26/17

Sturgeon R-V School District

By [Signature]
Authorized Representative

Date of Board Approval: 8/10/17

Date of Signature: 9/11/17

Private/Parochial Representative

By [Signature]
Authorized Representative

Date of Board Approval: 8/26/17

Date of Signature: 8/26/17

Student Checklist Administration

Introducing the Checklist:

FACILITATOR WILL SAY:

Hello students, you are about to answer a series of statements that asks about your feelings and behaviors over the past month. It is called the Student Checklist- **we will complete this three times this year.**

This information is very important. It will let us know how to do our jobs better and make sure you are getting all the supports you need to continue to do your best in school.

You will answer each statement by checking off how you have felt in the past month. One month ago was ~~insert date one month from today~~. After reading each statement, you will check “never, sometimes, often, or always” to show how often you have felt that way in the past month. “Never” means that you haven’t ever felt that way. “Sometimes” means that you have felt that way once in awhile. “Often” means you have felt that way pretty regularly. “Always” means that you constantly feel that way. Towards the end of the Student Checklist, you will see statements that ask you to check “strongly disagree, disagree, agree, or strongly agree.”

Please keep your answers to yourself. Everyone will have different answers. There are no right or wrong answers, this information helps us get to know you better and understand your feelings. Also, they are private, meaning no one should look at or discuss answers with others.

This information will be used by your counselor and who your counselor works with to continue to support you at school.

I will read the first statement and tell you out loud how I would answer the question (“I have friends to talk to at school” – I would answer sometimes). Now, you go ahead and answer the first statement, keeping in mind it is how you have felt over the past month. Any questions?

Now (for elementary students) I will read each statement OR (for secondary students) read each statement to yourself. Check one answer that is true for you and then go to the next statement. Please do not skip any items.

If you have any questions about a word or do not understand what it is asking, please raise your hand.

Following states items with words that may require some definition. If other items are questioned, give simple definitions or explanations.

I have friends to talk to at school

I have friends to eat lunch with at school

Other kids make fun of me at school

I am a good friend

I cooperate with others. "Cooperate means you get along with your classmates."

I work well with my classmates

I have a hard time asking for help

I express my feelings well. "This means it is easy for you to say or show others how you are feeling."

I like myself

I am mean to others

I am bullied by others

In the past month, I felt sad

In the past month, I felt fearful. "This means in the past month you have been afraid or scared."

In the past month, I felt lonely

In the past month, I felt worried

In the past month, I felt like I did not matter

In the past month, I felt hopeless. "This means in the past month you have felt like there was no hope. No matter what you did, things would not get better."

I get in trouble at school

I am sent out of class for bad behavior

I disrupt class

I get into fights with others. "This includes physical fighting such as using your body to hurt others, or verbal fighting such as using your words to hurt others."

My friends get in trouble at school

I have trouble sitting still at school

I have trouble finishing my work

I have trouble paying attention

I get mad easily

I have a hard time controlling my temper. "Temper means anger or frustration."

I look forward to learning new things at school

I try hard to get good grades on my work

I complete my school work on time

I miss school for reasons other than being sick. "This question is asking if you miss school for anything other than being sick or doctors/dentist appointments."

I am late to school. "This does not include coming in late because of a doctors/dentist appointment."

I listen to my teachers

I blame others for my mistakes

I get crabby and irritated easily. "This means you get grumpy, grouchy or annoyed easily."

I feel left out by others.

I talk about people behind their back

I make fun of others

I enjoy coming to school

There is an adult I can talk to at school if I need help. "This statement along with the next three questions have different ways you can answer- please choose "strongly disagree, disagree, agree, or strongly agree"."

If I had a personal or mental health problem I would ask for help. "This means, if you are having a problem with your feelings, you would ask someone for help with your feelings."

People, just like me, can have a problem with their mental health. "This means anyone can have a problem with their feelings."

It is okay if someone has a problem with their mental health. "Mental health means feelings."

I can solve real life problems. "A real life problem would be if you were locked out of your house. This statement asks you to choose "never, sometimes, often or always"."

I need help with my emotions. "This means that your feelings are sometimes too much for you to handle. This statement asks you to choose "never, sometimes, often or always"."

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110

Columbia, MO 65201

Phone: (573) 886-4391

Fax: (573) 886-4390

E-mail: mbobbitt@boonecountymmo.org

October 20, 2017

The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)

Attn: Dr. Wendy Reinke, Professor

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Room 501

Columbia, MO 65211

reinkew@missouri.edu

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Dr. Reinke:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymmo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Dr. Lou Ann Tanner-Jones – tannerjonesl@missouri.edu

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)
Name of Program	Boone County Schools Mental Health Coalition

Organization Profile	
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1. In the Governing Board section, the phone number and email address for board member, Julia Brncic, is not provided. The district that Julia Brncic represents is not identified for the Board Position.

Action Required: Complete all information fields for Julia Brncic.

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Program Overview Form	
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Statement of Issue Being Addressed

2. The information provided to describe and document the community-level issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) is lacking thoroughness and clarity. The information provided gives a brief description of BCSMHC and not a thorough explanation of the problem that is being addressed in our community.

Action Required: Provide sufficient information that describes and documents the community-level issue(s) to be addressed by the proposed program. This information should include data from BID and other relevant information.

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3. The information provided to describe the population in the City of Columbia and/or Boone County affected by the issue(s) to be addressed by the proposed program is incomplete and unclear. The information provided listed the age range and approximate number of youth in Boone County School Districts.

Action Required: Provide sufficient information that describes the population to be served by utilizing data from BID and other relevant information.

Program Overview

4. The overview of the proposed program lacks information regarding the screenings, interventions, and trainings that will be provided. The information did not provide a thorough overview for each program service.

Action Required: Provide an overview of the proposed program with sufficient information.

Program Consumers

5. The information describing the consumers who will be served by the program was not clear. The narrative provides a generalized statement that all youth in Boone County schools in kindergarten through 12th grade will be served.

Action Required: Provide sufficient information on the consumers who will be served, including characteristics and demographics.

6. The statement on why particular consumers will be served does not answer the question. The response was viewed as incomplete and unclear.

Action Required: Provide sufficient information that justifies why these consumers should receive program services.

7. The information provided to describe impediments or challenges in serving these consumers does not explain why some schools utilize the BCSMHC services with lower fidelity. Also, there is not any information explaining how BCSMHC assesses these discrepancies. What are the barriers for some of these schools? This information is unclear.

Action Required: Provide sufficient information describing why schools have lower fidelity than other schools and any actions that will be taken to help these schools.

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Consumer Demographics

8. The Consumer Demographics section is incomplete. All fields need to be provided and each total should equal the total number of unduplicated individuals to be served.

Action Required: Provide the consumer demographics for the following fields:

Residence	
Boone County (includes City of Columbia residents):	
City of Columbia:	
Other Counties:	
Residence Total:	
Race:	
White (alone)	
Black or African American (alone)	
Multiple Races	
Asian (alone)	
Native American Indian or Alaskan Native (alone)	
Native Hawaiian or other Pacific Islander (alone)	
Some other Race	
Race Total:	
Ethnicity:	
Hispanic or Latino (of any race)	
Not Hispanic or Latino	
Ethnicity Total:	
Gender	
Female	
Male	
Other	
Gender Total:	
Income	
At or below 200% of Federal Poverty Level	
Over 200% of Federal Poverty Level	
Income Total:	
Age	
Infant/Toddler (birth – 2 years)	
Preschool (3 years – 5 years)	
School Age (6 years – 11 years)	
Middle School (12 years – 14 years)	
High School (15 years – 19 years)	
Parent/Guardian (19 years and younger)	
Parent/Guardian (age 20 and over)	
Age Total:	

9. The information on the type of trainings that will be offered is unclear. This section needs to provide details on all the trainings offered through this program.

Action Required: Provide sufficient information on all the trainings that will be offered with this program.

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Program Access

10. The information regarding the location, days/hours of operation, and any other logistical information for the program is unclear.

Action Required: Provide logistical information on how schools are divided up between personnel and the school districts that allow access to BCSMHC.

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11. Information on location and time trainings are provided to school personnel is not provided.

Action Required: Provide logistical information on the location and times training is provided to school personnel.

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12. Information on the location and days/hours of operation for program personnel during the summer is not provided.

Action Required: Provide information on the activities, days/hours of operation, and location for program personnel during the summer.

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13. The information on eligibility criteria lacks detailed information and is unclear. Certain screenings and interventions are provided to all youth according to the service descriptions.

Action Required: Provide information on the criteria used to determine if a student is eligible for the self-screening and the interventions that will be utilized if identified at-risk or in-risk.

Program Quality

14. The response provided regarding external requirements such as licensing or minimum standards states this program does not have external requirements.

Action Required: Provide a clarification on why there are no external requirements for group and individual therapy and evidence-based practice training.

15. The information provided for universal screening and evidence-based practices and interventions lists a citation but does not provide further explanation. This response is incomplete and unclear.

Action Required: Provide specific information on how the proposed program is utilizing best practices and/or standards.

16. The rationale for the best practices and/or standards that will be utilized is not provided.

Action Required: Provide a rationale for the best practices and/or the standards that will be utilized.

17. The response provided for evidence supporting the efficacy of the proposed program is incomplete. The response field requests that evidence is identified, cited, and described. The response only states that BCSMHC only promotes the use of evidence-based intervention practices.

Action required: Identify, cite, and describe evidence that supports the efficacy of the proposed program and/or service. Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

18. The rationale for utilizing the proposed evidence-based program and/or service is not provided.

Action Required: Provide a rationale for utilizing the proposed evidence-based program and/or service(s).

19. The information regarding unique or innovative aspects of the proposed program is unclear. The response lacks specific details on the screener that is linked to a dashboard system.

Action Required: Provide sufficient information on unique or innovative aspects of the proposed program, including information on the screener that was developed.

20. The information regarding the quality improvement process utilized for the program lacks specific information on how outcomes of services and consumer feedback are collected, analyzed, and utilized to improve program quality.

Action Required: Provide sufficient information on the quality improvement process utilized for this program.

21. The response regarding the collection of consumer feedback does not provide information on how the information is utilized to enhance services and help with program outcomes.

Action Required: Provide clarification on who completes these surveys and how information is utilized to enhance services and help with program outcomes. Explain if any feedback

information is gathered from school administrators, teachers, and/or counselors on administering these surveys.

Collaboration

22. The information regarding collaboration does not provide specific information on how BCSMHC collaborates with FACE and the Bridge program.

Action Required: Describe how BCSMHC collaborates with FACE and the Bridge program.

23. The collaboration response lists “other community agencies” as collaborative efforts. This does not provide specific information on what agencies are included and the type of collaborative efforts that occur.

Action Required: Provide specific information on all the agencies that BCSMHC collaborates with and the type of collaborative efforts that occur. These should only include partnerships or collaboration that enhance access to and/or the quality and effectiveness of the proposed program and/or services. Information and referral sources would not be considered as collaborative efforts.

24. There is extensive access provided to BCSMHC to provide services in each of the schools and school districts. The school districts that BCSMHC collaborates with are not listed in the Collaboration section.

Action Required: Provide clarification on the school districts that allow BCSMHC to provide services.

25. There are no Memorandum of Understanding (MOUs) provided in the Collaboration section despite the level of access that BCSMHC has for each Boone County school district.

Action Required: Provide information and copies of MOUs developed with Boone County school districts and other collaborative organizations.

Program Personnel

26. The position title for the Master's Level Clinicians appears to be a qualification level, not the actual title of the position. The personnel are often referred to as Coalition Regional Coordinators.

Action Required: Provide the correct titles for the Master's Level Clinicians in the field below.

27. The program does not list PI's in the Program Personnel section.

Action Required: Provide clarification on if PI's are utilized in this program and if money from the Children's Services Fund pays for a stipend or portion of their salary.

Program Budget

28. The amount entered in the Boone County – Children's Services Funding line lists \$1,322,451.49. This amount should only be for one year of services, not two.

Action Required: Provide the correct amount requested for year one of services.

29. The Year 1 amount and Year 2 amounts do not match the requested amount on the Program Service form.

Action Required: Provide clarification on the correct requested amount for Year 1. This amount should be for services provided from January 1, 2018 through December 31, 2018 and include the development/startup funding requested in the Program Service form.

30. The 2017 Interim Report for the Children's Services Fund noted that BCSMHC received a grant from the Institute for Educational Sciences (IES) but is not listed in the program budget.

Action Required: Provide clarification on the grant that was awarded including the amount and use of funds for this program.

31. The 2017 Interim Report for the Children's Services Fund noted that BCSMHC applied for funding to the US Office of Special Education to train social work and psychology students. This information should be included in the narrative to secure other funding.

Action Required: Provide clarification on the US Office of Special Education grant that includes the requested amount and the status of receiving this grant.

32. The response entered describing efforts to secure other funding lacks specific information and is incomplete and unclear.

Action Required: Provide sufficient information regarding efforts to secure other funding for the proposed program, in addition to the IES and US Office of Special Education grants.

Reference List

33. The Reference List only provides one source used in the proposal and has been viewed as 'Very Poor' on the Children's Services Fund evaluation sheet.

Action Required: Provide citations for all sources utilized on this written clarification form.

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Program Services Form (1-5)	
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34. The program services need to provide information for one year of services.

Action Required: Provide outputs and funding request updates for all services in the 'Service Change Chart' and the 'Program Outputs and Funding Request Tables' below contemplating one year of service. Provide any comments in the field below.

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Development/Start Up Service Funding

35. The information regarding the training/curriculum material lacked details. There is no specific information on what will be purchased, why these specific training items were chosen, and where these items will be purchased. If a curriculum is being purchased will there be any requirements to train individuals? If so, how would this be accomplished.

Action Required: Provide information on the training material that will be purchased and the method of determining which materials are needed. Please respond in the field below.

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Service 1

36. The information entered for the Service 1 description should only include activities administering the BCSMHC Checklist. The information regarding interventions and training curriculum on strategies (for example, de-escalation training) should not be included. The service description does not provide specific information on how the BCSMHC Checklist is administered, collected, analyzed, and results shared with school personnel and students.

Action Required: Provide specific information on how the BCSMHC Checklist is administered, collected, and analyzed and results are shared with school personnel and students.

37. The description for Service 1 lacks information regarding the questions that are asked on the BCSMHC Checklist for teachers and students and how results determine interventions for students and schools.

Action Required: Describe the questions on the BCSMHC Checklist and provide information on how results determine interventions for students and schools.

38. The Unit Measure should be 1 BCSMHC Checklist. This unit measure will count the administration of the checklist by a teacher separate from a student completing the checklist and the staff's time to collect and evaluate the results.

Action Required: Complete the 'Service Change Chart' that is attached for Service 1. This information will also include the adjusted service description, number of units of service to be provided, number of unduplicated individuals to be served, and performance measures.

39. The narrative on how the unit rate was determined lacks specific information. The current contract for BCSMHC does not list out each service with the outputs.

Action Required: Provide a sufficient explanation on how the unit rate of \$6.29 was determined.

40. The total number of units of service to be provided appears to align with the number of times the checklist is administered during a year given that the student-checklist is completed by students in third to twelfth grade.

Action Required: Provide the most accurate number of units to be provided in the 'Service Change Chart' for Service 1. Provide clarification on how the number of units to be provided was determined.

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41. According to the number of units to be provided and the unit rate listed in the Outputs section, the total funding request for Service 1 should be \$660,450.00. The amount entered in the Funding Request section is not correct.

Action Required: Update the amount requested with the correct unit rate and number of units to be provided. The number of units to be provided should equal the same amount proposed and the math needs to be correct for the requested amount. Provide this information in the 'Service Change Chart' for Service 1.

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42. Service 1 could include additional outcomes and indicators. The percentage of teachers and students completing the checklist, the required number of times throughout the year could be tracked. Also, the change in responses could be tracked as well, for schools and school districts to see if there is a change in students exhibiting risk factors.

Action Required: Provide additional outcomes, indicators, and method of measurements for Service 1 on the provided 'Service Change Chart'.

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Service 2

43. The taxonomy service name does not fit the type of activities suggested in the service description. The definition of Consultation is written as an internal, organization capacity building service. For example, consultation would be listed if a business provided suggestions on improving the BCSMHC. The suggested taxonomy service name should be Professional Coaching. The Regional Coordinators work with teachers to provide training and support for implementing the BCSMHC Checklist.

Action Required: Complete the 'Service Change Chart' that is attached for Service 2. This information will also include adjusted service description, number of units of service to be provided, number of unduplicated individuals to be served, and performance measures.

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44. Keep the unit measurement as '15 minutes' even with the service name change.

Action Required: Update the unit measurement on the 'Service Change Chart' for Service 2.

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45. The justification for how the unit rate was established does not provide a clear explanation. The current contract for BCSMHC does not list out the units and outputs to be able to clearly compare. The unit rates for the remaining services all equal \$18.18. Each of these services vary significantly from each other and should be based on a public funding unit.

Action Required: Provide a unit rate that is tied to an established public funding rate and provide justification on how the rate was established. The updated unit rate should be included on the 'Service Change Chart' for Service 2.

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46. The total number of unduplicated individuals to be served should only be for the school personnel receiving Professional Coaching from the Regional Coordinators. The current number appears to be too high for only teachers and could be including students.

Action Required: Only provide the total number of unduplicated individuals for teachers receiving Professional Coaching. This number should not include students. Provide the updated number in the 'Service Change Chart' for Service 2.

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47. The amount requested is not the correct amount based on the unit rate and number of units to be provided.

Action Required: Update amount requested with the correct unit rate and number of units to be provided to school personnel. The number of units to be provided should equal the same amount proposed and the math needs to be correct. Provide this information in the 'Service Change Chart' for Service 2.

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48. The narrative provided for external factors or variables that may affect the outcomes explains that some school personnel are resistant to consultation and interventions.

Action Required: Provide further information on why school personnel are resistant to the screenings and Interventions.

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49. The outcomes and indicators do not show an increase in the number of schools and/or personnel that utilize Professional Coaching.

Action Required: Provide outcomes, indicators, and method of measurements to show an increase in the number of schools and/or personnel utilizing Professional Coaching. Provide this information in the 'Service Change Chart' for Service 2.

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Service 3

50. The description for Service 3 lacks details on how Group Therapy will be organized throughout all the schools, grades, and different intervention needs. The description also does not explain how targeted interventions are determined from the BCSMHC Checklist and how students, parents, and teachers are approached to encourage a student to participate in Group Therapy.

Action Required: Provide sufficient information detailing how Group Therapy – Child will be administered.

51. The description for Service 3 lacks information on the qualification levels and justification for using the Regional Coordinators to lead group therapy.

Action Required: Provide more information on the qualifications Regional Coordinators possess to effectively provide Group Therapy services.

52. The justification for how the unit rate was established does not provide a clear explanation. The current contract for BCSMHC does not list out the units and outputs to be able to clearly compare. The unit rates for the remaining services all equal \$18.18. Each of these services vary significantly from each other and should be based on a public funding unit.

Action Required: Provide a unit rate that is tied to an established public funding rate and provide justification on how the rate was established. The updated unit rate should be included on the 'Service Change Chart' for Service 3.

53. The amount requested is not the correct amount based on the unit rate and number of units to be provided.

Action Required: Update amount requested with the correct unit rate and number of units to be provided to students. The number of units to be provided should equal the same amount

proposed and the math needs to be correct. Provide this information in the 'Service Change Chart' for Service 3.

54. The Method of Measurement (3-1) does not provide specific information on the pre-post assessments that will be used for the different targeted areas of intervention.

Action Required: Provide specific information on the method of measurements that will be used for the pre-post assessments for different targeted areas of intervention.

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55. The Service 3 Performance Measure does not include outcomes, indicators, and method of measurements for reduction in teacher-reported and student-reported outcomes related to the targeted area of risk following group therapy services.

Action Required: Provide outcomes, indicators, and method of measurements for reduction in teacher-reported and student-reported outcomes related to the targeted area of risk following group therapy services. Provide this information in the 'Service Change Chart' for Service 3.

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56. The Service 3 Performance Measures need to include an outcome, indicator, and method of measurement to determine the percentage of students needing targeted interventions, the number referred to group therapeutic services when necessary, and a percentage that follow through with services.

Action Required: Provide outcomes, indicators, and method of measurements to show the percentage of students needing targeted interventions, the number referred to group therapeutic services when necessary, and a percentage that follow through with services. Provide this information in the 'Service Change Chart' for Service 3.

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Service 4

57. The description for Service 4 lacks details on how Individual Therapy will be organized throughout all the schools, grades, and different intervention needs. The description also does not explain how targeted interventions are determined from the BCSMHC Checklist and how students, parents, and teachers are approached to encourage a student to participate in Individual Therapy.

Action Required: Provide sufficient information detailing how Individual Therapy – Child will be administered.

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58. The description for Service 4 lacks information on the qualification levels and justification for using the Regional Coordinators to lead individual therapy.

Action Required: Provide more information on the qualifications Regional Coordinators possess to effectively provide Individual Therapy services.

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59. The justification for how the unit rate was established does not provide a clear explanation. The current contract for BCSMHC does not list out the units and outputs to be able to clearly compare. The unit rates for the remaining services all equal \$18.18. Each of these services vary significantly from each other and should be based on a public funding unit.

Action Required: Provide a unit rate that is tied to an established public funding rate and provide justification on how the rate was established. The updated unit rate should be included on the 'Service Change Chart' for Service 4.

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60. The amount requested is not the correct amount based on the unit rate and number of units to be provided.

Action Required: Update amount requested with the correct unit rate and number of units to be provided to students. The number of units to be provided should equal the same amount

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proposed and the math needs to be correct. Provide this information in the 'Service Change Chart' for Service 4.

61. The Method of Measurement (4-1) does not provide specific information on the pre-post assessments that will be used for the different targeted areas of intervention.

Action Required: Provide specific information on the method of measurements that will be used for the pre-post assessments for different targeted areas of intervention.

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62. The Service 4 Performance Measures need to include an outcome, indicator, and method of measurement to determine the percentage of students needing targeted interventions, the number referred to individual therapeutic services when necessary, and a percentage that follow through with services.

Action Required: Provide outcomes, indicators, and method of measurements to show the percentage of students needing targeted interventions, the number referred to individual therapeutic services when necessary, and a percentage that follow through with services. Provide this information in the 'Service Change Chart' for Service 4.

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Service 5

63. The description for Case Management lacks detailed information on Interagency Meetings and other case management activities that may occur outside of Interagency Meetings. The narrative mentions that these meetings are only if a family does not utilize FACE services or is not eligible. Case Management still occurs for students that are eligible for FACE services and those being connected to Group and Individual Therapy.

Action Required: Provide sufficient information on all activities that can be included in Case Management and more details on the Interagency Meetings.

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64. The justification for how the unit rate was established does not provide a clear explanation. The current contract for BCSMHC does not list out the units and outputs to be able to clearly compare. The unit rates for the remaining services all equal \$18.18. Each of these services vary significantly from each other and should be based on a public funding unit.

Action Required: Provide a unit rate that is tied to an established public funding rate and provide justification on how the rate was established. The updated unit rate should be included on the 'Service Change Chart' for Service 5.

65. The number of individuals receiving Case Management should include all students that are identified needing targeted interventions. Service 3 proposed 175 individuals will be served and Service 4 proposed 50 individuals to be served.

Action Required: Provide the total number of unduplicated individuals to be served that includes all students needing targeted interventions to cover the amount of time required by the Regional Coordinators to link students to services. The number of individuals involved in Interagency Meetings should be included. The updated number of unduplicated individuals to be served should be included on the 'Service Change Chart' for Service 5.

66. The number of units to be provided will need to be adjusted to include all the students receiving Case Management through arranging targeted interventions and involved in Interagency Meetings.

Action Required: Update the number of units to be provided and include on the 'Service Change

Chart' for Service 5.

67. The amount requested is not the correct amount based on the unit rate, number of units to be provided, and number of unduplicated individuals to be served.

Action Required: Update amount requested with the correct unit rate, number of units and number of unduplicated individuals to be served. The number of units to be provided should

equal the same amount proposed and the math needs to be correct. Provide this information in the 'Service Change Chart' for Service 5.

68. Service 5 Performance Measures lacks specific information on the family assessments.

Action Required: Provide more information on the family assessments mentioned in the performance measures.

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69. There should be more outcomes, indicators, and method of measurements for Case Management and the information needs to be more specific.

Action Required: Provide more outcomes, indicators, and method of measurements for Case Management.

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Program Services Form (6-10)	
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Service 6

70. The service needs to be renamed to 'Best Practices Training'. All the training programs provided in the 2017 Interim Report do not appear to be evidence-based.

Action Required: Rename Service 6 to Best Practices Training and update in the 'Service Change Chart' for Service 6.

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71. The description for Service 6 does not provide specific information on the trainings, how professional development areas are determined, and how trainings are conducted. This section is unclear.

Action Required: Provide sufficient information on the types of Best Practices Trainings that will be provided to school personnel.

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72. The justification for how the unit measurement and unit rate were established does not provide a clear explanation. The current contract for BCSMHC does not list out the units and outputs to be able to clearly compare. The unit measure for trainings should be one individual. The unit rates for the remaining services all equal \$18.18. Each of these services vary significantly from each other and should be based on a public funding unit. This unit rate should be based on the cost to provide any training to one individual.

Action Required: Provide a unit rate that is tied to an established public funding rate and provide justification on how the rate was established. The updated unit rate should be included on the 'Service Change Chart' for Service 6.

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73. The number of units to be provided seems low for the number of individuals receiving training. The average number of units of service per individual is only 1.32 or equal to 20 minutes of training per person.

Action Required: Re-examine the total number of units of service to be provided for Service 5. Provide this information on the 'Service Change Chart' for Service 6.

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74. The amount requested is not the correct amount based on the unit rate, number of units to be provided, and number of unduplicated individuals to be served.

Action Required: Update amount requested with the correct unit measure, unit rate, number of units and number of unduplicated individuals to be served. The number of units to be provided should equal the same amount proposed and the math needs to be correct. Provide this information in the 'Service Change Chart' for Service 6.

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75. Service 6 Performance Measures lack specific information regarding the post tests administered for the trainings. There should be pre-assessments in order to compare post-assessments to determine an increase in knowledge and level of satisfaction.

Action Required: Provide pre-post assessments for Best Practice Trainings and provide specific information on these assessments.

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76. Service 6 Performance Measures do not show the percentage of faculty in each school that participate in trainings.

Action Required: Provide an outcomes, indicator, and method of measurement showing the percentage of faculty participating in trainings. This information should be included in the 'Service Change Chart' for Service 6.

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Additional Clarifications	
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77. The current contract lists Universal Interventions for students as a service. These interventions are provided to schools, grades, and/or classrooms identified by the BCSMHC Checklist. However, this intervention level is not listed in the proposal. Group Therapy could be compared to the "Targeted Social, Behavioral, or Emotional Interventions" on the current contract.

Action Required: Provide clarification if the Universal Interventions will continue. If so, add this as a service following the Taxonomy of Services and complete the 'Service Change Chart' as Service 7. Provide sufficient information on the proposed service on how the service will be delivered, other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered.

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78. If Service 7 was added to cover the currently contracted "Universal Interventions", the unit measure, unit rate, total number of units of service to be provided, and the total number of unduplicated individuals to be served needs to be provided.

Action Required: Provide the unit measure, unit rate, total number of units of service to be provided, and the total number of unduplicated individuals to be served if Service 7 is added. Provide this information in the 'Service Change Chart' for Service 7. Provide justification on how the outputs were determined below.

79. If Service 7 was added to cover the currently contracted "Universal Interventions", the requested amount and number of units of service that will be funded by the Boone County Children's Services Fund needs to be provided.

Action Required: Provide the requested amount and number of units of service that will be funded by the Boone County Children's Services Fund for Service 7 added as a service.

80. If Service 7 was added to cover the currently contracted "Universal Interventions", performance measures need to be provided including narratives explaining the outcomes, indicators, and method of measures.

Action Required: Provide sufficient outcomes, indicators, and method of measurements on the "Service Change Chart" for Service 7, if added as a service. Provide a description of how each outcome is attributable to the Program Goal, any external factors or variables that may affect the proposed outcomes, rationale for the measurement levels for each indicator, and rationale for each method of measurement.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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81. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #1 – Taxonomy of Service Name: Boone County Schools Mental Health Coalition Checklist			
Service #1 – Taxonomy Definition of Service: An evaluation tool that allows schools to identify risk factors linked to youth development of social, emotional, or behavior problems and determine preventative or early intervention efforts before problems become serious. The results can be used as a tool to guide school-wide, grade level, and student supports.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #2 – Taxonomy of Service Name: Professional Coaching			
Service #2 – Taxonomy Definition of Service: Provides individualized support for professional development.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #3 – Taxonomy of Service Name: Group Therapy – Child			
Service #3 – Taxonomy Definition of Service: Provides therapeutic treatment for children with a related problem arranged in a group format with a qualified mental health professional. Group Therapy places focus on all group members.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #4 – Taxonomy of Service Name: Individual Therapy – Child			
Service #4 – Taxonomy Definition of Service: Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #5 – Taxonomy of Service Name: Case Management			
Service #5 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individuals' health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #6 – Taxonomy of Service Name: Best Practices Training			
Service #6 – Taxonomy Definition of Service: Provides training to build on or explore best practice techniques.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)			
Program Name: Boone County Schools Mental Health Coalition			
Service #7 – Taxonomy of Service Name:			
Service #7 – Taxonomy Definition of Service:			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Organization Profile

Boone County Mental
Health Coalition

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)

DBA:

Federal EIN Number:

43-6003859

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Rm 501

City

Columbia

State

Missouri

County

Boone County

Zip

65211-0001

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Rm 501

City

Columbia

State

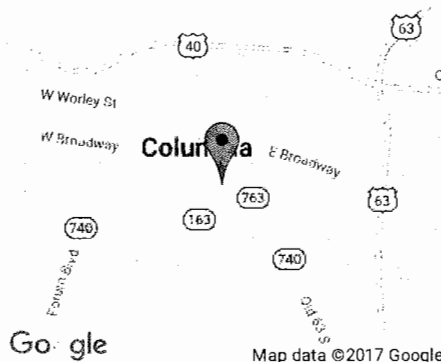
Missouri

County

Boone County

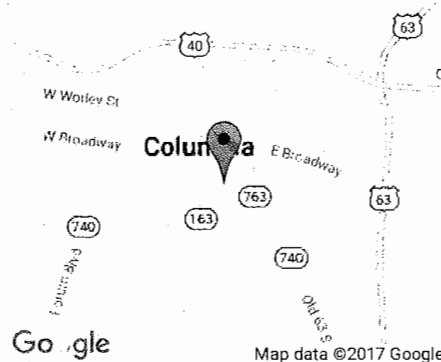
Zip

65211-0001



Organization Phone Number:

573-882-7560



Organization Fax Number:

573-884-4078

817 7842
Marilyn Renko

Website:

http://research.missouri.edu

Email:

grantsdc@missouri.edu

Head of Organization

Craig David

Head of Organization Title (e.g. Director, President, CEO)

Director, OSPA

Head of Organization Phone:

573-882-7560

Head of Organization Email:

grantsdc@missouri.edu

Local Organization Contact Information (If there is a local office with differen**Local Organization Name:**

Boone County Schools Mental Health Coalition

Local Organization Fax:**Address**

105 East Ash, Suite 100

Address**City**

University of MO

State**City**

Columbia

County**State**

Missouri

County

Boone

Zip

65203

Local Contact Name:

Lou Ann Tanner-Jones

Local Contact Title:

Director

Local Contact Email:

tannerjonesl@missouri.edu

Local Contact Phone:

573-303-0460

General Information**Organization****Provide your organization's mission statement. (600 character limit)****Mission****Statement****(Purpose):**

The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Organization**Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)****History:**

The University of Missouri has provided teaching, research and service to Missouri since 1839. The university, the first publicly supported institution of higher education to be established in the Louisiana Purchase territory, was shaped in accordance with the ideals of Thomas Jefferson, an early proponent of higher education. Founded in Columbia, the university had one campus until 1870, when the School of Mines and Metallurgy was established in Rolla. In the same year, the university assumed land-grant responsibilities of providing higher education opportunities for all citizens.

Brief Statement of**Organization's****Major Goals:****Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)**

The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Articles of**Incorporation:****Articles of Incorporation (MUST BE IN PDF FORMAT)**

/document/download/filename/1468342367_30405_LinkforMUarticlesofincorporation.pdf/

Provide a copy**of the****organization's****Articles of****Incorporation.****Bylaws (MUST BE IN PDF FORMAT)**

/document/download/filename/1468336693_34051_10.030BoardBylaws.pdf/

Bylaws: Provide a copy of the organization's Bylaws.

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational Chart
(must be for the entire organization):
/document/download/filename/1468342597_30406_2016Orgchart.pdf/

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Service Area:
The University of Missouri's service area is world-wide.

Briefly describe the population(s) served by your organization. (600 character limit)

Population Served:
All populations.

Does your organization have a written Conflict of Interest policy?

Conflict of Interest Policy:
yes

Does your organization have a written Whistleblower policy?

Whistleblower Policy:
yes

Does your organization have a written Business Continuity plan?

Business Continuity Plan:
yes

Does your organization have a written Records Retention policy?

Records Retention Policy:
yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

6 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
David L. Steelman	District 8 Rolla	09/26/2014	01/01/2019	Board of Curators office 316 University Hall Columbia, MO 65211	✓	Added on 06/26/2015

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
Phillip H Snowden	District 6 Kansas City	01/02/2015	01/01/2021	Board of Curators office 316 University Hall Columbia, MO 65211	✓	Added on 07/12/2016
Maurice B Graham	District 2 Clayton Vice Chair	01/02/2015	01/01/2021	Board of Curators office 316 University Hall Columbia, MO 65211	✓	Added on 07/12/2016
John R. Phillips	District 5 Kansas City	01/04/2013	01/01/2019	Board of Curators office 316 University Hall Columbia, MO 65211	✓	Added on 06/26/2015
Donald L. Cupps	District 7	05/10/2011	01/01/2017	Board of Curators office 316 University Hall Columbia, MO 65211	✓	Added on 06/26/2015
Jon T Sunvold	District 4 Columbia	06/08/2016	01/01/2017	Board of Curators office 316 University Hall Columbia, MO 65211	✓	Added on 07/12/2016
Pamela Quigg Henrickson	Chair District 3 Jefferson City	10/26/2011	01/01/2017	Board of Curators office 316 University Hall Columbia, MO 65211	✓	Added on 06/26/2015
Mary E Nelson	District 1 St Louis	06/08/2016	01/01/2019	Board of Curators office 316 University Hall Columbia, MO 65211	✓	Added on 07/12/2016
Thomas R Voss	District 3 Eureka	06/08/2016	01/01/2021	Board of Curators office 316 University Hall Columbia, MO 65211	✓	Added on 07/12/2016

Total Active Links:9, Total Deactivated Links:6, Current Active Links:9, Current Deactivated Links:6

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

1 year renews

Describe the function of the Advisory Board as it relates to the work of your organization:

The board is charged with performances of the cooperative agreement, the functioning of the cooperative agreement, the functioning of the cooperative and the fulfillment of its purposes.

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Link Info	
					Active	Date
Chris Felmlee	member	02/10/2015	06/30/2017	Ashland MO Public Schools Ashland MO	✓	Added on 07/12/2016

Advisory Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address	Link Info	
					Active	Date
John Downs	member	02/26/2016	06/30/2017	421 E Hwy 124 Hallsville, MO	✓	Added on 07/12/2016
Elaine Hassemer	member	02/26/2016	06/30/2017	Our Lady of Lourdes School Bernadette Drive Columbia MO	✓	Added on 07/12/2016
Shawn Schultz	member	02/10/2015	06/30/2017	Sturgeon MO Public Schools Sturgeon MO	✓	Added on 07/12/2016
Lynn Proctor	member	02/10/2015	06/30/2017	Harrisburg Public Schools Harrisburg MO	✓	Added on 07/12/2016
Keith Herman	member	02/10/2015	06/30/2017	4 Hill Hall University of MO Columbia MO	✓	Added on 07/12/2016
Peter Stiepleman	member	02/10/2015	06/30/2017	Columbia Public Schools 1818 West Worley Columbia MO	✓	Added on 07/12/2016
Darin Ford	member	02/10/2015	06/30/2017	Centralia Public Schools Centralia MO	✓	Added on 07/12/2016
Total Active Links:8, Total Deactivated Links:0, Current Active Links:8, Current Deactivated Links:0						

Financial Information**Organization Fiscal Year:**

July 1 through June 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1468341063_29953_Missouri_Tax_Exemption_Letter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1468341635_29954_2015MUFinancialReport.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1468339265_29955_990-TPublicDisclosure2014%2806-30-15%29.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

http://www.umsystem.edu/ums/rules/collected_rules/financial
The Office of Finance provides leadership in the areas of cash, investment and debt management, facilities planning, internal audit, procurement, budgeting, financial reporting and financial systems management. Just as important, we ensure the integrity of the university's financial statements and provide leadership in the management of financial, operational and compliance risk. These responsibilities define our purpose.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation					Link Info	
Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Regional Coordinator	LMSW experienced	1.00	\$62,000.00	\$21,929.00	✓	Added on 03/10/2017
Associate Director	Ph.D.	1.00	\$67,000.00	\$23,785.00	✓	Added on 03/10/2017
Data Manager	Ph.D.	0.40	\$50,000.00	\$7,200.00	✓	Added on 03/10/2017
Regional Coordinator	MSW	1.00	\$40,000.00	\$14,148.00	✓	Added on 07/14/2017
Regional Coordinator	Ph.D. NCSP	1.00	\$50,000.00	\$17,500.00	✓	Added on 07/14/2017
Regional Coordinator	Ph.D.	1.00	\$53,500.00	\$18,725.00	✓	Added on 07/14/2017
Regional Coordinator	Ed.S	1.00	\$40,000.00	\$14,148.00	✓	Added on 07/23/2016
Regional Coordinator	LMSW	1.00	\$40,000.00	\$14,148.00	✓	Added on 07/23/2016
Director	Ph.D., NCSP	1.00	\$85,000.00	\$30,345.00	✓	Added on 07/23/2016
Regional Coordinator	LMSW	1.00	\$40,000.00	\$14,148.00	✓	Added on 07/23/2016

Total Active Links:10, Total Deactivated Links:1, Current Active Links:10, Current Deactivated Links:1

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Accreditation 2:

Accreditation 3:

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet					Link Info	
Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/14/2017
Children's Services Fund - PILOT RFP #28-24JUN14 (Modified Interim PILOT Report ends 08/01/2017 12:01 PM CDT)	The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)	County Children's Services Fund Pilot	Boone County	RFP #28-24JUN14	✓	Added on 06/26/2015

Total Active Links:2, Total Deactivated Links:0, Current Active Links:2, Current Deactivated Links:0

System Fields

Record ID

17374

Modification Date

07/19/2017 3:58 PM CDT

Modified By

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Boone County School Mental Health Coalition

Amount of Request

\$1,312,067.00

County-Children's Services - Service Type (check all that apply)

Individual, group, or family professional counseling and therapy services
Mental health screenings

Program Information

Program Website (will default to Organization website)

<http://research.missouri.edu>

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Rm 501

City

Columbia

State

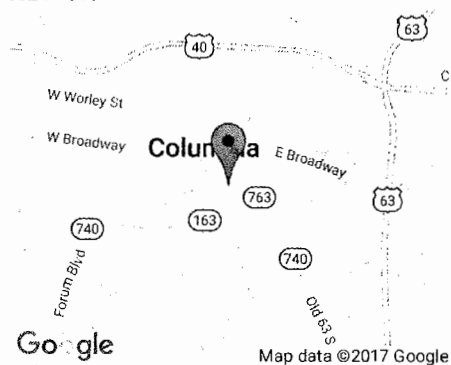
Missouri

County

Boone County

Zip

65211-0001

**Program Administrator Name**

Wendy M. Reinke

Phone Number

573-355-5651

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Rm 501

City

Columbia

State

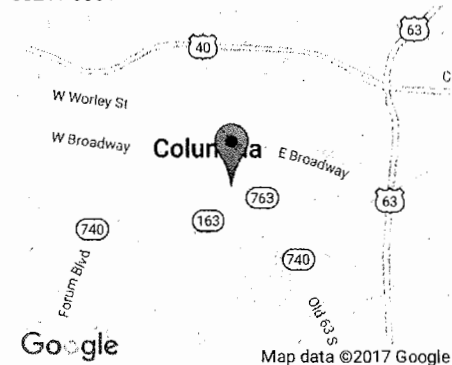
Missouri

County

Boone County

Zip

65211-0001

**Program Administrator Title**

Professor

Email

reinkew@missouri.edu

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500496421_30421_AttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500496421_30420_AttachmentB.pdf/

Attachment C Work Authorization Certification

/document/download/filename/1500496421_30419_AttachmentC.pdf/

Signed Addendums

/document/download/filename/1500496421_30418_LOEandAddendums.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile

Organization Name (the offi...

The Curators of the University of Missouri (on behalf of the Boone County Schools
Mental Health Coalition)

Organization Mailing Address:

Office of Sponsored
Programs

Head of Organization

Craig David

Link Info

Active Date



Added on
07/14/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-6003859

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing *n/a The Curators of The University of Missouri is a governmental
- Organization Strategic Plan entity of the State of Missouri
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Karen M. Geren, Authorized Signer, Grants & Contracts*

*As authozed signer, she is delegated authority to sign grant/contract agreements

Printed Name - Organization Executive Director/President/CEO

Date

Karen M. Geren

Signature - Organization Executive Director/President/CEO

7/14/2017

Date

n/a

Printed Name - Organization Board Chair

Date

n/a

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Authorized Signer, Grants & Contracts

Name and Title of Authorized Representative

Karen M. Geren
Signature

7/14/2017
Date

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

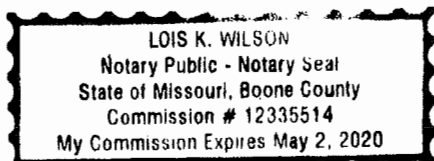
My name is Karen M. Geren. I am an authorized agent of The Curators of The University of Missouri (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Karen M. Geren 7/14/2017
Affiant Date

Karen M. Geren, Authorized Signer, Grants & Contracts
Printed Name

Subscribed and sworn to before me this 14th day of July, 2017.



Lois K. Wilson
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

Company ID Number: 62231

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and The Curators of the University of Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

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5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

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8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

- A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
- B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

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a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

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ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

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the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

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without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer The Curators of the University of Missouri

Dona R McKinney

Name (Please type or print)

Title

Electronically Signed

10/17/2007

Signature

Date

Department of Homeland Security – Verification Division

Company ID Number: 62231

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

10/17/2007

Signature

Date

Company ID Number: 62231

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: The Curators of the University of Missouri

Company Facility Address: Office of Sponsored Program Administration
310 Jesse Hall, UMC
Columbia, MO 65211-1230

Company Alternate Address: _____

County or Parish: BOONE

Employer Identification Number: 436003859

North American Industry
Classification Systems Code: 611

Parent Company: _____

Number of Employees: 1,000 to
2,499 Number of Sites Verified for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Dona R McKinney	Fax Number:	(573) 884 - 4078
Telephone Number:	(573) 882 - 7560		
E-mail Address:	grantsdc@missouri.edu		



July 19, 2017

Melinda Bobbitt
Director of Purchasing
Boone County Purchasing Department
Boone County Annex
613 E. Ash, Rm 110
Columbia, MO 65201

RE: Boone County POS Contract for The Curators of the University of Missouri/Wendy Reinke

Enclosed please find the above-referenced proposal which is being submitted on behalf of The Curators of the University of Missouri. The project director is Wendy Reinke, at the University of Missouri-Columbia.

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

Boone County Insurance Requirements

The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.

Reasoning: It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

Indemnity Agreement

To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Reasoning: The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

Attachment D—2017 Agency Assurance Sheet

- *Certificate of Corporate Good Standing*

Reasoning: We will be unable to provide a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states "any tax-exempt, not organized for profit agency or governmental entity" should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such assessment is made, but the same shall bear interest at the rate of six percent per annum from its date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Megan White at 573-882-4223 or whiteme@missouri.edu for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren
Authorized Signer and Pre-Award Manager
Office of Sponsored Programs Administration
University of Missouri | 115 Business Loop 70W | Mizzou North, Rm 501
Columbia, MO 65211-0001



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum *should be acknowledged* and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.

- b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.

- c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 -- *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:

This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

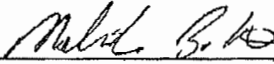
If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children’s Services Fund**, receipt of which is hereby acknowledged:

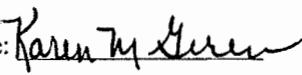
Company Name: The Curators of The University of Missouri

Address: 115 Business Loop 70W, Mizzou North, Room 501, Columbia MO 65211-0001

Phone Number: 573-882-7560

Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature:  Date: 7-14-17

Authorized Representative Printed Name: Karen M. Geren

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David Collins	Harbortown Bank	449-9933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Whaley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank K.C.	874-8506	874-8432
8.	Rob Hull	US Bank	446-3394	446-2061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

23.	Bonnelaylin	Central Bank		874-8501
24.	Jennifer Hedman	US Bank		446 6736
25.	Eria Wright	US Bank		523-231-5902
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – *Purchase of Service Contracts for the Boone County Children's Services Fund*

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum **should be acknowledged** and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following question and is providing a response:

- a. You included the following requested attachments:
- Attachment A 2017 Organization Assurance Sheet
 - Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
 - Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Room 501

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7/17/2017

Authorized Representative Printed Name: Karen M. Geren



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

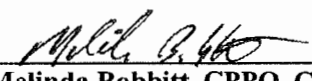
ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Room 501

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7/17/2017

Authorized Representative Printed Name: Karen M. Geren

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 ext	874-0681
4.	Shelly Lock	CCAMCO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Trina Artage	U of Mo CFPR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Katle Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Lucke	Rainbow House	573-473-2963	
15.	Ron Pome	YC2	573-554-7011	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Debbie Jorgensen	The Tree Top LLC	886-4390	
3.	Ernestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klosterman	CMCA BRIDGE	573 427 7897	
5.	Mernell King	CMCA Bridge	573-999-4119	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A!	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madeline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573 884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vicki Dawett	EC-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Julie Kiessling	Kiessling & Assoc.	513-554-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Boring	SOAR	573-884-6384	
17.	Carole Schuch	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(717) 677-1218	
19.	Becky Markt	CHA Low-Income Svc	573-443-2556	0551
20.	Gay Litzken	MLJ CLC	573 449-5600	573 875 1535
21.	Miniam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Epping	13 th Circuit	886-4058	886-4070
23.	Cheryl	WV Bridge	268-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Bernice Stewart	Great Circle	573 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Meg Ladd	Boys & Girls Club	268 8549	
28.	Mark Brackel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dinn	H Fletcher, ZIPS	573-874-3677	
31.	Laine Bang-Waller	Rep of Ryck	884-6136	
32.	Michelle Shitler	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Kelly H71	Heart of MO CATSA	442-4670	N/A
23.	Jim Trust	Grade A Plus	573-268-4122	
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Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Boone County School Mental Health Coalition
Amount of Request	\$1,312,067.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The BCSMHC was formed to improve outcomes for all school-age youth in Boone County by providing universal screening for social, emotional, and behavior risk indicators which are directly linked to long-term negative issues with mental health. Youth identified as at-risk receive evidence-based intervention to support their social, emotional, and behavioral needs. The data also provide information at the County, School District, and School building level for area to target for prevention.

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Youth age 5-19 in Boone County School Districts (n=21,000).

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

To promote a coordinated, multidisciplinary, collaborative initiative through: (a) implementation of a scientifically-based model of prevention and intervention, (b) reduce contextual risk factors and promote existing protective factors, and (c) provide access to evidence-based interventions.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The BCSMHC proposed to conduct universal mental health screening tri-annually using teacher and youth report on important risk indicators related to long-term mental health issues. In addition, the BCSMHC will provide ongoing consultation to school districts on the use and interpretation of the data, identification and implementation of evidence-based prevention and interventions based on the data, monitoring and evaluating the impact of the interventions, and provide professional development on evidence-based practices based on the data.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

All youth in Boone County schools grades kindergarten to 12th grade.

b. Why will these particular consumers be served? (1500 character limit)

The BCSMHC serves the Boone County Schools.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Some schools utilize the BCSMHC services with lower fidelity than others. We have developed measures to assess these discrepancies and have set goals to increase fidelity and are working with school administrators to make this barrier less likely across all schools.

d. Total number of unduplicated individuals to be served by the proposed program:

21000

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

62.48

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

21000

City of Columbia

0

Other Counties

0

Residence Total

21000

Record Lock

0

Race

White (alone)

0

Black or African American (alone)

0

Native American Indian or Alaskan Native

Asian (alone)

0
Native Hawaiian or other Pacific Islander (alone)
0
Some Other Race
0
Race Total
0

0
Multiple Races
0

Ethnicity

Hispanic or Latino (of any race)
0
Not Hispanic or Latino
0
Ethnicity Total
0

Gender

Female	Male	Other
0	0	0
Gender Total		
0		

Income

At or below 200% of Federal Poverty Level	Over 200% of Federal Poverty Level
0	0
Income Total	
0	

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)
0
Preschool (3 years – 5 years)
0
School Age (6 years – 11 years)
0
Middle School (12 years – 14 years)
0
High School (15 years – 19 years)
0
Parent/Guardian (19 years and younger)
0
Parent/Guardian (age 20 and over)
0
Age Total
0

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

800

b. Provide information on the types of training that will be offered. (1500 character limit)

We provide professional development to school personnel based on BCSMHC checklist data.

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

All 53 school buildings in Boone County school districts during school hours.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

All youth are eligible.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

BCSMHC provides a variety of services to best support the needs of youth which would be unavailable otherwise to school personnel and their students.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

None

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Universal screening and use of evidence-based practices and interventions is best practice (McIntosh, Reinke, & Herman, 2010)

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

The BCSMHC only promotes the use of evidence-based intervention and practices.

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

The BCSMHC has developed a brief screener linked to a dashboard system that allows the data to be utilized at the County, School District, School, grade level, and student level.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

We monitor the fidelity of the program, evaluate the outcomes of services rendered, and gather consumer feedback in an ongoing manner.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

We gather feedback via surveys two times per school year. In addition we gather feedback following every professional development training.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

We collaborate across agencies, including FACE, the Bridge program, and other community agencies.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Director	Ph.D NCSP	1.00	\$80,000.00	\$90,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Associate Director	Ph.D	1.00	\$60,000.00	\$80,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Master's Level Clinician	MSW or EdS	7.00	\$40,000.00	\$70,000.00
P4	MQ4	FTE4	SR4 FROM	SR4 TO
		0.00	\$0.00	\$0.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

The director oversees all aspects of the program. The director has extensive mental health and school related experience and is a licensed doctoral level practitioner. The associate director support the director and oversees all aspects of data, evaluation, fidelity, and progress monitoring. The clinicians are all assigned to school buildings (between 6-8 buildings each) where they provide the program services. The clinicians are either licensed or license eligible. Salary ranges account for experience and whether they are licensed. The ranges are typical for positions of these types.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)

1A **1A%**
\$0.00 0

B. Other United Ways (300 character limit)

1B **1B%**
\$0.00 0

C. Capital Campaigns (300 character limit)

1C **1C%**
\$0.00 0

D. Grants (non-governmental) (300 character limit)

1D **1D%**
\$0.00 0

E. Fund Raising & Other Direct Support (300 character limit)

1E **1E%**
\$0.00 0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)
BCSMHC funding

2A **2A %**
\$1,322,451.49 100

B. Boone County - Community Health Funding (300 character limit)

2B **2B %**
\$0.00 0

C. Boone County- Other Funding (300 character limit)

2C **2C %**
\$0.00 0

D. Funding from Other Counties (300 character limit)

2D **2D %**
\$0.00 0

E. City of Columbia - Social Service Funding (300 character limit)

2E **2E %**
\$0.00 0

F. City of Columbia - CDBG/Home Funding (300 character limit)

2F **2F %**
\$0.00 0

G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
	\$0.00	0
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	1322451.49	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$1,125,024.00	86
Personnel Narrative (300 character limit)		
Funding is requested to support personnel to coordinate and implement all aspects of the program.		
2. Non-Personnel	2.	2. %
	\$187,042.00	14
Non-Personnel Narrative (300 character limit)		
Funding is requested to support mileage, supplies, and consultation with computer programmer and indirect.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	1312066	

Yearly Amount Request from Children's Services Fund

Year 1 Total Request	Year 2 Total Request
\$656,033.00	\$656,033.00
Total Amount Request from CSF	
1312066	

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)
 We seek grant funding to support the work of the Coaliton.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

McIntosh, K., Reinke, W.M., & Herman, K.C. (2010). School-wide analysis of data for social behavior problems: Assessing outcomes, selecting targets for intervention, and identifying need for support. In G. Peacock, R. Ervin, E. Daly, & K. Merrell (Eds.), *Practical handbook of school psychology: Effective practices for the 21st Century*. (pp. 135-156). New York: Guilford Press.

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Boone County School Mental Health Coalition
Amount of Request	\$1,312,067.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$13,250.00

b. Describe how the funds will be utilized. (600 character limit)

These funds are requested to allot \$250 per school building (n=53) in Boone County Schools to purchase evidence-based curriculum to support prevention and intervention activities in their buildings based on the BCSMHC checklist data.

c. Provide justification for the request for one-time funding. (600 character limit)

One of the barriers to schools using evidence-based interventions (interventions with research showing they are effective) is they do not have the funds needed to purchase these curriculum for use. These funds will only be used if schools do not have access to funds to purchase needed materials. In many cases, one curriculum will be purchased and shared across buildings (e.g., some curriculum cost \$1,000 or more).

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Boone County Schools Mental Health Coalition (BCSMHC) Checklist

b. Service #1 - Taxonomy Definition of Service (300 character limit)

An evaluation tool that allows schools to identify risk factors linked to youth development of social, emotional, or behavior problems and determine preventive or early intervention efforts before problems become serious.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The BCSMHC Checklist is administered three times per school year across all Boone County schools and interested private schools. Teachers report on students in their classroom. Students in grades 3-12 also report on themselves. The data can be used to determine schoolwide, grade, and individual student interventions.

Regional Coordinators, all experienced mental health clinicians, assigned to school building consult with school building personnel to interpret the data and to support implementation of interventions identified as part of the data. The Regional Coordinators often sit on school problem solving teams and work directly with school staff to support the implementation of evidence-based interventions based on the screening data.

In addition, Regional Coordinators provide professional development and consultation to school staff based on the schoolwide findings of the data (e.g., provide de-escalation training to teachers if large numbers of students are at risk for emotional dysregulation within a building).

Youth ages 5 to 19 years, as well as school personnel, benefit from the prevention and early intervention efforts. The BCSMHC works alongside school counselors, school administrators, refers students with significant risk to FACE for linkage to services, and refers directly to community agencies when appropriate.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One administration of the teacher and student checklist.

b. Unit Rate (#1)

\$6.29

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

The proposed rate is based on past data of number of youth serviced and related costs to support the service during the BCSMHC Pilot years.

d. Total Number of Units of Service to be Provided (#1)

105000

e. Total Number of Unduplicated Individuals (#1)

21000

f. Average Number of Units of Service per Unduplicated Individual (#1)

5

g. Average Cost of Service per Individual (#1)

31.45

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

The BCSMCH checklist teacher and student report are administered to all youth in Boone County schools.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

The service provided uses universal screening assessments for all students in a building. The service is rendered to individuals regardless of whether they are insured or not. This allows for the data to provide important public health information at the county, school district, school building, and grade levels.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

N/A

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

No (if no, move on to the Funding Request section.)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
a. Boone County - Children's Services Funding (#1)	1a1. \$0.00	1a2. 0	1a3. \$0.00
b. Boone County - Community Health Funding (#1)	1b1. \$0.00	1b2. 0	1b3. \$0.00
c. City of Columbia - Social Services Funding (#1)	1c1. \$0.00	1c2. 0	1c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	1d1. \$0.00	1d2. 0	1d3. \$0.00
e. Heart of Missouri United Way Funding (#1)	1e1. \$0.00	1e2. 0	1d4. \$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$660,658.00

b. Proposed Number of Units of Service (#1)

105033.07

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or

enabling the organization access to funding from other funding sources. (#1) (600 character limit)

The BCSMCH checklist was developed using Boone County Children's Services funds. The requested funds will enable schools to have continued access to the checklist assessment, data from the assessment, and technical support needed to effectively use the data to support students.

Note: the different between the proposed number of units is due to a rounding error (service really cost 6.2919....)

Service #1- Performance Measures**Outcome (1-1)**

Students will be identified who exhibit risk on the social, behavioral, emotional, and academic risk indicators.

Indicator (1-1)

100% of students identified as at-risk on the screener will receive support services from school or community.

Method of**Measurement (1-1)**

BCSMHC teacher checklist

Additional Outcome (1-2)

Students will be identified who exhibit risk on the social, behavioral, emotional, and academic risk indicators.

Additional Indicator (1-2)

100% of students identified as at-risk on the screener will receive support services from school or community.

Additional Method (1-2)

BCSMHC student checklist

Additional Outcome (1-3)**Additional Indicator (1-3)****Additional Method (1-3)****Additional Outcome (1-4)****Additional Indicator (1-4)****Additional Method (1-4)****Additional Outcome (1-5)****Additional Indicator (1-5)****Additional Method (1-5)****Service #1 - Performance Measures Narrative****a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)**

The BCSMHC checklist is a universal screener that helps to identify youth in grades Kindergarten to 12th grade who may benefit from social, emotional, or behavioral interventions. These data are reviewed in consultation with Coalition Regional Coordinators to determine evidence-based supports based on data.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

School staff may be resistant to administering or using the BCSMHC checklist. However, the BCSMHC has strong support from school district superintendents who are integral in ensuring that schools administer the checklist in a manner that allows for students who are identified as being at risk to confirm risk and provide needed supports.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

The BCSMHC checklist has both a teacher report and student self-report. Each provide information about student risk.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Teachers may observe social, emotional, or behavioral risk that a student is not aware of as being a problem (e.g., externalizing problems). Whereas students can self-report on some social, emotional, or behavioral risk that a teacher may be less aware of as being a problem (e.g., internalizing problems).

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Consultation

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Examines an organization and provides suggestions to improve core capacities of an organization or program.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The Coalition provides ongoing consultation to school districts, school building staff, problem-solving teams, district and school-level behavior support teams, and mental health providers in schools to effectively utilize the BCSMHC checklist data to identify and implement universal prevention interventions, to identify and implement targeted interventions for students, and to identify and implement individualized interventions with students.

Given that regional coordinators consult with school buildings on universal prevention efforts (they do implement the universal interventions, but enable school staff to be able to do so) all students within a building benefit. Thus approximately 80% of students in Boone County benefit from consultation - less than 100% because some school buildings operate with lower fidelity (i.e., do not utilize the consultation services offered by the Coalition).

Note: We are aware that the Big Taxonomy definition does not exactly allude to the levels of consultation conducted by the Coalition, but we were unable to identify a better service name. The majority of the regional coordinator time is spent in consultation to support school staff to correctly utilize data, to identify appropriate evidence-based interventions, to develop effective behavioral interventions in the classroom and for individual students, and to support progress monitoring and evaluation of interventions.

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

15 minutes of consultation time

b. Unit Rate (#2)

\$18.18

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

This rate is based on the pilot work of the BCSMHC.

d. Total Number of Units of Service to be Provided (#2)

31083

e. Total Number of Unduplicated Individuals (#2)

17000

f. Average Number of Units of Service per Unduplicated Individual (#2)

1.83

g. Average Cost of Service per Individual (#2)

33.24

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Consultation services are offered at an organizational or program level (e.g., district, school, team, staff providing direct service) rather than to the youth themselves.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

The service is directly aligned with the BCSMHC checklist data.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

No (if no, move on to the Funding Request section)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
	2a1.	2a2.	2a3.
a Boone County - Children's Services Funding (#2)	\$0.00	0	\$0.00
	2b1.	2b2.	2b3.
b. Boone County - Community Health Funding (#2)	\$0.00	0	\$0.00
	2c1.	2c2.	2c3.
c. City of Columbia - Social Services Funding (#2)	\$0.00	0	\$0.00
	2d1.	2d2.	2d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	\$0.00	0	\$0.00
	2e1.	2e2.	2e3.
e. Heart of Missouri United Way Funding (#2)	\$0.00	0	\$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$565,125.00

b. Proposed Number of Units of Service (#2)

31084.98

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

This will allow the Coalition to offer ongoing consultation to increase the capacity for BCSMHC checklist data consumers to implement effective evidence-based prevention and interventions toward improving the social, emotional, and behavioral health of youth in Kindergarten to 12th grade.

Service #2 - Performance Measures

Outcome (2-1)

Schools implementing universal services in their building will demonstrate a decrease in the percentage of students who exhibit risk indicators in the targeted domains.

Indicator (2-1)

Percentage of students in buildings with risk indicators will decrease to below 20%.

Method of Measurement (2-1)

Teacher and student checklist data at the end of the year in comparison to beginning of year data.

Additional Outcome (2-2)

Schools who utilize consultation will implement at least one evidence-based intervention for students at risk.

Additional Indicator (2-2)

80 percent of schools who use consultation will implement one or more evidence-based interventions for targeted areas of risk identified by the BCSMHC checklist.

Additional Method (2-2)

BCSMHC fidelity assessment completed by the Regional Coordinator assigned to the building. This measure assesses whether schools review data, identify areas of concern, and implement evidence-based practices based on the data.

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

The implementation of universal prevention interventions at the school, grade, and classroom level are related to review of data and consultation with Coalition mental health providers. In addition, the purpose of consultation is to support the use of evidence-based interventions (and use of ongoing data to determine effectiveness of supports) among school staff.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Some school personnel are resistant to consultation and in some cases the use of evidence-based interventions and practices. This is often related to prior training or concerns that consultation will lead to increased workload. However, over the past two years the Coalition has been working to increase buy-in and uses Motivational Interviewing strategies to increase engagement from stake-holders.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

Universal prevention efforts should lead to reductions in the number of students presenting as having risk for BCSMHC indicators. Additionally, consultation should increase school staff awareness and use of evidence-based interventions to support students.

d. Provide a rationale for each method of measurement (2). (600 character limit)

The BCSMHC checklist provides a longitudinal measure of risk over the course of the schools year (and into the future).

Regional Coordinators assigned to school buildings are aware of how the data are used and provide consultation to the schools on what evidence-based intervention is best suited to the problem areas.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Group Therapy Child

Service #3 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for children with a related problem arranged in a group format with a qualified mental health professional. Group Therapy places focus on all group members.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Regional Coordinators who are assigned to school buildings will provide direct service through implementation of evidence-based group interventions. These interventions may target social skills deficits, anger management issues, depression, anxiety, executive functioning issues, problems with attention and impulse control, and school engagement issues. Youth in grades Kindergarten to 12th grade who are at-risk based on BCSMHC checklist data may be offered these services.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

15 minutes of group therapy

b. Unit Rate (#3)

\$18.18

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

The rate is based on the BCSMHC pilot project. This accounts for personnel time while running the groups.

d. Total Number of Units of Service to be Provided (#3)

1560

e. Total Number of Unduplicated Individuals (#3)

175

f. Average Number of Units of Service per Unduplicated Individual (#3)

8.91

g. Average Cost of Service per Individual (#3)

162.06

Service #3 - Service Fee**a. Will the proposed service (#3) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

These services are provided to any youth with parent permission to participate in the group. These students are identified via the BCSMHC checklist.

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)**If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)**

We hope to be able to readily provide these targeted services to youth and having the capacity to do so without billing for service increases the likelihood all students who need services will receive them.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #3 - Amount Received From Other Funders**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)****Service #3 - Other Funders Chart**

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$0.00	0	\$0.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$28,363.00

b. Proposed Number of Units of Service (#3)

1560.12

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

These funds will allow the BCSMHC to provide group related services to student identified by the BCSMHC checklist.

Service #3 - Performance Measures

Outcome (3-1)

Students who receive a targeted intervention will demonstrate significant reductions in teacher rated social, behavioral, and emotional outcomes related to the targeted area of risk.

Indicator (3-1)

85% of students will demonstrate a decrease in targeted area symptoms between pre and post implementation of targeted interventions.

Method of Measurement (3-1)

Pre-post assessments will be directly related to targeted area of the intervention. For instance, students who receive an anger management will have teacher report on emotion regulation prior to beginning the intervention and following completion of the intervention to determine change.

Additional Outcome (3-2)

Additional Indicator (3-2)

Additional Method (3-2)

Additional Outcome (3-3)

Additional Indicator (3-3)

Additional Method (3-3)

Additional Outcome (3-4)

Additional Indicator (3-4)

Additional Method (3-4)

Additional Outcome (3-5)

Additional Indicator (3-5)

Additional Method (3-5)

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

Student identified by the BCSMHC checklist data who are shown to have some risk who would benefit from a targeted/ group intervention will receive an evidence-based intervention targeting the area of risk. The Regional Coordinators assigned to building will implement a subset of these interventions (many of the students will receive interventions from school counselors in consultation with the Coalition staff, but as needed and toward building capacity the Regional Coordinators will engage in this direct service.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Some school mental health staff (e.g., school counselors) already working in the building have been reluctant to allow Coalition staff to implement group interventions with students citing that this is their role in the schools. However, at the same time feedback from the larger group of counselors in the schools request supports in this area.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

Student self-report and teacher report using assessments tailored to the problem area provide information of functioning for the youth prior to the intervention and after completion of the intervention.

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Teachers can report on student behaviors they see in the classroom prior to the intervention and after. Students can report on their own behavior prior to the intervention and after, allowing for assessment of the impact of the intervention on the problem area.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

Individual Therapy Child

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Provides therapeutic treatment for a child in an individualized format with a qualified mental health professional. There may be additional individuals present in a session but the focus of a session remains on the individual's treatment plan.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to

fully understand how this program service will be delivered. (3000 character limit)

Some youth identified by the BCSMHC checklist data will benefit from individualized supports. Thus, the regional coordinators will meet individually given parent permission with the student to provide evidence-based interventions based on the area of need. Most of the youth who need individualized support will receive these supports from mental health providers (e.g., school counselors) or from community providers, but when needed these services can be provided by the Coalition staff.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

15 minutes of individual therapy

b. Unit Rate (#4)

\$18.18

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

This rate is based on information from the BCSMCH pilot project. The rate covers the cost of personnel time to meet with youth individually.

d. Total Number of Units of Service to be Provided (#4)

702

e. Total Number of Unduplicated Individuals (#4)

50

f. Average Number of Units of Service per Unduplicated Individual (#4)

14.04

g. Average Cost of Service per Individual (#4)

255.25

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

Provision of individualized therapy for youth identified by the BCSMHC checklist data will be limited to individuals who might not otherwise receive the service due to lack of insurance or willingness to seek outside services.

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

We would like to ensure all youth who would benefit from the service have access and feel that requiring the service be billable will limit out ability to meet this goal.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$12,763.00

b. Proposed Number of Units of Service (#4)

702.04

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

Funds to support individualized treatment of youth identified by the BCSMHC checklist will allow Coalition staff to provide needed treatment in schools where resources are not available to do so otherwise.

Services #4 - Performance Measures**Outcome (4-1)**

Students who receive individualized supports will demonstrate significant reductions in teacher-reported social, behavioral, and emotional outcomes related to the targeted area of risk.

Additional Outcome (4-2)

Students who receive individualized supports will demonstrate significant reductions in self-reported social, behavioral, and emotional outcomes related to the targeted area of risk.

Additional Outcome (4-3)**Additional Outcome (4-4)****Additional Outcome (4-5)****Indicator (4-1)**

85% of students who receive individualized supports will demonstrate significant reductions in teacher-reported social, behavioral, and emotional outcomes related to the targeted area of risk.

Additional Indicator (4-2)

85% of students who receive individualized supports will demonstrate significant reductions in self-reported social, behavioral, and emotional outcomes related to the targeted area of risk.

Additional Indicator (4-3)**Additional Indicator (4-4)****Additional Indicator (4-5)****Method of Measurement (4-1)**

Pre-post assessments will be directly related to the targeted area of the intervention. Each area of risk will have tailored assessments to capture change

Additional Method (4-2)

Pre-post assessments will be directly related to the targeted area of the intervention. Each area of risk will have tailored assessments to capture change

Additional Method (4-3)**Additional Method (4-4)****Additional Method (4-5)****Service #4 - Performance Measures Narrative**

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

Student identified by the BCSMHC checklist data who are shown to have risk and would benefit from an individualized evidence-based intervention targeting the area of risk will receive this service. The Regional Coordinators assigned to building will implement a subset of these interventions (many of the students will receive interventions from school counselors in consultation with the Coalition staff, but as needed and toward building capacity the Regional Coordinators will engage in this direct service.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

Some school mental health staff (e.g., school counselors) already working in the building have been reluctant to allow Coalition staff to implement individual interventions with students citing that this is their role in the schools. However, at the same time feedback from the larger group of counselors in the schools request supports in this area.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

Student self-report and teacher report using assessments tailored to the problem area provide information of functioning for the youth prior to the intervention and after completion of the intervention.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Teachers can report on student behaviors they see in the classroom prior to the intervention and after. Students can report on their own behavior prior to the intervention and after, allowing for assessment of the impact of the intervention on the problem area.

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

Case Management

b. Service #5 - Taxonomy Definition of Service (300 character limit)

A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective in

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Youth who are referred to Interagency, a meeting with school personnel, community providers, juvenile court personnel, child protective agency personnel, and the family, will be provided case management services by Coalition staff to ensure they are linked and to monitor outcomes for these youth. Youth referred to Interagency meetings are either not eligible to be referred to FACE or have refused FACE services. The Interagency meetings are led by the Coalition.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

15 minutes of case management

b. Unit Rate (#5)

\$18.18

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

This rate is based on the pilot work of the BCSMHC.

d. Total Number of Units of Service to be Provided (#5)

702

e. Total Number of Unduplicated Individuals (#5)

35

f. Average Number of Units of Service per Unduplicated Individual (#5)

20.06

g. Average Cost of Service per Individual (#5)

364.64

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

These services are offered to youth and families who attend Coalition let Interagency meetings. These youth often have not benefited to engaged in needed supports. Requiring a fee for service would likely reduce the families willingness to attend the meeting.

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

These services are offered to youth and families who attend Coalition let Interagency meetings. These youth often have not benefited to engaged in needed supports. Billing a third party for the services would likely reduce the families willingness to attend the meeting.

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

N/A

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

No (if no, move on to the Funding Request section)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
	5a1.	5a2.	5a3.
a. Boone County - Children's Services Funding (#5)	\$0.00	0	\$0.00
	5b1.	5b2.	5b3.
b. Boone County - Community Health Funding (#5)	\$0.00	0	\$0.00
	5c1.	5c2.	5c3.
c. City of Columbia - Social Services Funding (#5)	\$0.00	0	\$0.00
	5d1.	5d2.	5d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	\$0.00	0	\$0.00
	5e1.	5e2.	5e3.
e. Heart of Missouri United Way (#5)	\$0.00	0	\$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$12,763.00

b. Proposed Number of Units of Service (#5)

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

The case management services provided to these high risk youth may increase the likelihood that they engage in and benefit from services.

Service #5 - Performance Measures

Outcome (5-1)	Indicator (5-1)	Method of Measurement (5-1)
Reduction in severity of identified problem areas.	Using the top problems assessment, families identify problem areas to target. The severity of problems will decrease to become not problematic between pre and post assessment for 80% of families.	Family rating of the severity of a problem area as identified by the Top Problems assessment.
Additional Outcome (5-2)	Additional Indicator (5-2)	Additional Method (5-2)
Additional Outcome (5-3)	Additional Indicator (5-3)	Additional Method (5-3)
Additional Outcome (5-4)	Additional Indicator (5-4)	Additional Method (5-4)
Additional Outcome (5-5)	Additional Indicator (5-5)	Additional Method (5-5)

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

High risk youth are often referred to the Coalition run Interagency meeting, most from schools. These youth would benefit from case management and evaluation of whether they engage and benefit from community or school-based services.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

Families who attend interagency may be resistant to engage with the case management process. However, all of the Coalition staff are trained in Motivational Interviewing and effective engagement strategies to increase the likelihood that a family will participate.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

The top problems assessment identified the key problems from the families perspective. Reductions in these problems indicate the family is benefiting from supports in which they have engaged.

d. Provide a rationale for each method of measurement (#5) (600 character limit)

The top problems assessment is sensitive to change over time as reported by the family.

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

1292922

Additional Program Services #6 - #10 (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Boone County Schools Mental Health Coalition)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Boone County School Mental Health Coalition
Amount of Request	\$1,312,067.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #6 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#6)

a. Service #6 - Taxonomy of Service Name (150 character limit)

Evidence-based Practice Training

b. Service #6 - Taxonomy Definition of Service (300 character limit)

Trains, and as applicable, certifies, professionals in practice strategies that have been scientifically proven to be effective.

c. Provide a detailed description of the proposed service (#6). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Coalition staff provide professional development to school personnel based on areas identified by the BCSMHC checklist data (e.g., effective classroom management strategies for teachers when high levels of disruptive behavior are reported).

Record Lock

Service #6 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#6)

15 minutes of training time

b. Unit Rate (#6)

\$18.18

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc.)(#6)

c. Is the proposed Unit Rate (#6) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#6) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#6) (600 character limit)

The rate is based on information from the BCSMHC pilot project. The rate pays for personnel to provide the training.

d. Total Number of Units of Service to be Provided (#6)

1053

e. Total Number of Unduplicated Individuals (#6)

800

f. Average Number of Units of Service per Unduplicated Individual (#6)

1.32

g. Average Cost of Service per Individual (#6)

23.93

Service #6 - Service Fee

a. Will the proposed service (#6) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#6) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#6)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#6). (600 character limit)

This service is based on the BCSMHC checklist data and provides schools with important and needed training that they would not receive if a fee were charged.

b. Is this proposed service (#6) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#6) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#6) (600 character limit)

If No - Explain why the proposed service (#6) is not billable to a third-party payor. (600 character limit)

The training is provided to school personnel.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#6) (600 character limit)

N/A

Service #6 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#6)

No (if no, move on to the Funding Request section.)

Service #6 - Other Funders Chart

<u>Funders (#6)</u>	<u>Unit Rate (#6)</u>	<u># of Units Funded (#6)</u>	<u>Total Amount Contracted (#6)</u>
a. Boone County - Children's Services Funding (#6)	6a1. \$0.00	6a2. 0	6a3. \$0.00
b. Boone County - Community Health Funding (#6)	6b1. \$0.00	6b2. 0	6b3. \$0.00
c. City of Columbia - Social Services Funding (#6)	6c1. \$0.00	6c2. 0	6c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#6)	6d1. \$0.00	6d2. 0	6d3. \$0.00
e. Heart of Missouri United Way Funding (#6)	6e1. \$0.00	6e2. 0	6d4. \$0.00

Service #6 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#6)
\$19,145.00

b. Proposed Number of Units of Service (#6)
1053.08

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#6) (600 character limit)

This service is based on the BCSMHC checklist data and provides schools with important and needed training that they would not receive otherwise.

Service #6 - Performance Measures

Outcome (6-1)	Indicator (6-1)	Method of Measurement (6-1)
Staff will indicate improved knowledge in the area of training.	80% of staff will demonstrate an increase in of knowledge of the topic after the training in comparison to before the training.	Staff report on level of knowledge of the topic/skill.
Additional Outcome (6-2)	Additional Indicator (6-2)	Additional Method (6-2)
Staff will be satisfied with the training they received.	80% of staff will report high satisfaction with the training in a post assessment.	Post assessment of satisfaction with training.
Additional Outcome (6-3)	Additional Indicator (6-3)	Additional Method (6-3)
Additional Outcome (6-4)	Additional Indicator (6-4)	Additional Method (6-4)
Additional Outcome (6-5)	Additional Indicator (6-5)	Additional Method (6-5)

Service #6 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#6) (600 character limit)
Increasing school personnel knowledge in skills that reduce youth risk for social, emotional, and behavioral problems is a primary goal of the Coalition.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#6) (600 character limit)

School staff who participate in training may not be receptive to learning new strategies or believe that what they are currently doing is more effective than some evidence-based practices. Also, school personnel have varying degrees of skill and some may be able to implement practices more readily than others.

c. Provide a rationale for the measurement level(s) for each indicator. (#6) (600 character limit)

Personnel reported knowledge of a new practice and their satisfaction with a training are good proxies for the likelihood they use the new practice in their

work.

d. Provide a rationale for each method of measurement. (#6) (600 character limit)

Personnel who attend the training can report on their perceived knowledge level pre and post training.

Service #7 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#7)

a. Service #7 - Taxonomy of Service Name (150 character limit)

b. Service #7 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#7). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #7 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#7)

b. Unit Rate (#7)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#7)

c. Is the proposed Unit Rate (#7) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#7) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#7) (600 character limit)

d. Total Number of Units of Service to be Provided (#7)

0

e. Total Number of Unduplicated Individuals (#7)

0

f. Average Number of Units of Service per Unduplicated Individual (#7)

0

g. Average Cost of Service per Individual (#7)

0

Service #7- Service Fee

a. Will the proposed service (#7) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the proposed service (#7) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#7) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#7). (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#7) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#7). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#7) (600 character limit)

If No - Explain why the proposed service is not billable to a third party payor. (#7) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#7) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #7 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#7)

Service #7 - Other Funders Chart

<u>Funders (#7)</u>	<u>Unit Rate (#7)</u>	<u># of Units Funded (#7)</u>	<u>Total Amount Contracted (#7)</u>
	7a1.	7a2.	7a3.
a Boone County - Children's Services Funding (#7)	\$0.00	0	\$0.00
	7b1.	7b2.	7b3.
b. Boone County - Community Health Funding (#7)	\$0.00	0	\$0.00
	7c1.	7c2.	7c3.
c. City of Columbia - Social Services Funding (#7)	\$0.00	0	\$0.00
	7d1.	7d2.	7d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#7)	\$0.00	0	\$0.00
	7e1.	7e2.	7e3.
e. Heart of Missouri United Way Funding (#7)	\$0.00	0	\$0.00

Service #7 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#7)
\$0.00

b. Proposed Number of Units of Service (#7)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#7) (600 character limit)

Service #7 - Performance Measures

Outcome (7-1)	Indicator (7-1)	Method of Measurement (7-1)
Additional Outcome (7-2)	Additional Indicator (7-2)	Additional Method (7-2)
Additional Outcome (7-3)	Additional Indicator (7-3)	Additional Method (7-3)
Additional Outcome (7-4)	Additional Indicator (7-4)	Additional Method (7-4)
Additional Outcome (7-5)	Additional Indicator (7-5)	Additional Method (7-5)

Service #7 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (7) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s). (7) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator. (7) (600 character limit)
- Provide a rationale for each method of measurement (7). (600 character limit)

Service #8 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#8)

Service #8 - Taxonomy of Service Name (150 character limit)

Service #8 - Taxonomy Definition of Service (300 character limit)

- Provide a detailed description of the proposed service (#8). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #8 - Outputs

- Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#8)
- Unit Rate (#8)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#8)

- Is the proposed Unit Rate (#8) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#8) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#8) (600 character limit)

- Total Number of Units of Service to be Provided (#8)

0

- Total Number of Unduplicated Individuals (#8)

0

- Average Number of Units of Service per Unduplicated Individual (#8)

0

- Average Cost of Service per Individual (#8)

0

Service #8 - Service Fee

- Will the proposed service (#8) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service (#8). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#8)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#8) (600 character limit)

b. Is this proposed service billable to a third-party payor(s)? (#8) (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#8). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#8) (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#8) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #8 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#8)

Service #8 - Other Funders Chart

<u>Funders (#8)</u>	<u>Unit Rate (#8)</u>	<u># of Units Funded (#8)</u>	<u>Total Amount Contracted (#8)</u>
	8a1.	8a2.	8a3.
a Boone County - Children's Services Funding (#8)	\$0.00	0	\$0.00
	8b1.	8b2.	8b3.
b. Boone County - Community Health Funding (#8)	\$0.00	0	\$0.00
	8c1.	8c2.	8c3.
c. City of Columbia - Social Services Funding (#8)	\$0.00	0	\$0.00
	8d1.	8d2.	8d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#8)	\$0.00	0	\$0.00
	8e1.	8e2.	8e3.
e. Heart of Missouri United Way Funding (#8)	\$0.00	0	\$0.00

Service #8 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#8)
\$0.00

b. Proposed Number of Units of Service (#8)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#8) (600 character limit)

Service #8 - Performance Measures

Outcome (8-1)	Indicator (8-1)	Method of Measurement (8-1)
Additional Outcome (8-2)	Additional Indicator (8-2)	Additional Method (8-2)

Additional Outcome (#3-3)

Additional Indicator (8-3)

Additional Method (8-3)

Additional Outcome (8-4)

Additional Indicator (8-4)

Additional Method (8-4)

Additional Outcome (8-5)

Additional Indicator (8-5)

Additional Method (8-5)

Service #8 - Performance Measures Narrative

- a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#8). (600 character limit)
- b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#8). (600 character limit)
- c. Provide a rationale for the measurement level(s) for each indicator (#8). (600 character limit)
- d. Provide a rationale for each method of measurement (#8). (600 character limit)

Service #9 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#9)

- a. Service #9 - Taxonomy of Service Name (150 character limit)
- b. Service #9 - Taxonomy Definition of Service (300 character limit)
- c. Provide a detailed description of the proposed service (#9). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #9 - Outputs

- a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#9)
- b. Unit Rate (#9)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#9)

- c. Is the proposed Unit Rate (#9) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#9) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#9) (600 character limit)

- d. Total Number of Units of Service to be Provided (#9)
0
- e. Total Number of Unduplicated Individuals (#9)
0
- f. Average Number of Units of Service per Unduplicated Individual (#9)
0
- g. Average Cost of Service per Individual (#9)
0

Service #9 - Service Fee

- a. Will the proposed service (#9) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#9). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#9)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#9). (600 character limit)

b. Is this proposed service (#9) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#9) (600 character limit)

If No - Explain why the proposed service (#9) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#9) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #9 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#9)

Service #9 - Other Funders Chart

<u>Funders (#9)</u>	<u>Unit Rate (#9)</u>	<u># of Units Funded (#9)</u>	<u>Total Amount Contracted (#9)</u>
	9a1.	9a2.	9a3.
a. Boone County - Children's Services Funding (#9)	\$0.00	0	\$0.00
	9b1.	9b2.	9b3.
b. Boone County - Community Health Funding (#9)	\$0.00	0	\$0.00
	9c1.	9c2.	9c3.
c. City of Columbia - Social Services Funding (#9)	\$0.00	0	\$0.00
	9d1.	9d2.	9d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#9)	\$0.00	0	\$0.00
	9e1.	9e2.	9d4.
e. Heart of Missouri United Way Funding (#9)	\$0.00	0	\$0.00

Service #9 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#9)
\$0.00

b. Proposed Number of Units of Service (#9)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#9) (600 character limit)

Services #9 - Performance Measures

Outcome (9-1)	Indicator (9-1)	Method of Measurement (9-1)
Additional Outcome (9-2)	Additional Indicator (9-2)	Additional Method (9-2)
Additional Outcome (9-3)	Additional Indicator (9-3)	Additional Method (9-3)
Additional Outcome (9-4)	Additional Indicator (9-4)	Additional Method (9-4)
Additional Outcome (9-5)	Additional Indicator (9-5)	Additional Method (9-5)

Service #9 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#9) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#9) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#9) (600 character limit)
- Provide a rationale for each method of measurement (#9) (600 character limit)

Service #10 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#10)

- Service #10 - Taxonomy of Service Name (150 character limit)
- Service #10 - Taxonomy Definition of Service (300 character limit)
- Provide a detailed description of the proposed service (#10). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #10 - Outputs

- Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#10)
- Unit Rate (#10)
\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#10)

- Is the proposed Unit Rate (#10) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#10) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#10). (600 character limit)

- Total Number of Units of Service to be Provided (#10)
0
- Total Number of Unduplicated Individuals (#10)
0
- Average Number of Units of Service per Unduplicated Individual (#10)
0
- Average Cost of Service per Individual (#10)

Service #10 - Service Fee

a. Will the proposed service (#10) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#10). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#10)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#10). (600 character limit)

b. Is this proposed service (#10) billable to a third party-payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#10) (600 character limit)

If No - Explain why the proposed service (#10) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#10) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #10 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#10)

Service #10 - Other Funders Chart

<u>Funders (#10)</u>	<u>Unit Rate (#10)</u>	<u># of Units Funded (#10)</u>	<u>Total Amount Contracted (#10)</u>
	10a1.	10a2.	10a3.
a. Boone County - Children's Services Funding (#10)	\$0.00	0	\$0.00
	10b1.	10b2.	10b3.
b. Boone County - Community Health Funding (#10)	\$0.00	0	\$0.00
	10c1.	10c2.	10c3.
c. City of Columbia - Social Services Funding (#10)	\$0.00	0	\$0.00
	10d1.	10d2.	10d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#10)	\$0.00	0	\$0.00
	10e1.	10e2.	10e3.
e. Heart of Missouri United Way (#10)	\$0.00	0	\$0.00

Service #10 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#10)
\$0.00

b. Proposed Number of Units of Service (#10)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any

other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#10) (600 character limit)

Service #10 - Performance Measures

Outcome (10-1)	Indicator (10-1)	Method of Measurement (10-1)
Additional Outcome (10-2)	Additional Indicator (10-2)	Additional Method (10-2)
Additional Outcome (10-3)	Additional Indicator (10-3)	Additional Method (10-3)
Additional Outcome (10-4)	Additional Indicator (10-4)	Additional Method (10-4)
Additional Outcome (10-5)	Additional Indicator (10-5)	Additional Method (10-5)

Service #10 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#10) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#10) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#10) (600 character limit)
- Provide a rationale for each method of measurement (#10) (600 character limit)

Total Amount Requested for Services #6 - Service #10

Total Amount Requested for Services #6 - Service #10
19145



MISSOURI

November 3, 2015

RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

Ed Knollmeyer

Ed Knollmeyer
Director, Risk & Insurance Management

EK



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

- 4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.
- 4.3. Competitive Negotiation of Proposals:**
- The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:
- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

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AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract *HealthySteps for Young Children*

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **HEALTHYSTEPS**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, HEALTHYSTEPS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

WHEREAS, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY HEALTHYSTEPS

HEALTHYSTEPS is expected to the greatest extent possible to maximize funding from all other sources. HEALTHYSTEPS shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. HEALTHYSTEPS shall only request reimbursement for services not reimbursable by any other source. HEALTHYSTEPS shall not invoice the Children's Services Fund for units of service invoiced to another funding source. HEALTHYSTEPS shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** HEALTHYSTEPS will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal #30-20JUL17 (Purchase of Service Contracts), any addenda, and HEALTHYSTEPS's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over HEALTHYSTEPS's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from HEALTHYSTEPS and HEALTHYSTEPS agrees to furnish the **HealthySteps for Young Children** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in HEALTHYSTEPS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$64,582.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. HEALTHYSTEPS agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of HEALTHYSTEPS be renewed for **an additional one (1), one-year period**. HEALTHYSTEPS agrees and understands that the BCCSB may require supplemental information to be submitted by HEALTHYSTEPS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Case Management	15 minutes	\$16.00	3,057	\$48,912.00
Developmental Screening & Social/Emotional Screening	One screening	\$14.00	300	\$4,200.00
Behavioral Health Screening	One screening	\$14.00	125	\$1,750.00

Home Visiting (includes: New Parent Assistance)	15 minutes	\$16.00	420	\$6,720.00
Development/Start Up	-----	-----	-----	\$3,000.00

All billing shall be invoiced to BCCSB monthly by the 20th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of HEALTHYSTEPS, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by HEALTHYSTEPS to monitor service delivery and program expenditures. HEALTHYSTEPS agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by HEALTHYSTEPS and, if so stipulated, are noted on this contract document. Payments may be withheld from HEALTHYSTEPS if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. HEALTHYSTEPS agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** HEALTHYSTEPS also agrees to make available to the BCCSB a copy of its annual audit upon completion by the auditing agency. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from HEALTHYSTEPS, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** HEALTHYSTEPS agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect HEALTHYSTEPS's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, HEALTHYSTEPS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event HEALTHYSTEPS requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from HEALTHYSTEPS may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with HEALTHYSTEPS's policies and procedures and in accordance with any local/state/federal regulations. HEALTHYSTEPS agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. HEALTHYSTEPS must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** HEALTHYSTEPS will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** HEALTHYSTEPS agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to HEALTHYSTEPS's provision of such services.

14. **Accreditation/Licensure/Certifications.** HEALTHYSTEPS must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** HEALTHYSTEPS agrees that any conflicts of interest between its Board and/or employees and HEALTHYSTEPS shall be appropriately identified and managed.

16. **Subcontracts.** HEALTHYSTEPS may enter into subcontracts for components of the contracted service as HEALTHYSTEPS deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, HEALTHYSTEPS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** HEALTHYSTEPS agrees to comply with Missouri State Statute section 285.530. HEALTHYSTEPS also agrees that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. HEALTHYSTEPS shall require each subcontractor to affirmatively state in its Agreement with the HEALTHYSTEPS that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** HEALTHYSTEPS agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against HEALTHYSTEPS or any individual acting on the HEALTHYSTEPS's behalf, including subcontractors, which seek to enjoin or prohibit HEALTHYSTEPS from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If HEALTHYSTEPS ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if HEALTHYSTEPS no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, HEALTHYSTEPS will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event HEALTHYSTEPS, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to HEALTHYSTEPS as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should HEALTHYSTEPS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, HEALTHYSTEPS shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the HEALTHYSTEPS for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, HEALTHYSTEPS agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)** (meaning anyone, including but not limited to consultants having a contract with HEALTHYSTEPS or subcontractor for part of the services), or anyone directly or indirectly employed by HEALTHYSTEPS, or of anyone for whose acts HEALTHYSTEPS may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Organization.** HEALTHYSTEPS shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. HEALTHYSTEPS will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. HEALTHYSTEPS will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. HEALTHYSTEPS agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and HEALTHYSTEPS. The BCCSB does not recognize any of the HEALTHYSTEPS's employees, agents, or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** HEALTHYSTEPS shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to HEALTHYSTEPS shall be mailed or delivered to:

The Curators of the University of Missouri
(on behalf of the Division of General Pediatrics, Dept. of Child Health, & UMC Health Care)
Office of Sponsored Programs
115 Business Loop 70 West, Mizzou North, Room 501
Columbia, MO 65211

IN WITNESS WHEREOF the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

The Curators of the University of Missouri
(on behalf of the Division of General Pediatrics,
Department of Child Health, and University of
Missouri Health Care)

By: Karen M. Geren 12-11-17
Signature

By: Karen M. Geren | Pre-Award Manager, OSPA
Printed Name/ Title

Boone County, Missouri

By: Boone County Commission

Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

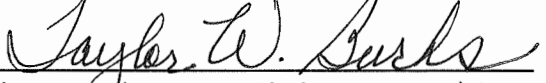

By: Boone County Children's Services Board

Les Wagner
Les Wagner, Board Chair

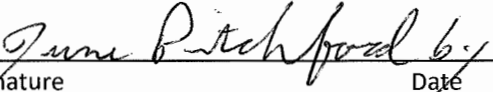

APPROVED AS TO FORM:


County Counselor

ATTEST:


Taylor W. Burks, County Clerk 

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

  12/20/17 (2161/71106/\$64,582.00)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 2, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMER AND DESCRIPTION: 30-20JUL17 – Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)

Address: Attn: Karen Green, Pre-Award Manager, OSPA
Office of Sponsored Programs
115 Business Loop 70 West, Mizzou North, Room 501
Columbia, MO 65211

Telephone: (573) 882-7560 Fax: (573) 884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Nathan Beucke, MD

Title: Principal Investigator

Signature:

Date: November 2, 2017

E-mail: grantsdc@missouri.edu

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)
Name of Program	HealthySteps for Young Children

Organization Profile	
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1. The phone number is not provided for any of the Curator Members in the Governing Board section.

Action Required: Provide the phone numbers for all Curator Members.

573-882-2388 is the phone number for the board office. Individual board members change; however, if the County requires individual member's office phone numbers, this information can be provided by contacting the number included.

Program Overview Form	
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2. The total number of individuals to be served and the Consumer Demographics section needs to include the parents that are completing the Behavioral Health Screenings.

Action Required: Provide an update number of total unduplicated individuals to be served and the number of unduplicated parents to be served.

The goal is to serve a minimum of 100 children. Some of the behavioral screening tools we use are specific to mothers (ie EPDS) while other behavioral screens can be filled out by either parent (ie Protective Factors Survey), but typically if there are two parents at a joint visit or home visit, they will complete the screen together. Therefore, the number of unduplicated parents to be served is also 100. A total of 200 unduplicated individuals will be served.

3. The Program Quality for field a. mentioned the national office requires data to show the 8 Main Components of Healthy Steps are maintained. The data provided to the national office would be beneficial to include in performance measures for the program services.

Action Required: Review the proposed performance measures and incorporate the data already being collected into the performance measures following the logic model. Provide an explanation on how the performance data is collected and provide performance measures for each service in the attached 'Service Change Chart'.

The data that we provide the HealthySteps national office is included in the performance measures provided to the County. There is not additional data shared with the national office.

4. The uploaded document is a letter of support, not a MOU.

Action Required: Provide a MOU with MU SOAR and Bridge programs, if possible.

See attachments included in email with our written clarification form #1. We have included MOUs with MU SOAR regarding possible implementation of FAN training as well as Boone County Early Childhood Coalition (Department of Psychiatry) regarding Triple P implementation. Our clinic refers to the MU Bridge program on a regular basis, but do not have a signed MOU with them.

5. The FTE for the Healthy Steps Specialist (HSS) is incorrectly listed at 100.00.

Action Required: Provide clarification on the actual FTE amount for the Healthy Steps Specialist.

FTE should be listed as 1.0

Program Services Form (1-5)

6. After reviewing the proposal and service descriptions, the following changes are suggested:

- a. Service 1 – the service name should be changed to “Case Management” due to the level of service the HSS is providing the clients by attending well-child visits at the doctor’s office. The HSS is not completing the medical evaluation of the child but is rather fulfilling activities that can be considered as case management. Time spent with clients outside of home visits can be included in this service. For example, the Service 8 mentions that the HSS talks to parents in between visits. This time can be included in Case Management.
- b. Service 2 – the service name should be listed as “Developmental Screening and Social/Emotional Screening”. This is one of the few occasions where multiple services will be allowed in the service name.
- c. Service 3 – the service name will remain “Behavioral Health Screening”
- d. Service 4 – due to the multiple services listed that are primarily provided during home visits, “Home Visiting” has been added as a service with the following service definition:
Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to

raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the *Taxonomy of Services*, which must also be delivered in the home/residence of the program consumer(s).

The Service Name must include all the services that are being provided during Home Visiting. For example, the proposal listed several services that can be listed under Home Visiting (Information and Referral, Service Coordination, Child Development Education, Early Childhood Education, etc.)

Service #	Service Name
1	Case Management
2	Developmental Screening & Social/Emotional Screening
3	Behavioral Health Screening
4	Home Visiting

Action Required: Service outputs and performance measures need to reflect the suggested changes. Provide any comments in the field below.

We reviewed and agree with the County's recommendations to consolidate the 8 program services into the 4 program services listed above. For service #4, we have added Taxonomy of Service: Expectant/New Parent Assistance. The HealthySteps Specialist (HSS) performs her job duties both in the clinical setting and at home visits. There will be some performance measure overlap in Case Management and Home Visiting & Expectant/New Parent Assistance services because they are provided in both locations. ~

The Department of Child Health is providing 25% salary support including fringe benefits and FICA. We are requesting the County provide funding for 75% salary support for the HealthySteps Specialist in addition to non-labor expenses (ie mileage reimbursement/HS program materials). Therefore, the amount requested from the County will be a portion of the unit rate per service line for Case Management and Home Visiting & Expectant/New Parent Assistance. The total number of units to be provided and total number of unduplicated individuals will include 1.0 FTE effort of the HealthySteps Specialist.

Service 1 – Case Management

7. The unit measure, unit rate, number of units to be provided, and number of unduplicated individuals to be served needs to be adjusted to reflect the service changes for Case Management. The unit measure should be "15 minutes". The proposed unit rate should be reflective of Case Management since the HSS is not completing the examination of the children. The number of units to be provided should only include the time spent for clients outside of home visits.

Action Required: Complete the attached 'Service Change Chart' for Service 1 and include the adjusted unit measure, unit rate, number of units to be provided, and number of individuals to be served. Provide justification on the adjusted unit rate below.

The recommended reimbursement unit rate for master's level case management services In St. Louis Children's Services Fund list is \$19.07 per 15 minutes. The current unit rate range provided by the County is \$12.55-\$24.44 per 15 minutes. Our unit rate falls within this recommended range.

8. The Funding Request for Service 1 needs to be adjusted with the service changes mentioned above.

Action Required: Update the funding request amount and the proposed number of units to be served that the Boone County Children's Services Fund will pay. Provide this information in the 'Service Change Chart' for Service 1.

Updates have been made in Service Change Chart for Service 1.

Service 2 - Developmental Screening & Social/Emotional Screening

9. The unit measure for Service 2 needs to be changed from one client session.

Action Required: The unit measure for Developmental Screening should be 'one screening'. Provide this information on the 'Service Change Chart' for Service 2. Provide any comments any the field below.

Updates have been made in Service Change Chart for Service 2.

10. The unit rate will need to be based on an established public funding rate to administer the type of screenings being administered for Service 2.

Action Required: Provide an updated unit rate for in the 'Service Change Chart' for Service 2 and provide justification on the unit rate below.

We were provided some examples of screenings currently being funded by the County and the range was \$6.80 - \$15.85 per 15 minutes. Taking into consideration the amount of time it takes for the HSS to administer the screenings, the amount requested fits into this recommended range.

11. The number of units will need to be adjusted to account for the different screenings being administered by the HSS. The time spent administering and interpreting the screening is included in the unit measure. The number of units to be provided may also need to be adjusted to allow for the different screenings to be completed (ASQ-3, ASQ-SE, and MCHAT). This should also account for the number of times the ASQ-3 and ASQ-SE are administered throughout the first year of an infants' life.

Action Required: Provide the updated number of units to be provided in the 'Service Change Chart' for Service 2.

The number has been updated in the Service Change Chart in Service 2.

12. The Funding Request for Service 2 needs to be adjusted with the service changes mentioned above.

Action Required: Update the funding request amount and the proposed number of units to be served that the Boone County Children's Services Fund will pay. Provide this information in the 'Service Change Chart' for Service 2.

The change has been made in the Service Change Chart.

13. The performance measures for Service 2 lack outcomes and indicators for developmental delays. The correct ASQs should be matched with the appropriate developmental and social-emotional outcomes and indicators.

Action Required: Provide outcomes, indicators, and method of measurements for developmental and social-emotional delays in the 'Service Change Chart' for Service 2.

Outcomes, indicators and methods of measurements for developmental and social-emotional delays have been added to the Service Change Chart.

14. The Performance Measures narrative does not provide specific information on the MCHAT.

Action Required: Provide clarification on the MCHAT. Outcomes and indicators may need to be listed separately from the ASQs depending on the type of information gathered from the MCHAT. If so, provide outcomes, indicators, and method of measurement for the MCHAT in the 'Service Change Chart'.

The M-CHAT-R is valid for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorder (ASD). The M-CHAT-R can be administered and scored as part of a well-child care visit, and also can be used by specialists or other professionals to assess risk for ASD. The primary goal of the M-CHAT-R is to maximize sensitivity, meaning to detect as many cases of ASD as possible. The AAP recommends universal screening at 18 months and 24 or 30 months. Any child with a positive M-CHAT will be referred internally to one of two providers in the clinic that perform autism echo evaluations which can be diagnostic for ASD and decrease the wait time for families to be seen at the Thompson Center.

Service 3 - Behavioral Health Screening

15. The unit measure for Behavioral Health Screenings needs to change from one client session.
Action Required: The unit measure for Behavioral Health Screening should be 'one screening'. Provide this information on the 'Service Change Chart' for Service 3.

The unit measure has been changed in the Service Change Chart for Service 3.

16. The unit rate will need to be based on an established public funding rate to administer the type of screenings being administered for Service 3.
Action Required: Provide an updated unit rate for in the 'Service Change Chart' for Service 3 and provide justification on the unit rate below.

We were provided some examples of screenings currently being funded by the County and the range was \$6.80 - \$15.85 per 15 minutes. Taking into consideration the amount of time it takes for the HSS to administer the screenings, the amount requested fits into this recommended range.

17. The number of units will need to be adjusted to account for the different screenings being administered by the HSS. The time spent administering and interpreting the screening is included in the unit measure. The number of units to be provided will need to be adjusted to allow for the different screenings to be completed (EPDS, SEEK PQ, etc.).
Action Required: Provide the updated number of units to be provided in the 'Service Change

Updated number of units provided in Service Change Chart for Service 2.

Chart' for Service 2.

18. The total number of unduplicated individuals to be served needs to be for the parents receiving Behavioral Health Screenings.
Action Required: Provide the total number of unduplicated individuals that will receive the Behavioral Health Screenings in the 'Service Change Chart' for Service 3.

A total of 100 unduplicated individuals (parents receiving behavioral health screening) will be served. Updated in Service Change Chart for Service 3.

19. The Funding Request for Service 3 needs to be adjusted with the service changes mentioned above.
Action Required: Update the funding request amount and the proposed number of units to be served that the Boone County Children's Services Fund will pay. Provide this information in the 'Service Change Chart' for Service 3.

See updated amount in Service Change Chart in Service 3.

Service 4 – Home Visiting

20. “Home Visiting” needs to be added as Service 4.

Action Required: Complete the ‘Service Change Chart’ for Service 4. Provide the different types of services being provided during home visits in the service name. Provide information below on how these services are being provided during home visits.

The HealthySteps Specialist typically spends around 2 to 2.5 hours for each home visit, including preparation and travel. During the home visit, the HSS will cover topics with families such as positive parenting skills, safe sleep, importance of self-care, child development education, family support, crisis management and problem solving and connecting family to resources.

21. The outputs need to be provided for Service 4. The unit measure should be “15 minutes” and the number of units to be provided should only include services provided during the home visits.

Action Required: Complete the ‘Service Change Chart’ for Service 4. Provide any comments in the field below.

Unit measure has been added to Service Change Chart in Service 4.

22. Provide the Funding Request amount for providing Home Visiting.

Action Required: Provide the Funding Request amount on the ‘Service Change Chart’ for Service 4. Provide any comments in the field below.

Funding request has been added to the Service Change Chart for Service 4. Our funding request was based on the recommended amount received by the County. This amount was listed as \$128 per visit. Our request is comparable to this amount, considering the time that the HSS spends at a home visit.

23. Provide Performance Measures for Home Visiting. The Performance Measure for Services 4 – 8 on the proposal were well written and should be included in the Home Visiting Performance Measures.

Action Required: Provide Performance Measures on the ‘Service Change Chart’ for Service 4. Provide any comments in the field below.

Performance Measures were added in the Service Change Chart for Service 4.

Program Outputs and Funding Request Table	See attachment (REQUIRED)
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An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the ‘Program Outputs and Funding Request Tables’.

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Division of Pediatrics, Department of Child Health, and University of Missouri Health Care)			
Program Name: Healthy Steps for Young Children			
Service #1 – Taxonomy of Service Name: Case Management			
Service #1 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$16	4076	100
Funding Request			
Amount Requested to Boone County: \$48,912		Proposed Number of Units of Service: 4076	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
In addition to the performance measures in Apricot for service 1, we have added the following performance measures to this service. Some of these measures were initially in services 4-8.			
Increased parent knowledge of Boone County early childhood organizations and resources	100% of families will receive information about local events and presentations on early childhood development 50% of families will attend at least 1 community event or presentation	Parent Satisfaction Survey Chart Review and HSS Report	

Increased parent knowledge of early childhood health and development	<p>90% of families that attend events/presentations will report increased knowledge of Boone County early childhood resources</p> <p>75% of families that attend events/presentations will report that they learned useful information</p> <p>75% of families that attend events/presentations will report satisfaction.</p>	Parent Satisfaction Survey
Improved parental knowledge of age-appropriate early learning strategies	<p>90% of parents will receive early learning resources</p> <p>90% of parents will report that early learning resources were helpful</p>	<p>Parent Satisfaction Survey</p> <p>Chart Review and HSS Report</p>
Improved parental access to developmental and behavioral information and supports	<p>100% of parents will receive information about the telephone line and/or MUHealthline</p> <p>50% of families will receive at least 1 home visit; 20% of families will receive 2 home visits.</p> <p>90% of families receiving home visits will report satisfaction.</p>	<p>Parent Satisfaction Survey</p> <p>Chart Review and HSS Report</p> <p>Call/email log</p>
Service Change Chart		
Organization Name: The Curators of the University of Missouri (on behalf of the Division of Pediatrics, Department of Child Health, and University of Missouri Health Care)		
Program Name: Healthy Steps for Young Children		
Service #2 – Taxonomy of Service Name: Developmental & Social/Emotional Screenings		
Service #2 – Taxonomy Definition of Service: Assessment that identifies if an individual is at risk for health and developmental delays, social emotional delays, problem behaviors, and potential mental health concerns.		

Provide a detailed description of the proposed service: These screenings include ASQ-3, ASQ-SE, M-CHAT, SEEK, Parental Stress Scale and Protective Factors Scale.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 screen	\$14.00	300	100
Funding Request			
Amount Requested to Boone County: \$4,200.00		Proposed Number of Units of Service: 300	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Improved early identification of social-emotional, behavioral, and developmental delays.	90% of children will be screened for social-emotional/behavioral delays		ASQ-SE
	90% of children will be screened for developmental delays		ASQ-3
	90% of children will be screened for autism at recommended screening intervals provided by the AAP.		M-CHAT
			Chart Review and HSS report
Increased parent knowledge of child development	90% of families will receive age-appropriate information regarding their child’s developmental stages at each well-child check.		Chart Review and HSS report
	90% of families will report that the information given was helpful.		Parent Satisfaction Survey
Increased referrals to and use of early developmental services for child behavioral, developmental, or social-emotional issues.	90% of families that receive a referral will receive HSS follow-up		Chart Review and HSS report

	90% of children with a positive M-CHAT will be referred to autism echo clinic for diagnostic evaluation.	
Improved parenting practices	90% of families will show improvement in parenting practices from baseline.	Parenting Practices Survey
Improved identification of family risk factors	<p>90% of families will be screened for domestic violence before child reaches 6 months of age</p> <p>90% of families will be screened for parental stress at 4 time points (intake, 12 month, 24 month, 36 month or discharge)</p> <p>90% of families will be screened for risk and protective factors at 4 time points (intake, 12 months, 24 months, 36 months or discharge)</p>	<p>SEEK</p> <p>Parental Stress Scale</p> <p>Protective Factors Scale</p> <p>Chart Review and HSS report</p>
Service Change Chart		
Organization Name: The Curators of the University of Missouri (on behalf of the Division of Pediatrics, Department of Child Health, and University of Missouri Health Care)		
Program Name: Healthy Steps for Young Children		
Service #3 – Taxonomy of Service Name: Behavioral Health Screening		
Service #3 – Taxonomy Definition of Service: Identifies if an individual is at risk of experiencing symptoms of a mental health condition.		
<p>Provide a detailed description of the proposed service: This includes mother's being screened with the EPDS at each well-child check visit for the first year of the child's life, which comes to 6 total screens. The HSS is considered the referral specialist for postpartum resources in the clinic. She also provides information to non-HealthySteps mothers who score high on the EPDS; however, the primary care physician is responsible for determining if family was able to get connected to resources. Data that will be presented at the Zero to Three National Conference shows that mothers enrolled in HealthySteps are at an increased risk for postpartum depression with 23% having positive EPDS screens compared to 10% of non-HealthySteps families. Our data also shows that HealthySteps mothers are more likely to be referred to services and receive follow-up for a positive EPDS screen compared to non-HealthySteps mothers. Year to date the HSS has provided PPD resources or helped initiate referrals for 30 non-HealthySteps families. While our performance measures and total number of unduplicated individuals served for behavioral screenings are specific to the HealthySteps program, the reality is that additional Boone County families benefit</p>		

from having a HSS on-site at MU Pediatrics. The HSS will continue to educate the primary care providers in clinic on the importance of referral and follow-up for non-HealthySteps families. The HealthySteps specialist will continue to collect data on Boone County families not enrolled in HealthySteps, but benefit from a brief clinical contact to provide resources/referral information to families.

Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
1 screen	\$14.00	125	100
Funding Request			
Amount Requested to Boone County: \$1,750.00		Proposed Number of Units of Service: 125	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Improved identification of family risk factors	90% of mothers will be screened for postpartum depression at every appointment during the child’s first year	Edinburgh Postnatal Depression Scale SEEK Chart Review and HSS report	
Increased referrals to and use of community-based services	90% of families will be referred to community-based services	Chart Review and HSS report	
Improved access to early intervention and treatment for parent and/or family issues	90% of families with a positive screen will receive a referral for early intervention and/or treatment services 90% of families that receive a referral will receive HSS follow-up	Chart Review and HSS report	

Service Change Chart

Organization Name: The Curators of the University of Missouri (on behalf of the Division of Pediatrics, Department of Child Health, and University of Missouri Health Care) Program Name: Healthy Steps for Young Children			
Service #4 – Taxonomy of Service Name: Home Visiting & Expectant/New Parent Assistance			
Service #4 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. Provides information and support for new parents or parents expecting a child. Information can include infant care, diapering, feeding, developmental stages, and other parenting techniques.			
Provide a detailed description of the proposed service: The HSS will complete 70 total home visits with 50 unduplicated families, with at least 20 families receiving a second visit.			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$16.00	560	50
Funding Request			
Amount Requested to Boone County: \$6,720.00		Proposed Number of Units of Service: 560	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:
Increased parent knowledge of Boone County early childhood organizations and resources	100% of families will receive information about local events and presentations on early childhood development		Parent Satisfaction Survey Chart Review and HSS Report
	50% of families will attend at least 1 community event or presentation		
Increased parent knowledge of early childhood health and development	90% of families that attend events/presentations will report increased knowledge of Boone County early childhood resources		Parent Satisfaction Survey
	75% of families that attend events/presentations will report that they learned useful information		

	75% of families that attend events/presentations will report satisfaction.	
Improved parental knowledge of age-appropriate early learning strategies	90% of parents will receive early learning resources 90% of parents will report that early learning resources were helpful	Parent Satisfaction Survey Chart Review and HSS Report
Improved parental access to developmental and behavioral information and supports	100% of parents will receive information about the telephone line and/or MUHealthe 75% of parents will utilize the phone line and/or MUHealthe at least once 90% of phone line and/or MUHealthe requests will be answered within 24 hours 90% of parents that utilized the phone line and/or MUHealthe will report satisfaction 100% of families will be offered a home visit at 2 time points. 50% of families will receive at least 1 home visit, 20% of families will receive 2 home visits. 90% of families receiving home visits will report satisfaction.	Parent Satisfaction Survey Chart Review and HSS Report Call/email log

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name: MU Pediatrics				
Program Name: HealthySteps for Young Children				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Case Management	15 minutes	\$16.00	4076	100
Development & Social/Emotional Screenings	1 screen	\$14.00	300	100
Behavioral Screenings	1 screen	\$14.00	125	100
Home Visiting & Expectant/New Parent Assistance	15 minutes	\$16.00	560	50
Funding Request to Children's Service Fund:				
Service:	Amount Requested to Boone County:		Proposed # of Units of Service:	
Case Management (75%)	\$48,912.00		4076	
Development & Social/Emotional Screenings	\$4,200.00		300	
Behavioral Screenings	\$1,750.00		125	
Home Visiting & Expectant/New Parent Assistance (75%)	\$6,720.00		560 (70 home visits)	
Development/Start Up Service Funding	\$3000.00			

Total Amount Requested to Boone County:	\$64,582.00	
------------------------------------------------	--------------------	--

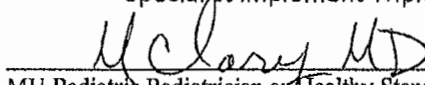
Memorandum of Understanding
Boone County Early Child Coalition (Department of Psychiatry)
And MU Pediatrics (Department of Pediatrics)

MU Pediatrics Program will:

- Obtain Triple P training for the Healthy Steps Specialist and several physician champions.
 - 3 day initial training, 1 day pre-accreditation, and 1 day accreditation
- Those trained complete pre/post training surveys
- Provide Triple P Level 2 and Level 3 interventions for the young children treated in the MU Pediatric Clinic.
 - Work with evaluator to determine administration and collection of required Triple P measures
- Engage with Boone County Early Child Coalition in promoting the Triple P Public Awareness Campaign to the patients and families served.
- Refer young children and their families to FACE for screening and referral if the young child is experiencing social-emotional difficulties or families have issues that affect parenting.
- Conduct 2 Triple P seminars per person trained in years 2018 and 2019.

Boone County Early Child Coalition will:

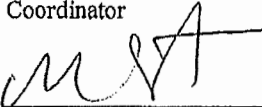
- Provide Triple P training to the Healthy Steps Specialist and Pediatricians
- Triple P evaluator will work with Healthy Steps Specialist and Pediatricians to determine administration and collection of required Triple P measures
- Provide materials from Triple P Level 1 Public Awareness Campaign to the MU Pediatrics Clinic.
- Provide a Support Specialist to help the Pediatricians and Healthy Steps Specialist implement Triple P Level 2 and Level 3 interventions.



MU Pediatric Pediatrician or Healthy Steps
Coordinator

9/23/17

Date



Melissa Stormont, BC-ECC

10/04/17

Date



Laine Young-Walker, BC-ECC

10-8-17

Date



Karen Geren

10-31-17

Date

MU Project 00057669

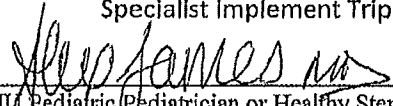
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- Provide a Support Specialist to help the Pediatricians and Healthy Steps Specialist implement Triple P Level 2 and Level 3 Interventions.



MU Pediatric Pediatrician or Healthy Steps
Coordinator

9/23/17

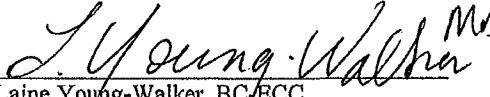
Date



Melissa Stormont, BC-ECC

10/04/17


Date



Laine Young-Walker, BC/ECC

10-8-17

Date



Karen Geren

10-31-17

Date

MU Project 00057669

**Memorandum of Understanding
Boone County Early Child Coalition (Department of Psychiatry)
And MU Pediatrics (Department of Pediatrics)**

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- Provide materials from Triple P Level 1 Public Awareness Campaign to the MU Pediatrics Clinic.
- Provide a Support Specialist to help the Pediatricians and Healthy Steps Specialist implement Triple P Level 2 and Level 3 interventions.

Andrea Pauley
MU Pediatric Pediatrician or Healthy Steps
Coordinator

9/23/17
Date

M SA
Melissa Stormont, BC-ECC

10/4/17
Date

Laine Young-Walker
Laine Young-Walker, BC-ECC

10-8-17
Date

Karen Geren
Karen Geren

10-31-17
Date

MU Project 00057669

Memorandum of Understanding (MOU) between SOAR and Healthy Steps Program (Nate Beucke, MD and Andrea Pauley, Healthy Steps Specialist)

The Healthy Steps Program will:

- Send pediatrician and Healthy Steps provider to FAN (Facilitating Attuned Interactions") training.
- Trained providers complete pre/post training surveys.
- On a quarterly basis complete a survey reporting the number of FAN-trained individuals who are using the FAN model in their work and their along with their approximate caseload.
- Refer infants and their parents to SOAR Fussy Baby if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness.
- Refer parents to the Fussy Baby Hotline if the infant is experiencing social-emotional difficulties including struggles with eating, sleeping or general fussiness.
- Make SOAR's Fussy Baby Network printed materials (e.g. brochures and flyers) available at MU Pediatrics Clinic to parents/families.

SOAR will:

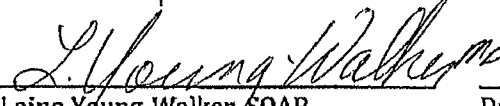
- Provide FAN training to pediatricians at the MU Pediatrics Clinic.
- Provide FAN training to the Healthy Steps Specialist.
- Provide ongoing FAN consultation as needed.
- Provide supportive Fussy Baby services, including home visiting and a hotline to patients of MU Pediatrics Clinic.
- Provide Fussy Baby Network printed materials (e.g. brochures and flyers) to MU Pediatrics Clinic.


Nathan Beucke, MU Pediatrics Clinic

7/11/17
Date


Wendy Ell, SOAR

7/12/17
Date


Laine Young-Walker, SOAR

7-18-17
Date

**Memorandum of Understanding
Boone County Early Child Coalition (Department of Psychiatry)
And MU Pediatrics (Department of Pediatrics)**

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- Conduct 2 Triple P seminars per person trained in years 2018 and 2019.

Boone County Early Child Coalition will:

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- Provide materials from Triple P Level 1. Public Awareness Campaign to the MU Pediatrics Clinic.
- Provide a Support Specialist to help the Pediatricians and Healthy Steps Specialist implement Triple P Level 2 and Level 3 Interventions.

Nabila Khaleel
MU Pediatric Pediatrician or Healthy Steps
Coordinator

9/23/17
Date

Melissa Stormont
Melissa Stormont, BC-ECC

10/04/17
Date

Laine Young-Walker
Laine Young-Walker, BC-ECC

10-8-17
Date

Karen Geren
Karen Geren
MU Project 00057669

10-31-17
Date

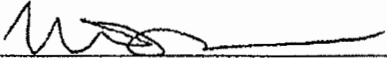
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MU Pediatrician or Healthy Steps
Coordinator

9/23/17

Date



Melissa Stormont, BC-ECC

10/04/17


Date



Laine Young-Walker, BC-ECC

10-9-17

Date



Karen Geren

10-31-17

Date

MU Project 00057669

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 23, 2017

The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)

Attn: Karen Green, Pre-Award Manager, OSPA

Office of Sponsored Programs

115 Business Loop 70 West, Mizzou North, Room 501

Columbia, MO 65211

grantsdc@missouri.edu

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Green:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

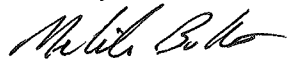
The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Dr. Nathan Beucke – beucken@health.missouri.edu

Andrea Pauley – pauleyal@health.missouri.edu

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)
Name of Program	Healthy Steps for Young Children

Organization Profile

1. The phone number is not provided for any of the Curator Members in the Governing Board section.

Action Required: Provide the phone numbers for all Curator Members.

--

Program Overview Form

2. The total number of individuals to be served and the Consumer Demographics section needs to include the parents that are completing the Behavioral Health Screenings.

Action Required: Provide an update number of total unduplicated individuals to be served and the number of unduplicated parents to be served.

--

3. The Program Quality for field a. mentioned the national office requires data to show the 8 Main Components of Healthy Steps are maintained. The data provided to the national office would be beneficial to include in performance measures for the program services.

Action Required: Review the proposed performance measures and incorporate the data already being collected into the performance measures following the logic model. Provide an explanation on how the performance data is collected and provide performance measures for each service in the attached 'Service Change Chart'.

--

4. The uploaded document is a letter of support, not a MOU.

Action Required: Provide a MOU with MU SOAR and Bridge programs, if possible.

--

5. The FTE for the Healthy Steps Specialist (HSS) is incorrectly listed at 100.00.

Action Required: Provide clarification on the actual FTE amount for the Healthy Steps Specialist.

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Program Services Form (1-5)	
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6. After reviewing the proposal and service descriptions, the following changes are suggested:
- Service 1 – the service name should be changed to “Case Management” due to the level of service the HSS is providing the clients by attending well-child visits at the doctor’s office. The HSS is not completing the medical evaluation of the child but is rather fulfilling activities that can be considered as case management. Time spent with clients outside of home visits can be included in this service. For example, the Service 8 mentions that the HSS talks to parents in between visits. This time can be included in Case Management.
 - Service 2 – the service name should be listed as “Developmental Screening and Social/Emotional Screening”. This is one of the few occasions where multiple services will be allowed in the service name.
 - Service 3 – the service name will remain “Behavioral Health Screening”
 - Service 4 – due to the multiple services listed that are primarily provided during home visits, “Home Visiting” has been added as a service with the following service definition:
Provides services in the home/residence of a pregnant and/or parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the

The Service Name must include all the services that are being provided during Home Visiting. For example, the proposal listed several services that can be listed under Home Visiting (Information and Referral, Service Coordination, Child Development Education, Early Childhood Education, etc.)

Service #	Service Name
1	Case Management
2	Developmental Screening & Social/Emotional Screening
3	Behavioral Health Screening
4	Home Visiting

--

7. The unit measure, unit rate, number of units to be provided, and number of unduplicated individuals to be served needs to be adjusted to reflect the service changes for Case Management. The unit measure should be "15 minutes". The proposed unit rate should be reflective of Case Management since the HSS is not completing the examination of the children. The number of units to be provided should only include the time spent for clients outside of home visits.

--

- Action Required:* Update the funding request amount and the proposed number of units to be served that the Boone County Children's Services Fund will pay. Provide this information in the 'Service Change Chart' for Service 1.

Service 2 - Developmental Screening & Social/Emotional Screening

9. The unit measure for Service 2 needs to be changed from one client session.

Action Required: The unit measure for Developmental Screening should be 'one screening'.

Provide this information on the 'Service Change Chart' for Service 2. Provide any comments any the field below.

10. The unit rate will need to be based on an established public funding rate to administer the type of screenings being administered for Service 2.

Action Required: Provide an updated unit rate for in the 'Service Change Chart' for Service 2 and provide justification on the unit rate below.

11. The number of units will need to be adjusted to account for the different screenings being administered by the HSS. The time spent administering and interpreting the screening is included in the unit measure. The number of units to be provided may also need to be adjusted to allow for the different screenings to be completed (ASQ-3, ASQ-SE, and MCHAT). This should also account for the number of times the ASQ-3 and ASQ-SE are administered throughout the first year of an infants' life.

Action Required: Provide the updated number of units to be provided in the 'Service Change Chart' for Service 2.

12. The Funding Request for Service 2 needs to be adjusted with the service changes mentioned above.

Action Required: Update the funding request amount and the proposed number of units to be served that the Boone County Children's Services Fund will pay. Provide this information in the 'Service Change Chart' for Service 2.

--

13. The performance measures for Service 2 lack outcomes and indicators for developmental delays. The correct ASQs should be matched with the appropriate developmental and social-emotional outcomes and indicators.

Action Required: Provide outcomes, indicators, and method of measurements for developmental and social-emotional delays in the 'Service Change Chart' for Service 2.

--

14. The Performance Measures narrative does not provide specific information on the MCHAT.

Action Required: Provide clarification on the MCHAT. Outcomes and indicators may need to be listed separately from the ASQs depending on the type of information gathered from the MCHAT. If so, provide outcomes, indicators, and method of measurement for the MCHAT in the 'Service Change Chart'.

--

Service 3 - Behavioral Health Screening

15. The unit measure for Behavioral Health Screenings needs to change from one client session.

Action Required: The unit measure for Behavioral Health Screening should be 'one screening'. Provide this information on the 'Service Change Chart' for Service 3.

--

16. The unit rate will need to be based on an established public funding rate to administer the type of screenings being administered for Service 3.

Action Required: Provide an updated unit rate for in the 'Service Change Chart' for Service 3 and provide justification on the unit rate below.

--

17. The number of units will need to be adjusted to account for the different screenings being administered by the HSS. The time spent administering and interpreting the screening is included in the unit measure. The number of units to be provided will need to be adjusted to allow for the different screenings to be completed (EPDS, SEEK PQ, etc.).

Action Required: Provide the updated number of units to be provided in the 'Service Change Chart' for Service 2.

--

18. The total number of unduplicated individuals to be served needs to be for the parents receiving Behavioral Health Screenings.

Action Required: Provide the total number of unduplicated individuals that will receive the Behavioral Health Screenings in the 'Service Change Chart' for Service 3.

--

19. The Funding Request for Service 3 needs to be adjusted with the service changes mentioned above.

Action Required: Update the funding request amount and the proposed number of units to be served that the Boone County Children's Services Fund will pay. Provide this information in the 'Service Change Chart' for Service 3.

--

Service 4 – Home Visiting

20. "Home Visiting" needs to be added as Service 4.

Action Required: Complete the 'Service Change Chart' for Service 4. Provide the different types of services being provided during home visits in the service name. Provide information below on how these services are being provided during home visits.

--

21. The outputs need to be provided for Service 4. The unit measure should be "15 minutes" and the number of units to be provided should only include services provided during the home visits.

Action Required: Complete the 'Service Change Chart' for Service 4. Provide any comments in the field below.

--

22. Provide the Funding Request amount for providing Home Visiting.

Action Required: Provide the Funding Request amount on the 'Service Change Chart' for Service 4. Provide any comments in the field below.

--

23. Provide Performance Measures for Home Visiting. The Performance Measure for Services 4 – 8 on the proposal were well written and should be included in the Home Visiting Performance Measures.

Action Required: Provide Performance Measures on the 'Service Change Chart' for Service 4. Provide any comments in the field below.

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

24. An attachment is provided summarizing the best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Division of Pediatrics, Department of Child Health, and University of Missouri Health Care)			
Program Name: Healthy Steps for Young Children			
Service #1 – Taxonomy of Service Name: Case Management			
Service #1 – Taxonomy Definition of Service: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Division of Pediatrics, Department of Child Health, and University of Missouri Health Care)			
Program Name: Healthy Steps for Young Children			
Service #2 – Taxonomy of Service Name: Developmental Screenings			
Service #2 – Taxonomy Definition of Service: Assessment that identifies if an individual is at risk for health and developmental delays.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Division of Pediatrics, Department of Child Health, and University of Missouri Health Care)			
Program Name: Healthy Steps for Young Children			
Service #3 – Taxonomy of Service Name: Behavioral Health Screening			
Service #3 – Taxonomy Definition of Service: Identifies if an individual is at risk of experiencing symptoms of a mental health condition.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Division of Pediatrics, Department of Child Health, and University of Missouri Health Care)			
Program Name: Healthy Steps for Young Children			
Service #4 – Taxonomy of Service Name: Home Visiting			
Service #4 – Taxonomy Definition of Service: Provides services in the home/residence of a pregnant and parenting family with the goal of equipping the family with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy, safe, and ready to learn. This service must include at least one other related service in the <i>Taxonomy of Services</i> , which must also be delivered in the home/residence of the program consumer(s).			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Development/Start Up Service Funding		
Total Amount Requested to Boone County:		

Organization Profile

Healthy Steps for Young Children

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)

DBA:

Federal EIN Number:

43-6003859

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

Office of Sponsored Programs

115 Business Loop 70 West, Mizzou North, Room 501

City

Columbia

State

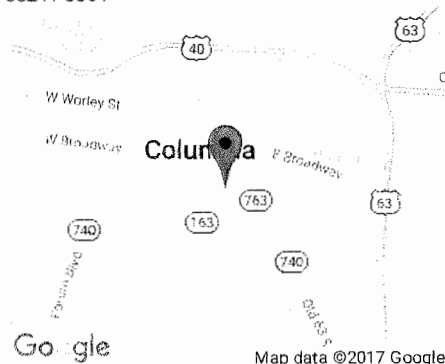
Missouri

County

Boone County

Zip

65211-0001



Organization Phone Number:

Address

Office of Sponsored Programs

115 Business Loop 70 West, Mizzou North, Room 501

City

Columbia

State

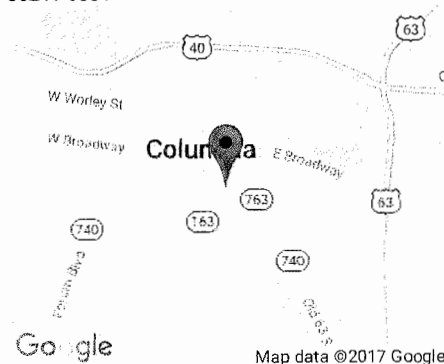
Missouri

County

Boone County

Zip

65211-0001



Organization Fax Number:

573-882-7560

Website:

<http://research.missouri.edu>

Head of Organization

Craig David

Head of Organization Phone:

573-882-7560

573-884-4078

Email:

grantsdc@missouri.edu

Head of Organization Title (e.g. Director, President, CEO)

Director, OSPA

Head of Organization Email:

grantsdc@missouri.edu

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

Local Organization Fax:

Address

Address

City

City

State

State

County

County

Zip

Zip

Local Contact Name:

Local Contact Title:

Local Contact Email:

Local Contact Phone:

General Information

Organization

Mission

Statement

(Purpose):

Provide your organization's mission statement. (600 character limit)

The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Organization

History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

The University of Missouri has provided teaching, research and service to Missouri since 1839. The university, the first publicly supported institution of higher education to be established in the Louisiana Purchase territory, was shaped in accordance with the ideals of Thomas Jefferson, an early proponent of higher education.

Founded in Columbia, the university had one campus until 1870, when the School of Mines and Metallurgy was established in Rolla. In the same year, the university assumed land-grant responsibilities of providing higher education opportunities for all citizens.

Brief Statement of

Organization's

Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Articles of

Incorporation:

Articles of Incorporation (MUST BE IN PDF FORMAT)

/document/download/filename/1467927784_30405_ArticlesofIncorporation.pdf/

Provide a copy

of the

organization's

Articles of

Incorporation.

Bylaws: Provide

a copy of the

organization's

Bylaws.

Bylaws (MUST BE IN PDF FORMAT)

/document/download/filename/1469716032_34051_300.010FacultyBylawsoftheUniversit...pdf/

Organizational Chart (MUST BE IN PDF FORMAT)

/document/download/filename/1500406017_30406_UMS-orgchart-2017.pdf/

Organizational
Chart
(must be for the
entire
organization):

Strategic Plan: **Strategic Plan (MUST BE IN PDF FORMAT)**

Service Area: **Briefly describe the geographic area in which your organization provides services. (600 character limit)**
The University of Missouri's service area is world-wide.

Population Served: **Briefly describe the population(s) served by your organization. (600 character limit)**
All populations.

Conflict of Interest Policy: **Does your organization have a written Conflict of Interest policy?**
yes

Whistleblower Policy: **Does your organization have a written Whistleblower policy?**
yes

Business Continuity Plan: **Does your organization have a written Business Continuity plan?**
yes

Records Retention Policy: **Does your organization have a written Records Retention policy?**
yes

If yes, does the Records retention policy include a Records Retention Schedule?
yes

Governing Board

Length of Board Term (e.g. "2 years"):
Six years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member					Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Active	Date
Jeff Layman	Board of Curators	01/01/2017	01/01/2023	District 7 - Springfield	✓	Added on 07/08/2016
Darryl Chalman	Board of Curators	01/01/2017	01/01/2023	St. Louis	✓	Added on 07/08/2016
Jamie Farmer	Board of Curators	01/01/2017	01/01/2023	District 3 - Jefferson City	✓	Added on 07/08/2016
Vacant Position	Board of Curators - pending gubernatorial appointment				✓	Added on 07/08/2016
Vacant Position	Board of Curators - pending gubernatorial appointment				✓	Added on 07/08/2016

Governing Board Member

Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:	Link Info	
					Active	Date
John R. Phillips	Board of Curators	01/01/2013	01/01/2019	District 5 - Kansas City	✓	Added on 07/08/2016
Maurice B. Graham	Board of Curators	01/01/2015	01/01/2021	District 2 - Clayton	✓	Added on 07/08/2016
David L. Steelman	Board of Curators	01/01/2014	01/01/2019	District 8 - Rolla	✓	Added on 07/08/2016
Phillip H. Snowden	Board of Curators	01/01/2015	01/01/2021	District 6 - Kansas City	✓	Added on 07/08/2016

Total Active Links:9, Total Deactivated Links:10, Current Active Links:9, Current Deactivated Links:10

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Notes

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Financial Information

Organization Fiscal Year:

July 1 through June 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1467929230_29953_FedTaxLetter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1499352712_29954_finrpt16.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1468012161_29955_990-TPublicDisclosure2014%2806-30-15%29.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

http://www.umsystem.edu/ums/rules/collected_rules/financial The Office of Finance provides leadership in the areas of cash, investment and debt management, facilities planning, internal audit, procurement, budgeting, financial reporting and financial systems management. Just as important, we ensure the integrity of the university's financial statements and provide leadership in the management of financial, operational and compliance risk. These responsibilities define our purpose.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Clinical Professor and Division Director	M.D.	1.00	\$239,757.12	\$57,685.56	<input checked="" type="checkbox"/>	Added on 07/28/2016
Clinical Professor and Division Director	M.D.	1.00	\$271,502.16	\$64,962.00	<input checked="" type="checkbox"/>	Added on 07/28/2016
Clinical Professor and Chief Medical Information Officer	M.D.	1.00	\$332,128.80	\$64,962.00	<input checked="" type="checkbox"/>	Added on 07/28/2016
Clinical Professor and Department Chair	M.D.	1.00	\$337,365.00	\$64,962.00	<input checked="" type="checkbox"/>	Added on 07/28/2016
Clinical Professor and Division Director	M.D.	1.00	\$239,735.52	\$57,680.37	<input checked="" type="checkbox"/>	Added on 07/28/2016

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Text

Accreditation 2:

Text

Accreditation 3:

Text

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination

in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

n/a

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Proposal Cover Sheet

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Link Info	
					Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/12/2017
Children's Services Fund - RFP # 29-15Jun16 (Closed ends 12/16/2016 12:00 AM CST)	The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)	Children's Services Fund - ECPP RFP	Boone County	RFP #29-15JUN16	✓	Added on 05/24/2016
Children's Services Fund - PILOT RFP #28-24JUN14 (Modified Interim PILOT Report ends 08/01/2017 12:01 PM CDT)	The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)	County Children's Services Fund Pilot	Boone County	RFP #28-24JUN14	✓	Added on 06/29/2015

Total Active Links:3, Total Deactivated Links:1, Current Active Links:3, Current Deactivated Links:1

System Fields

Record ID

17405

Modification Date

07/18/2017 2:26 PM CDT

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

Healthy Steps for Young Children

Amount of Request

\$65,274.00

County-Children's Services - Service Type (check all that apply)

Prevention programs which promote healthy lifestyles among children and youth and strengthen families
Mental health screenings

Program Information

Program Website (will default to Organization website)

<http://research.missouri.edu>

Address

Office of Sponsored Programs
115 Business Loop 70 West, Mizzou North, Room 501

City

Columbia

State

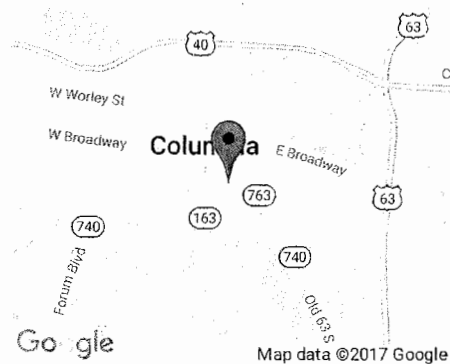
Missouri

County

Boone County

Zip

65211-0001



Program Administrator Name

Karen M. Geren

Phone Number

573-882-7560

Address

Office of Sponsored Programs
115 Business Loop 70 West, Mizzou North, Room 501

City

Columbia

State

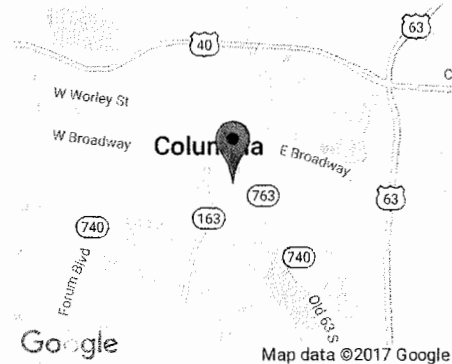
Missouri

County

Boone County

Zip

65211-0001



Program Administrator Title

Pre-Award Manager, OSPA

Email

grantsdc@missouri.edu

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500069205_30421_0053941%3BBeucke%28AttachmentA%29.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500069205_30420_0053941%3BBeucke%28AttachmentB%29.pdf/

Attachment C Work Authorization Certification


/document/download/filename/1500069205_30419_0053941%3BBeucke%28AttachmentC%29.pdf/

Signed Addendums

/document/download/filename/1500403636_30418_00053941%3BBeucke%28CoverLetter%29%28003%29.pdf/

Link to Organization Profile Record

Link to Organization Records

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)	Office of Sponsored Programs	Craig David		Added on 06/12/2017
Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0				

Federal EIN Number (will auto-populate)

43-6003859

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing *n/a The Curators of The University of Missouri is a governmental
- Organization Strategic Plan entity of the State of Missouri
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Karen M. Geren, Authorized Signer, Grants & Contracts*

*As authorized signer, she is delegated authority to sign grant/contract agreements

Printed Name - Organization Executive Director/President/CEO

Date

Karen M. Geren

Signature - Organization Executive Director/President/CEO

7/14/2017

Date

n/a

Printed Name - Organization Board Chair

Date

n/a

Signature - Organization Board Chair

Date

July 17, 2017

Melinda Bobbitt
Director of Purchasing
Boone County Purchasing Department
Boone County Annex
613 E. Ash, Rm 110
Columbia, MO 65201

RE: Boone County POS Contract for The Curators of the University of Missouri/ Nathan Beucke, MD

Enclosed please find the above-referenced proposal which is being submitted on behalf of The Curators of the University of Missouri. The project director is Nathan Beucke, MD. at the University of Missouri-Columbia.

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

Boone County Insurance Requirements

The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.

Reasoning: It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

Indemnity Agreement

To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Reasoning: The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)



Attachment D—2017 Agency Assurance Sheet

- *Certificate of Corporate Good Standing*

Reasoning: We will be unable to provide a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states "any tax-exempt, not organized for profit agency or governmental entity" should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such assessment is made, but the same shall bear interest at the rate of six percent per annum from its date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Joseph Sall at 573-884-5295 or sallj@missouri.edu for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,

Karen M. Geren
Authorized Signer and Pre-Award Lead
Office of Sponsored Programs Administration
University of Missouri | 310 Jesse Hall | Columbia, MO 65211
Phone: 573.882.4451 | Fax: 573.884.4078 | gerenk@missouri.edu



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.
 - b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.
 - c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 -- *Purchase of Service Contracts* was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:

<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPPS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:
This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By: Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of The University of Missouri
Address: 115 Business Loop 70W, Mizzou North, Room 501, Columbia MO 65211-0001
Phone Number: 573-882-7560 Fax Number: 573-884-4078
E-mail: grantsdc@missouri.edu
Authorized Representative Signature: Karen M. Geren Date: 7-14-17
Authorized Representative Printed Name: Karen M. Geren

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Hester	Hwy 158 Bank	449-8933	449-3077
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Wiley	Central Bank Bk	874-8518	877-8432
6.	Judy Starr	Central Bank Bk	874-8506	874-8432
7.	Jody Munson	Central Bank Bk	874-8506	874-8432
8.	Hub Hull	US Bank	446-3394	446-2061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

23.	Bonnelanlin	Central Bank		874-8501
24.	Jennifer Heckman	US Bank		446 6736
25.	Eria Wright	US Bank		673-231-5902
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following question and is providing a response:

- a. You included the following requested attachments:
- Attachment A 2017 Organization Assurance Sheet
 - Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
 - Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

- b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:

<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Room 501

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7/17/2017

Authorized Representative Printed Name: Karen M. Geren



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

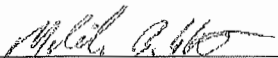
ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Room 501

Phone Number: 573-882-7560

Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7/17/2017

Authorized Representative Printed Name: Karen M. Geren

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valore Livingston	BGC	823-1157 cel	874-0681
4.	Shelly Lock	CCAMD	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Ima Artage	U of Mo CFPR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Katre Frink	CPS	214-3480	
10.	Coretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LECS	573-815-9955	
14.	Kelsey Luckler	Rainbow House	573-473-2963	
15.	Ron Rome	YC2	573-554-7041	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Barrie King	Tree Top LLC	886-4391	
3.	Ernestine Campbell	Tree Top LLC	886-4391	
4.	Jennifer Klosterman	CMCA BRIDGE	573-427-7897	
5.	Merrill King	CMCA Bridge	573-999-4119	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grade A'	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vicki Dawett	EC-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Julia Kiessling	Kiessling & Assoc.	573-554-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Baling	SOAR	573-884-6324	
17.	Carole Schut	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(777) 607-5215	
19.	Becky Markt	CHA Low-Income Sres	573-443-2556	0551
20.	Gay Littleton	MLJ LLC	573-449-5600	573-875-1535
21.	Miriam Marbach	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Eppins	13 th Circuit	886-4058	886-4070
23.	Charles	WV Bridge	265-5129	
24.	Billy Polansky	CCWA	514 4174	
25.	Beatrice Stewart	Great Circle	673 999 3007	
26.	John Trapp	Encircle	256 0174	
27.	Megladal	Boys & Girls Clubs	268 8549	
28.	Mark Brackel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-989-9727	
30.	Heather Dinn	H Fletcher, 733 S	573-824-3627	
31.	Laine bang-Waller	Rep tof Ryck	884-6136	
32.	Michelle Shittler	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Nelly H71	Heart of MO CHSA	442-4670	N/A
23.	Janie Trust	Grade A Plus	573-268-4172	
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ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

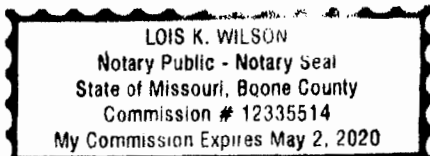
My name is Karen M. Geren. I am an authorized agent of The Curators of The University of Missouri (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Karen M. Geren 7/14/2017
Affiant Date

Karen M. Geren, Authorized Signer, Grants & Contracts
Printed Name

Subscribed and sworn to before me this 14th day of July, 2017.



Lois K. Wilson
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

Company ID Number: 62231

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and The Curators of the University of Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (1)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

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a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

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ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

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the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

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without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of HIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer The Curators of the University of Missouri

Dona R McKinney

Name (Please type or print)

Title

Electronically Signed

10/17/2007

Signature

Date

Department of Homeland Security -- Verification Division

Company ID Number: 62231

USCIS Verification Division

Name (Please type or print)

Electronically Signed

Signature

Title

10/17/2007

Date

Company ID Number: 62231

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: The Curators of the University of Missouri

Company Facility Address: Office of Sponsored Program Administration
310 Jesse Hall, UMC
Columbia, MO 65211-1230

Company Alternate Address: _____

County or Parish: BOONE

Employer Identification Number: 436003859

North American Industry
Classification Systems Code: 611

Parent Company: _____

Number of Employees: 1,000 to
2,499 Number of Sites Verified for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Dona R McKinney**
Telephone Number: **(573) 882 - 7560** Fax Number: **(573) 884 - 4078**
E-mail Address: **grantsdc@missouri.edu**

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Healthy Steps for Young Children
Amount of Request	\$65,274.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

In 2015 there were 11,250 children under 5 in Boone County (Boone Impact Group, 2017). National rates suggest that one in five of these children are likely to experience behavioral health problems (U.S. Department of Health and Human Services, 1999). The high prevalence of behavioral health issues places increasing pressure on pediatricians to treat these disorders and related developmental issues, with up to 50% of pediatric office visits involving behavioral, emotional, or educational concerns (Cassidy & Jellinek, 1998; Cooper, Valleyley, Pohaham, Begeny, & Evans, 2006).

Studies have shown that there are many factors that put children at risk for development of behavioral issues, such as low socio-economic status and family or parental issues (Rae-Grant, Thomas, Offord, & Boyle, 1989). This program will target children at increased risk for behavioral or developmental issues. These risk factors include household substance use, parental mental illness, parental domestic violence single parent families, and low-income families. In 2015, 16.6% of Boone County children lived in poverty; in Columbia, the rate is nearly 25% (Boone Indicators Dashboard, 2017).

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

The population of interest is children age zero to three. The program targets first-time parents, as well as infants with at least one of the following risk factors: teen parent, single parent household, parental history of mental illness, parental substance use (including tobacco), domestic violence, low income families (Medicaid eligible), or parental chronic illness (Boone Impact Group, 2017). In Boone County, 31.1% of infants are born to unmarried mothers. 13.7% of children in Columbia live in neighborhoods with poverty rates over 30% (Boone Impact Group, 2017). In 2013, there were 28.2% of babies on Medicaid, 31.95% on WIC, 23.59% on food stamps, and 13.34% mothers smoked during pregnancy in Boone County (MICA, 2013). Substance use is also a common issue in Missouri, with the number of babies born addicted to opioids increasing by 538% in the last 10 years; many of these parents are low income (MHA, 2017).

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The HS program aims to promote the health and development of young children through improved clinical capacity and effectiveness of pediatric primary care and the promotion of parental knowledge, skills, and confidence (WCHPC, n.d.).

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The proposed program is the continuation of Healthy Steps for Young Children at MU Pediatrics, which is one of the largest pediatric primary care clinics in Boone County. This facility is located outside of the main hospital and operates as a busy community-based practice with 27,000 visits per year and they serve approximately 15,000 patients. The patient population is approximately 55% private insurance and 45% Medicaid. Healthy Steps for Young Children is a program developed at Boston University to support the healthy physical growth and cognitive, language and social-emotional development of children during the first 3 years of life using a team approach.

Children are enrolled in the HS program from newborn to three years of age where they receive extra support. The service plan is to provide all 8 main components of the Healthy Steps program: 1) team-based well-child visits, 2) developmental, social-emotional, and behavioral screening, 3) family protective and risk factor and social determinants of health screening, 4) connections to community resources, 5) care coordination and systems navigation, 6) positive parenting guidance and information, 7) early learning resources, and 8) access to Healthy Steps Specialist support between scheduled well-child visits.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

Participation in HS will be offered to all families at MU Pediatrics with an infant between 0 and 4 months of age, and meeting at least one of the qualifying factors: first time parents, low income, parental mental illness, parental smoking, parental substance use, parental chronic disease, domestic violence, teen parents, and single parents. Enrollment is capped at 100 families consistent with national standards to ensure the HSS has adequate time to serve the needs of all enrolled families.

No other demographics or family characteristics may qualify or disqualify a family from participating in the program. Parents are able to decline enrollment in HS if desired.

b. Why will these particular consumers be served? (1500 character limit)

When seeking information regarding parenting and child development, parents are more likely to look to their pediatricians than other specialists (Inkelas, Glascoe, Regalado, Peck, Bethell, & Halfon, 2002; Inkelas, Halfon, Olson, Newachek, & Schuster, 2002). Early diagnosis and treatment of behavioral and developmental concerns have been shown to decrease long-term disability rates (Costello & Pantino, 1987; Williams, Klinepeter, Palmes, Pulley, & Meschan Foy, 2004). Therefore, it is critical to identify strategies that leverage existing relationships between families and their pediatric providers to detect and address children's behavioral health in primary care settings. However, pediatricians are often limited in time to discuss behavioral and developmental concerns (AAP, 2001). HS is designed to address these issues by embedding a Healthy Steps Specialist (HSS), typically a social worker, who focuses on the developmental aspects of child growth, providing anticipatory guidance and specialized developmental and behavioral health services.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Factors that may impact enrolled families ability to participate include reliable transportation to and from the clinic, parental depression or other issues that may make it more difficult to attend well-child checks, and missed or late appointments. Other issues may include a change in insurance status such as losing Medicaid coverage without having a private plan in place, which may impact the family's ability to attend to medical issues and care. While HS services are provided free of charge, families still pay the charge for a regular pediatric visit.

d. Total number of unduplicated individuals to be served by the proposed program:

100

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below.

e. Average program cost per individual

1121.04

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

100

City of Columbia

85

Other Counties

0

Residence Total

100

Record Lock

0

Race

White (alone)

47

Black or African American (alone)

39

Native American Indian or Alaskan Native

0

Asian (alone)

0

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

9

Some Other Race

5

Race Total

100

Ethnicity

Hispanic or Latino (of any race)

8

Not Hispanic or Latino

92

Ethnicity Total

100

Gender

Female

48

Male

52

Other

0

Gender Total

100

Income

At or below 200% of Federal Poverty Level

81

Over 200% of Federal Poverty Level

19

Income Total

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

100

Preschool (3 years – 5 years)

0

School Age (6 years – 11 years)

0

Middle School (12 years – 14 years)

0

High School (15 years – 19 years)

0

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

100

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

MU Pediatrics clinic has office hours Monday-Friday, 8am-5pm and Saturdays, 8am-12pm. Families can access the on-call physician during non-clinical office hours. The HSS is available for after hours communication via cell phone text messages for crisis management and offers home visits in the evenings per parent request/need. There is also a dedicated phone line with expectation that any messages left on this voicemail after hours will be returned the next business day. The HSS also has been participating in evening community events where families are strongly encouraged to participate/attend.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

Enrollment is based on identifying children as high risk for developmental and behavioral problems, including infants with one of the following known risk factors: low income family (Medicaid eligibility), parental mental illness, parental smoking, parental substance use, parental chronic disease, domestic violence, teen parents, and single parents. Doctors may also refer first time parents that require extra developmental and parenting support. Children are enrolled in the program as newborns up to 4 months well child check, to ensure that they receive enhanced services as early as possible.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

HSS is not licensed and therefore cannot bill for services through insurance.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in

a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

MU Pediatrics is already designated as a HealthySteps site in good standing. There is no licensing process or accreditation at this time, but the national office does require data with an annual survey to verify that all HS sites are maintaining the 8 Core Components of the HealthySteps program.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

If Yes - Provide a description of the accreditation process: (600 character limit)

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

HS effectiveness was studied through a 15-site national evaluation. The evaluation design included a randomized controlled trial at 6 sites and a quasi-experimental nonequivalent control group design at nine sites. A diverse sample of 5,565 infants from 15 sites across the country were enrolled at birth and followed for 3 years. The study also included follow-up with children at 5.5 years old. Evaluation findings indicated that HS successfully redesigned primary health care to refocus attention on preventative services, child development, and effective parenting practices. (HS website)

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

Children who participate in HealthySteps are more likely to attend well-child visits on time and to receive timely vaccines and screenings. The HS national network includes more than 100 pediatric and family practice sites in 15 states. MU Pediatrics is the only site in the state of Missouri. MU Pediatrics continues to provide the 8 Core Components that have been embraced by the HS National Office, a program of Zero to Three, as the best practices based on 21 years of program study.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

HS has been designated as an evidence-based practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) and has been shown to benefit parents, children, and practices (Barth, 2010; Kaplan-Sanoff, Talmi, & Augustyn, 2012). A control trial conducted by Minkovitz et al. (2003) indicated that HS reduced the use of harsh discipline practices, increased parent reporting of child behavior, and increased mothers' likelihood of discussing their own depressive symptoms with someone at the practice. Guyer et al. (2003) found that HS children are eight times more likely to receive a developmental assessment during the first 3 years of life, and are more likely to be up to date on vaccinations, receive well-child visits on time, and to receive nonmedical referrals compared to children not participating in the program. Families also benefit from HS: participating families are four times more likely to receive information on community resources, and more often receive anticipatory guidance that matches their needs (Minkovitz et al., 2007). Participating practices have reported improvements in pediatric providers' effectiveness, patient-centeredness, timeliness, and efficiency of care (Minkovitz et al., 2003). Pediatricians have indicated that the HS program "increased use of developmental services despite practice barriers" (McLearn et al., 2004).

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

HS embeds an early childhood development specialist, the HealthySteps Specialist (HSS), into the pediatric care team. The HSS, focuses on the developmental aspects of child growth, providing anticipatory guidance and specialized developmental and behavioral health services (Kaplan-Sanoff, Talmi, & Augustyn, 2012). Such services include enhanced well-child care through joint visits with the pediatrician and HSS, developmental and behavioral screenings, risk and protective factors screening, and access to HSS support between well-child visits (Zero to Three, 2016b). Further enhancements include parenting guidance and information, connection to community resources, and care coordination (Zero to Three, 2016b). Together, these components provide significantly enhanced pediatric care, easing pressures on pediatricians to provide these services within the well-child visit.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

The HSS will have regular calls with the national HS office to ensure fidelity with the program as well as to address any concerns or questions that the HSS may have. Additionally, HS staff may visit or consult with other HS practices to explore ways in which the program could be enhanced. Finally, feedback from parents will be collected through an annual satisfaction survey, which will help the HS staff determine which services may need more attention (see section g).

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

Feedback from parents will be collected through an annual satisfaction survey. The survey measures multiple domains including satisfaction with the HSS, satisfaction with HS services such as home visiting and ease of access to the HSS outside of office hours, as well as satisfaction with the program overall. Results from these surveys will be used to determine which services are most successful and which may need changes in order to increase family satisfaction with the program. The survey will be administered at the 12, 24, and 36 month visits, as well as if a family leaves the program early (for example, moves out of county).

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

HS supports early literacy. HS works with Children Miracle Network to deliver the Reach Out and Read program. Mothers participating in HS reported feeling more supported to breastfeed and were 16% less likely to introduce solid foods at too young an age (Guyer et al., 2003). Our program partners with Tiger Tots Mommies to support breastfeeding. National data also shows that HS mothers with depressive symptoms were 1.4x more likely to have a non-medical referral including for maternal depression. Our HS specialist has developed a strong collaboration with LFCS maternal mental health program to provide families a warm hand-off and to ensure adequate follow up. We also worked with LFCS this year to sponsor a showing of Dark Side of the Full Moon to inform over 50 doctors/hospital staff about the impact of postpartum depression. The HSS is able to attend the county NET meetings and then serves as a conduit for this knowledge to our 33 pediatricians in clinic. She has arranged lunch and learn with FACE and the MU School of Counseling Psychology, which has improved the clinic referral rate for these services. We have worked with Project LAUNCH/SOAR for a number of years on implementing behavioral health integration into pediatric primary care. Efforts include collaborating on networking nights and upcoming implementation of Positive Parenting Program. Other collaborations being explored for 2017 implementation include Healthy Bottoms (diapers) and Red Cross (smoke detectors).

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

/document/download/filename/1499951228_40691_LOS_Young-Walker.pdf/

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1 Program Director	MQ1 MD	FTE1 0.10	SR1 FROM \$198,293.00	SR1 TO \$204,242.00
P2 Healthy Steps Specialist	MQ2 MSW	FTE2 100.00	SR2 FROM \$54,608.00	SR2 TO \$56,246.00
P3 Co-Program Director	MQ3 MD	FTE3 0.05	SR3 FROM \$183,821.00	SR3 TO \$189,336.00
P4 Clinical Office Assistant	MQ4 High School Grad + 5 yrs experience	FTE4 0.05	SR4 FROM \$45,477.00	SR4 TO \$46,841.00
P5	MQ5	FTE5 0.00	SR5 FROM \$0.00	SR5 TO \$0.00
P6	MQ6	FTE6 0.00	SR6 FROM \$0.00	SR6 TO \$0.00

P7

MQ7

FTE7

SR7 FROM

SR7 TO

0.00

\$0.00

\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

HealthySteps (HS) costs are primarily driven by the salary of the HealthySteps Specialist (HSS). Salary is consistent with credentials of MSW in mid-west region. HSS is responsible for delivery of the 8 core components and coordinating efforts with the clinicians. The HSS will devote 100% effort to this project. 75% effort is included in this funding request. The remaining 25% effort will be supported by Child Health.

Program Director- HS requires programs have a lead physician. The program director helped organize the initial HS training at MU Pediatrics. He has regular contact with the National Office for ongoing technical assistance. The program director serves as the direct supervisor for the HSS. The Program director salary is reflective of an associate level professor in pediatrics with mid-career experience serving as Division Director (national data provided by the Association of Administrators in Academic Pediatrics). 10% effort to the project. Co-program Director- This position is held by the clinical director of MU Pediatrics. She is part of the leadership team of the clinic and responsible for maintaining the National Committee for Quality Assurance (NCQA) medical home accreditation status. 5% effort. Clinical Office Assistant is responsible for clerical duties including ordering/purchasing any supplies necessary for the HSS to perform her duties. 5% effort. The salary and benefits for this effort will be paid by MU Child Health for these three personnel.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE

PROPOSED % OF
PROPOSED TOTAL

1. DIRECT SUPPORT

A. Heart of Missouri United Way (300 character limit)	1A	1A%
	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%
	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Children's Services Fund-POS 2017 Healthy Steps for Young Children	\$65,274.00	58
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %

	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
University of Missouri - Department of Child Health	\$46,830.00	42
TOTAL PROGRAM REVENUE	TOTAL REVENUE	
	112104	

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$99,490.00	89
Personnel Narrative (300 character limit)		
4 personnel - salary and benefits and indirect costs		
2. Non-Personnel	2.	2. %
	\$12,614.00	11
Non-Personnel Narrative (300 character limit)		
Travel for home visits by HSS, training at national conference (2 attendees), Healthy Steps Program materials, screening documents, mailings to families, consultant for data analysis/program development/evaluation and indirect costs.		
TOTAL PROGRAM EXPENSES	TOTAL EXPENSES	
	112104	

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$65,274.00

Year 2 Total Request

\$67,200.00

Total Amount Request from CSF

132474

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

The Department of Child Health has committed 25% FTE for the HealthySteps Specialist which is the main cost associated with this project with a commitment to increase our internal funding in year 2 of the grant. Child Health also supplies the funds for Reach Out and Read. We continue conversations with the national office regarding advocacy with insurers such as Medicaid, Children's Health Insurance Program (CHIP) and private payers in the area of reimbursement for enhanced services.

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

- Barth, M. C. (2010). Healthy Steps at 15: The past and future of an innovative preventive care model for young children. Commonwealth Fund Pub. #1458.
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- McLearn, K. T., Strobino, D. M., Hughart, N., Minkovitz, C. S., Scharfstein, D., Marks, E., & Guyer, B. (2004). Developmental services in primary care for low-income children: Clinicians' perceptions of the Healthy Steps for Young Children Program *Journal of Urban Health*, 81(2), 206-221. doi:10.1093/jurban/jth108
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UNIVERSITY *of* MISSOURI

DEPARTMENT OF PSYCHIATRY

SCHOOL OF MEDICINE

July 11, 2017

Nate Beucke, M.D.
MU Pediatrics Clinic
Healthy Steps for Young Children, Medical Director

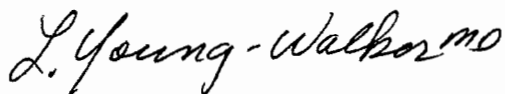
Dear Dr. Beucke,

It is with pleasure that I write this letter of support for your Healthy Steps for Young Children program application to the Boone County Children's Service Board. The Healthy Steps for Young Children Program is an innovative and much-needed program that ensures young children are provided with the highest quality pediatric primary care available.

As Director of the SOAR (System Offering Actions for Resiliency) in early childhood program, I can attest to the value of the Healthy Steps program in meeting the needs of young children in Boone County. SOAR has worked collaboratively with Healthy Steps in the past, i.e. in the promotion of education and support events for Boone County families. In the future we look forward to continued collaborations and partnerships for both Triple P Positive Parenting and for the Fussy Baby FAN training.

SOAR very much supports your efforts to ensure the well-being of children and families are met through best practice models and through improvement in access to care for children and families.

Thank you,



Laine Young Walker, MD
Division Chief of Child and Adolescent Psychiatry
SOAR and Bridge Principal Investigator
University of Missouri Department of Psychiatry



One Hospital Drive Columbia, MO 65212 Phone: 573-882-3125 Fax: 573-884-1070

Missouri's Flagship University

Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Healthy Steps for Young Children
Amount of Request	\$65,274.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$3,000.00

b. Describe how the funds will be utilized. (600 character limit)

Attendance costs for two personnel to attend the Zero to Three national annual conference to include- registration, air travel, hotel accommodations, meals and ground transportation.

c. Provide justification for the request for one-time funding. (600 character limit)

Healthy Steps (HS) is now a program of Zero to Three. The conference focuses on child development, parenting and behavioral health. It features the HS Annual Luncheon where individual sites receive program updates from the National Office and network and share best practices with other HS professionals around the country. Additionally, they provided a 7-hour Innovations in Primary Care workshop where field-leading experts and researchers

discussed innovations in and best practices for the HS services. Professional development is key to innovating and providing new services to our families.

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

Pediatric Evaluation

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Medical evaluation of children to identify any injuries or illnesses

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

As a fully integrated member of the primary care team, the HSS will meet with families in the doctor's office at the well-child visit. This family consultation may take place before, during, or after clinicians see the family. The HS model takes a broad view of the care team, including providers, nurses, office staff, volunteers, parents, and caregivers as members of the team. At every visit, staff engage and empower parents in the process of identifying child and family needs and in participating fully in decision-making and care planning. This is the essence of comprehensive, family-centered care. The HSS is also available to answer and remaining questions a parent may have after the pediatric well-child visit. (Zero to Three, 2016a).

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

One client session

b. Unit Rate (#1)

\$170.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

The national office recommends a caseload of 100 patients and their parents per HealthySteps specialist.

d. Total Number of Units of Service to be Provided (#1)

100

e. Total Number of Unduplicated Individuals (#1)

100

f. Average Number of Units of Service per Unduplicated Individual (#1)

1

g. Average Cost of Service per Individual (#1)

170

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

HSS is not licensed and therefore cannot bill for service.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

HSS is not licensed and therefore cannot bill for services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

There is no charge for HS services.

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$270.14	100	\$27,014.00
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00
	1c1.	1c2.	1c3.
c. City of Columbia - Social Services Funding (#1)	\$0.00	0	\$0.00
	1d1.	1d2.	1d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	\$0.00	0	\$0.00
	1e1.	1e2.	1d4.
e. Heart of Missouri United Way Funding (#1)	\$0.00	0	\$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$17,000.00

b. Proposed Number of Units of Service (#1)

100

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

At this time, third party payors (insurers) are not covering joint visits and home visits. The only way that these services can be provided is through an external source.

Service #1- Performance Measures

Outcome (1-1) Improved overall health of children	Indicator (1-1) 90% of HS patients will be up to date on vaccinations by age 2	Method of Measurement (1-1) Chart review and HSS report
Additional Outcome (1-2) Improved overall health of children	Additional Indicator (1-2) 75% of children will be on schedule for well-child checks based on the periodicity schedule	Additional Method (1-2) Chart review and HSS report
Additional Outcome (1-3) Increased parental satisfaction with medical care	Additional Indicator (1-3) Families will have a satisfaction rate of 90% for their child's medical care	Additional Method (1-3) Parent Satisfaction Survey
Additional Outcome (1-4) Increased parental satisfaction with medical care	Additional Indicator (1-4) 90% of families will remain in Healthy Steps for at least 12 months	Additional Method (1-4) Chart review and HSS report
Additional Outcome (1-5)	Additional Indicator (1-5)	Additional Method (1-5)

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

The goal is to enhance well-child care through joint visits with a pediatrician and the Healthy Steps Specialist. The expected outcomes are improved overall health of children and an increase in parental satisfaction with medical care.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

External factors that may affect the outcomes are the transient nature and relocation of the families we work with and issues they may have with transportation.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

We plan to monitor patient vaccinations, well-child check schedule, and parental satisfaction. The recommended schedule of vaccinations is designed to protect infants and young children by providing immunity early in life. Children are immunized early because they are susceptible to diseases at a young age, and the consequences of these diseases can be very serious, and even life-threatening, for infants and young children (CDC, 2017).

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Reviewing patient charts and HSS reports will be collected to assess if patient vaccinations are up to date and well-child check visits are on schedule. Parental satisfaction with their child's medical care will be assessed annually by parent survey and by reviewing patient charts and HSS reports to determine if families have remained in the program for at least 12 months.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

Developmental Screening

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Identifies if an Individual is at risk for developmental delays

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

All children in HS will be routinely monitored and screened for physical, cognitive, language, social-emotional, and behavioral risks and needs, fulfilling American Academy of Pediatrics best-practice guidelines (Hagan, Shaw, & Duncan, 2008). The HSS ensures that validated screening tools are used whenever possible, sharing and addressing the results (and next steps) with families. The screenings used will include the Ages and Stages Questionnaire 3 (ASQ-3), Ages and Stages Questionnaire- Social Emotional (ASQ-SE), and Modified Checklist for Autism in Toddlers (MCHAT). The screenings will be administered according to the proposed screening schedule. Children with positive screens will be referred to appropriate resources in Boone County (see program service 5). (Zero to Three, 2016a).

Service #2 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)

One client session

b. Unit Rate (#2)

\$48.88

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#2) (600 character limit)

d. Total Number of Units of Service to be Provided (#2)

100

e. Total Number of Unduplicated Individuals (#2)

100

f. Average Number of Units of Service per Unduplicated Individual (#2)

1

g. Average Cost of Service per Individual (#2)

48.88

Service #2 - Service Fee

a. Will the proposed service (#2) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

HSS is not licensed and therefore cannot bill for services.

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#2). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#2) (600 character limit)

If No - Explain why the proposed services not billable to a third-party payor. (#2) (600 character limit)

HSS is not licensed and therefore cannot bill for services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#2) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There is no charge for HS services.

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Yes (complete the Other Funder's Chart below)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
a Boone County - Children's Services Funding (#2)	2a1. \$63.03	2a2. 100	2a3. \$6,303.00

b. Boone County - Community Health Funding (#2)	2b1. \$0.00	2b2. 0	2b3. \$0.00
c. City of Columbia - Social Services Funding (#2)	2c1. \$0.00	2c2. 0	2c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#2)	2d1. \$0.00	2d2. 0	2d3. \$0.00
e. Heart of Missouri United Way Funding (#2)	2e1. \$0.00	2e2. 0	2e3. \$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$4,888.00

b. Proposed Number of Units of Service (#2)

100

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#2) (600 character limit)

At this time, third party payors (insurers) are not covering joint visits and home visits. The only way that these services can be provided is through an external source.

Service #2 - Performance Measures

Outcome (2-1)

Improved early identification of social-emotional, behavioral, or developmental delays in children

Indicator (2-1)

90% of children will be screened based on the proposed screening schedule.

Method of Measurement (2-1)

ASQ-SE, ASQ-3, MCHAT, Chart review and HSS report

Additional Outcome (2-2)

Additional Indicator (2-2)

Additional Method (2-2)

Additional Outcome (2-3)

Additional Indicator (2-3)

Additional Method (2-3)

Additional Outcome (2-4)

Additional Indicator (2-4)

Additional Method (2-4)

Additional Outcome (2-5)

Additional Indicator (2-5)

Additional Method (2-5)

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

The goal is to provide child development, social-emotional, and behavioral screening to improve early identification of social-emotional, behavioral, or developmental delays in children.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

External factors that may affect the outcomes are the transient nature and relocation of the families we work with and issues they may have with transportation.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

We plan to monitor child development, social-emotional, and behavioral screenings to determine whether children are being screened on the proposed screening schedule.

d. Provide a rationale for each method of measurement (2). (600 character limit)

Child development, social-emotional, and behavioral screening (i.e., ASQ-SE, ASQ-3, MCHAT) will be documented through chart reviews and HSS reports to determine whether children are being screened on the proposed screening schedule. These are nationally validated screening tools and are recommended by the American Academy of Pediatrics.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

Behavioral Health Screening

Service #3 - Taxonomy Definition of Service (300 character limit)

Identifies if an individual is at risk of experiencing symptoms of a mental health condition.

c. Provide a detailed description of the proposed service (#3). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The HSS and/or HS pediatrician will ensure that each HS family is screened for family risk and protective factors and social determinants of health. Protective factors and social determinants that are screened for include: support systems, knowledge of child development, education, parental depression and anxiety, caregiver-child attachment, intimate partner violence, substance use, tobacco use, guns in the home, parental adverse childhood experiences, employment, poverty, and food and housing insecurity. Validated tools will be used, including the Edinburgh Postnatal Depression Scale (EPDS), Safe Environment for Every Kid Parent Questionnaire (SEEK PQ); Parenting Practices Survey (PPS), Parental Stress Scale (PSS) and Protective Factors Survey (PFS). Parents will be screened with the EPDS at every well-child check during the first year. The SEEK PQ will be administered once during the first six months of care. The PFS, PPS, and PSS will be administered at four time points: at the intake appointment, 12 months, 24 months, and 36 months or when a family is discharged from the program, whichever comes first. Families with positive screens will be referred to appropriate resources in Boone County (see program service 5). (Zero to Three, 2016a). (1356)

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

One client session

b. Unit Rate (#3)

\$48.88

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#3) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#3) (600 character limit)

d. Total Number of Units of Service to be Provided (#3)

100

e. Total Number of Unduplicated Individuals (#3)

100

f. Average Number of Units of Service per Unduplicated Individual (#3)

1

g. Average Cost of Service per Individual (#3)

48.88

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

HSS is not licensed and therefore cannot bill for services.

b. Is this proposed service billable to a third-party payor(s)? (#3) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#3). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#3) (600 character limit)

HSS is not licensed and therefore cannot bill for services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#3) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There is no charge for HS services.

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#3)

Yes (complete the Other Funder's Chart below)

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$63.03	100	\$6,303.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00
	3c1.	3c2.	3c3.
c. City of Columbia - Social Services Funding (#3)	\$0.00	0	\$0.00
	3d1.	3d2.	3d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#3)	\$0.00	0	\$0.00
	3e1.	3e2.	3e3.
e. Heart of Missouri United Way Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$4,888.00

b. Proposed Number of Units of Service (#3)

100

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

At this time, third party payors (insurers) are not covering joint visits and home visits. The only way that these services can be provided is through an external source.

Service #3 - Performance Measures

Outcome (3-1)	Indicator (3-1)	Method of Measurement (3-1)
Improved identification of family risk factors	90% of mothers will be screened for postpartum depression at every appointment during the child's first year	Edinburgh Postnatal Depression Scale, Chart review and HSS report
Additional Outcome (3-2)	Additional Indicator (3-2)	Additional Method (3-2)
Improved identification of family risk factors	90% of families will be screened for domestic violence before child reaches 6 months of age	SEEK Screening, Chart review and HSS report

Additional Outcome (3-3)

Improved identification of family risk factors

Additional Indicator (3-3)

90% of families will be screened for parental stress at 4 time points (intake, 12 month, 24 month, and 36 month or discharge)

Additional Method (3-3)

Parental Stress Scale and HSS report

Additional Outcome (3-4)

Improved identification of family risk factors

Additional Indicator (3-4)

90% of families will be screened for risk and protective factors at 4 time points (intake, 12 month, 24 month, and 36 month or discharge)

Additional Method (3-4)

Protective Factors Survey, Chart review and HSS report

Additional Outcome (3-5)**Additional Method (3-5)**

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

The goal is to provide screenings to better identify family protective/risk factors and social determinants of health through screening.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

External factors that may affect the outcomes are the transient nature and relocation of the families we work with and issues they may have with transportation.

c. Provide a rationale for the measurement level(s) for each indicator (#3). (600 character limit)

We plan to monitor screening to determine whether there is an improvement in family protective/risk factors and social determinants of health.

d. Provide a rationale for each method of measurement (#3). (600 character limit)

Parental screening (Edinburgh Postnatal Depression Scale, SEEK, Parental Stress Scale Protective Factors Survey) will be documented through chart reviews and HSS reports to determine whether there has been an improvement in the identification of family risk factors.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

Information and Referral

b. Service #4 - Taxonomy Definition of Service (300 character limit)

Provides accurate information about and referrals to appropriate resources.

c. Provide a detailed description of the proposed service (#4). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The HSS will provide information about education, and support opportunities around early childhood health and development in Boone County. These connections could include parenting classes, support groups, educational sessions, and community events. All families will be encouraged to attend these events, many of which are provided by HS collaborating organizations, including SOAR, Parents as Teachers, Tiger Tot Mommies, Lutheran Family and Children Resources, and ParentLink, Triple P and Safe Kids. (428). The HSS will develop relationships with community resources through early, frequent engagement and communication around patient needs.

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

One client session

b. Unit Rate (#4)

\$69.94

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#4) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#4) (600 character limit)

d. Total Number of Units of Service to be Provided (#4)

100

e. Total Number of Unduplicated Individuals (#4)

100

f. Average Number of Units of Service per Unduplicated Individual (#4)

1

g. Average Cost of Service per Individual (#4)

69.94

Service #4 - Service Fee**a. Will the proposed service (#4) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

HSS is not licensed and therefore cannot bill for services.

b. Is this proposed service (#4) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#4) (600 character limit)

If No - Explain why the proposed service (#4) is not billable to a third-party payor. (600 character limit)

HSS is not licensed and therefore cannot bill for services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#4) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There is no charge for HS services.

Service #4 - Amount Received From Other Funders**Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#4)**

Yes (complete the Other Funder's Chart below)

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$99.05	4a2. 100	4a3. \$9,905.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00
c. City of Columbia - Social Services Funding (#4)	4c1. \$0.00	4c2. 0	4c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#4)	4d1. \$0.00	4d2. 0	4d3. \$0.00
e. Heart of Missouri United Way Funding (#4)	4e1. \$0.00	4e2. 0	4d4. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$6,994.00

b. Proposed Number of Units of Service (#4)

100

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#4) (600 character limit)

At this time, third party payors (insurers) are not covering joint visits and home visits. The only way that these services can be provided is through an external source.

Services #4 - Performance Measures

Outcome (4-1)

Increased parent knowledge of Boone County early childhood organizations and resources

Indicator (4-1)

100% of families will receive information about local events and presentations on early childhood development.

Method of Measurement (4-1)

Chart review and HSS report

Additional Outcome (4-2)

Increased parent knowledge of Boone County early childhood organizations and resources

Additional Indicator (4-2)

50% of families will attend at least 1 community event or presentation

Additional Method (4-2)

Parent Satisfaction Survey, HSS report

Additional Outcome (4-3)

Increased parent knowledge of early childhood health and development

Additional Indicator (4-3)

90% of families that attend events/presentations will report increased knowledge of Boone County early childhood resources

Additional Method (4-3)

Parent Satisfaction Survey

Additional Outcome (4-4)

Increased parent knowledge of early childhood health and development

Additional Indicator (4-4)

75% off families that attend events/presentations will report that they learned useful information

Additional Method (4-4)

Parent Satisfaction Survey

Additional Outcome (4-5)

Increased parent knowledge of early childhood health and development

Additional Indicator (4-5)

75% of families that attend events/presentations will report 80% satisfaction

Additional Method (4-5)

Parent Satisfaction Survey

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

The goal is to connect families to community resources to increase their knowledge of Boone County childhood organizations and resources and knowledge of early childhood health and development.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

External factors that may affect the outcomes are the transient nature and relocation of the families we work with and issues they may have with transportation.

c. Provide a rationale for the measurement level(s) for each indicator (#4) (600 character limit)

We will monitor the number and type of information families receive and how many community events they attend. As well as, families change in knowledge of childhood organizations and resources and knowledge of early childhood health and development, and satisfaction.

d. Provide a rationale for each method of measurement (#4) (600 character limit)

Obtaining counts of the number and type of information families receive and how many community events they attend will indicate if there has been an increase family's knowledge of childhood organizations and resources in Boone County. Families change in knowledge of early childhood health and development will be assessed through a survey. It is important to bring all community resources to the table to children and families. The HSS will do this by developing relationships with community resources through early, frequent engagement and communication.

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click [here](#) to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

Service Coordination

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Assists an individual receiving support to bridge access to resources.

c. Provide a detailed description of the proposed service (#5). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

All HS children and families with positive results on the screenings provided in program services 2 and 3 will be referred to resources and specialists as appropriate. This may include medical specialists, community-based resources, and early intervention services for social-emotional, behavioral, or developmental delays. HSS will partner with parents, clinicians, and community resource providers to coordinate and navigate complex systems that address child health, development, and social needs, including close follow-up. The HSS will ensure that families are connected with resources as needed and provide assistance in the case that the family has not yet received additional services. Possible referral sources include FACE, First Steps, Parents as Teachers, Lutheran Family and Children Resources, Behavioral and Psychoeducational Clinic, Burrell Behavioral Health, Health Department, Housing Authority, Triple P, Central Missouri Food Pantry, First Chance for Children and Boone County Family Resources. (Zero to Three, 2016a).

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

One client session

b. Unit Rate (#5)

\$54.15

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

c. Is the proposed Unit Rate (#5) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#5) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#5). (600 character limit)

d. Total Number of Units of Service to be Provided (#5)

100

e. Total Number of Unduplicated Individuals (#5)

100

f. Average Number of Units of Service per Unduplicated Individual (#5)

1

g. Average Cost of Service per Individual (#5)

54.15

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

HSS is not licensed and therefore cannot bill for services.

b. Is this proposed service (#5) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#5) (600 character limit)

If No - Explain why the proposed service (#5) is not billable to a third-party payor. (600 character limit)

HSS is not licensed and therefore cannot bill for services.

c. What fee payment options will be provided for proposed service (#5) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There is no charge for HS services.

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#5)

Yes (complete the Other Funder's Chart below)

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$72.04	5a2. 100	5a3. \$7,204.00
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#5)	5d1. \$0.00	5d2. 0	5d3. \$0.00
e. Heart of Missouri United Way (#5)	5e1. \$0.00	5e2. 0	5e3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)
\$5,415.00

b. Proposed Number of Units of Service (#5)
100

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#5) (600 character limit)

At this time, third party payors (insurers) are not covering joint visits and home visits. The only way that these services can be provided is through an external source.

Service #5 - Performance Measures

Outcome (5-1)

Increased referrals to and use of community-based services

Indicator (5-1)

90% of families will be referred to community-based services

Method of Measurement (5-1)

Chart review and HSS report

Additional Outcome (5-2)

Improved access to early intervention and treatment for parent and/or family issues.

Additional Indicator (5-2)

90% of families with a positive screen will receive a referral for early intervention and/or treatment services

Additional Method (5-2)

Chart review and HSS report

Additional Outcome (5-3)

Increased referrals to and use of for early intervention services for child behavioral, developmental, or social-emotional issues.

Additional Indicator (5-3)

90% of families that receive a referral will receive HSS follow-up to determine if families' needs were met

Additional Method (5-3)

Chart review and HSS report

Additional Outcome (5-4)

Additional Indicator (5-4)

Additional Method (5-4)

Service #5 - Performance Measures Narrative**a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)**

The goal is to provide care coordination/systems navigation to increase community-based referrals and improve access to early intervention and treatment for parent and/or family issues. The HSS will document if families needs were met by the referral source offered. Having the HSS, the team member responsible for following up on referrals, allows for the critical step of confirming that a family is able to receive services.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

External factors that may affect the outcomes are the transient nature and relocation of the families we work with and issues they may have with transportation.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

We plan to monitor the number and type of referrals to determine whether there is an improvement in accessing early intervention and treatment for parent and/or family issues.

d. Provide a rationale for each method of measurement (#5) (600 character limit)

Referrals will be documented through chart reviews and HSS reports to determine whether there has been an improvement in accessing early intervention and treatment for parent and/or family issues. Alternative referral sources will be identified if the initial referral was unable to meet the families needs.

Total Amount Requested for Start-Up and Service #1 - Service #5**Total Amount Requested for Start-Up and Service #1 - Service - #5**

42185

Additional Program Services #6 - #10 (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Division of General Pediatrics, Department of Child Health, and University of Missouri Health Care)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	Healthy Steps for Young Children
Amount of Request	\$65,274.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Service #6 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#6)

a. Service #6 - Taxonomy of Service Name (150 character limit)

Child Development Education

b. Service #6 - Taxonomy Definition of Service (300 character limit)

Provides information on children's developmental stages

c. Provide a detailed description of the proposed service (#6). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The HSS will provide parents with guidance, education, information, and resources that help them support their children through the different stages of development. This includes: regular, tailored anticipatory guidance to build parents' understanding of typical development; timely discussions about common parenting challenges such as safety, feeding, discipline, and limit setting, and partnering/problem-solving on how to manage these challenges;

teaching parents and modeling how to provide positive, responsive caregiving; helping parents build secure attachments and relationships with their children; exploring family risk factors and buffers of toxic stress, including parental and caregiver self-care; helping parents understand their own history and how it impacts their parenting; and providing evidence-based, literacy level-appropriate and culturally attuned materials and resources, including handouts, websites, text messaging services, and apps. (Zero to Three, 2016a).

Record Lock

0

Service #6 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#6)

One client session

b. Unit Rate (#6)

\$106.81

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#6)

c. Is the proposed Unit Rate (#6) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#6) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#6) (600 character limit)

d. Total Number of Units of Service to be Provided (#6)

100

e. Total Number of Unduplicated Individuals (#6)

100

f. Average Number of Units of Service per Unduplicated Individual (#6)

1

g. Average Cost of Service per Individual (#6)

106.81

Service #6 - Service Fee

a. Will the proposed service (#6) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#6) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#6)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#6). (600 character limit)

HSS is not licensed and therefore cannot bill for services.

b. Is this proposed service (#6) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#6) (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#6) (600 character limit)

If No - Explain why the proposed service (#6) is not billable to a third-party payor. (600 character limit)

HSS is not licensed and therefore cannot bill for services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#6) (600 character limit)

There is no charge for HS services.

Service #6 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#6)

Yes (complete the Other Funder's Chart below)

Service #6 - Other Funders Chart

<u>Funders (#6)</u>	<u>Unit Rate (#6)</u>	<u># of Units Funded (#6)</u>	<u>Total Amount Contracted (#6)</u>
a. Boone County - Children's Services Funding (#6)	6a1. \$162.09	6a2. 100	6a3. \$16,209.00
b. Boone County - Community Health Funding (#6)	6b1. \$0.00	6b2. 0	6b3. \$0.00
c. City of Columbia - Social Services Funding (#6)	6c1. \$0.00	6c2. 0	6c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#6)	6d1. \$0.00	6d2. 0	6d3. \$0.00
e. Heart of Missouri United Way Funding (#6)	6e1. \$0.00	6e2. 0	6d4. \$0.00

Service #6 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#6)

\$10,681.00

b. Proposed Number of Units of Service (#6)

100

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#6) (600 character limit)

At this time, third party payors (insurers) are not covering joint visits and home visits. The only way that these services can be provided is through an external source.

Service #6 - Performance Measures

Outcome (6-1)	Indicator (6-1)	Method of Measurement (6-1)
Increased parent knowledge of child development.	90% of families will receive age-appropriate information regarding their child's developmental stages at each visit.	Parent Satisfaction Survey, HSS report and chart review
Additional Outcome (6-2)	Additional Indicator (6-2)	Additional Method (6-2)
Increased parent knowledge of child development.	90% of families will report that the information given regarding their child's development was helpful.	Parent Satisfaction Survey
Additional Outcome (6-3)	Additional Indicator (6-3)	Additional Method (6-3)
Improved parenting practices.	90% of families will show improvement in parenting knowledge and practices from baseline	Parenting practices survey (intake and annual assessments)
Additional Outcome (6-4)	Additional Indicator (6-4)	Additional Method (6-4)
Additional Outcome (6-5)	Additional Indicator (6-5)	Additional Method (6-5)

Service #6 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#6) (600 character limit)

The goal is to provide positive parenting guidance and information to increase parent knowledge child development and improve parenting practices.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#6) (600 character limit)

External factors that may affect the outcomes are the transient nature and relocation of the families we work with and issues they may have with transportation.

c. Provide a rationale for the measurement level(s) for each indicator. (#6) (600 character limit)

We plan to monitor the number and type of age-appropriate information about child developmental that has been provided parents to determine whether there is an increase in parental knowledge in child development and an improvement in parenting practices.

d. Provide a rationale for each method of measurement. (#6) (600 character limit)

The number and type of age-appropriate information about child developmental will be documented through chart reviews and HSS reports. Increased parental knowledge in child development and improvement in parenting practices will be assessed through a Parenting Satisfaction Survey and Parenting Practice Survey.

Service #7 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#7)

a. Service #7 - Taxonomy of Service Name (150 character limit)

Early Childhood Education

b. Service #7 - Taxonomy Definition of Service (300 character limit)

Prepares children 0-8 for continued learning.

c. Provide a detailed description of the proposed service (#7). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

HS offers parents and families concrete strategies, activities, and tools designed to support their child's early learning. Resources span a broad array of early learning subjects, such as language, literacy, science, technology, engineering, math, and social-emotional competence. The HSS will provide information about how and when children develop different learning skills and provide easy, low-cost activities parents can do at home to encourage early learning in their child at every age. (Zero to Three, 2016a). (495) HSS will also coordinate the clinic's Reach Out and Reach program to provide early literacy education.

Service #7 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#7)

One client session

b. Unit Rate (#7)

\$48.88

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#7)

c. Is the proposed Unit Rate (#7) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#7) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit, if an acceptable justification is provided. Provide a justification for the proposed rate. (#7) (600 character limit)

d. Total Number of Units of Service to be Provided (#7)

100

e. Total Number of Unduplicated Individuals (#7)

100

f. Average Number of Units of Service per Unduplicated Individual (#7)

1

g. Average Cost of Service per Individual (#7)

48.88

Service #7- Service Fee

a. Will the proposed service (#7) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the proposed service (#7) fee. (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#7) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#7). (600 character limit)

HSS is not licensed and therefore cannot bill for services.

b. Is this proposed service billable to a third-party payor(s)? (#7) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#7). (600 character limit)

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#7) (600 character limit)

If No - Explain why the proposed service is not billable to a third party payor. (#7) (600 character limit)

HSS is not licensed and therefore cannot bill for services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#7) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There is no charge for HS services.

Service #7 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#7)

Yes (complete the Other Funder's Chart below)

Service #7 - Other Funders Chart

<u>Funders (#7)</u>	<u>Unit Rate (#7)</u>	<u># of Units Funded (#7)</u>	<u>Total Amount Contracted (#7)</u>
	7a1.	7a2.	7a3.
a. Boone County - Children's Services Funding (#7)	\$63.03	100	\$6,303.00
	7b1.	7b2.	7b3.
b. Boone County - Community Health Funding (#7)	\$0.00	0	\$0.00
	7c1.	7c2.	7c3.
c. City of Columbia - Social Services Funding (#7)	\$0.00	0	\$0.00
	7d1.	7d2.	7d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#7)	\$0.00	0	\$0.00
	7e1.	7e2.	7e3.
e. Heart of Missouri United Way Funding (#7)	\$0.00	0	\$0.00

Service #7 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#7)

\$4,888.00

b. Proposed Number of Units of Service (#7)

100

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#7) (600 character limit)

At this time, third party payors (insurers) are not covering joint visits and home visits. The only way that these services can be provided is through an external source.

Service #7 - Performance Measures

Outcome (7-1)

At this time, third party payors (insurers) are not covering joint visits and home visits. The only way that these services can be provided is through an external source.

Indicator (7-1)

90% of parents will receive early learning resources

Method of Measurement (7-1)

Parent Satisfaction Survey, HSS report

Additional Outcome (7-2)

Improved parental knowledge of age-appropriate early learning strategies.

Additional Indicator (7-2)

90% of parents will report that early learning resources were helpful

Additional Method (7-2)

Parent Satisfaction Survey

Additional Outcome (7-3)

Additional Indicator (7-3)

Additional Method (7-3)

Additional Outcome (7-4)

Additional Indicator (7-4)

Additional Method (7-4)

Additional Outcome (7-5)

Additional Indicator (7-5)

Additional Method (7-5)

Service #7 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (7) (600 character limit)

The goal is to provide early learning resources to improve parental knowledge of age-appropriate early learning strategies.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (7) (600 character limit)

External factors that may affect the outcomes are the transient nature and relocation of the families we work with and issues they may have with transportation.

c. Provide a rationale for the measurement level(s) for each indicator. (7) (600 character limit)

We plan to monitor the number and type of early resources that have been provided to parents to determine whether there is an improvement parental knowledge of age-appropriate early learning strategies.

d. Provide a rationale for each method of measurement (7). (600 character limit)

The number and type of type of early resources will be documented will be documented through chart reviews and HSS reports. Improvement in parental knowledge of age-appropriate early learning strategies will be assessed through a Parenting Satisfaction Survey.

Service #8 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#8)

Service #8 - Taxonomy of Service Name (150 character limit)

Expectant/New Parent Assistance

Service #8 - Taxonomy Definition of Service (300 character limit)

Provides information and support for new parents or parents expecting a child. Information can include infant care, diapering, feeding, developmental stages, and other parenting techniques.

c. Provide a detailed description of the proposed service (#8). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

The HSS will be available to answer parent questions in between visits for non-urgent, non-physical-health-related questions. Topics addressed include child development, behavior, parenting, safety, social determinants of health, and other common or complex concerns. This approach also accounts for recent research indicating that millennial parents prefer more modern forms of communication over calling the clinic nurse line. Consultation may be provided through home visits, phone calls, video chat, patient portals, email, and text messaging. (Zero to Three, 2016a).

Service #8 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#8)

One client session

b. Unit Rate (#8)

\$75.21

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#8)

c. Is the proposed Unit Rate (#8) tied to an established public funding rate?

No

If Yes - Indicate the publicly available rate and describe the source. (#8) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#8) (600 character limit)

d. Total Number of Units of Service to be Provided (#8)

100

e. Total Number of Unduplicated Individuals (#8)

50

f. Average Number of Units of Service per Unduplicated Individual (#8)

2

g. Average Cost of Service per Individual (#8)

150.42

Service #8 - Service Fee**a. Will the proposed service (#8) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the service (#8). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#8)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#8) (600 character limit)

HSS is not licensed and therefore cannot bill for services.

b. Is this proposed service billable to a third-party payor(s)? (#8) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s) (#8). (600 character limit)

If No - Explain why the proposed service is not billable to a third-party payor. (#8) (600 character limit)

HSS is not licensed and therefore cannot bill for services.

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#8) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

There is no charge for HS services.

Service #8 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#8)

Yes (complete the Other Funder's Chart below)

Service #8 - Other Funders Chart

<u>Funders (#8)</u>	<u>Unit Rate (#8)</u>	<u># of Units Funded (#8)</u>	<u>Total Amount Contracted (#8)</u>
	8a1.	8a2.	8a3.
a Boone County - Children's Services Funding (#8)	\$108.06	100	\$10,806.00

b. Boone County - Community Health Funding (#8)	8b1. \$0.00	8b2. 0	8b3. \$0.00
c. City of Columbia - Social Services Funding (#8)	8c1. \$0.00	8c2. 0	8c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#8)	8d1. \$0.00	8d2. 0	8d3. \$0.00
e. Heart of Missouri United Way Funding (#8)	8e1. \$0.00	8e2. 0	8e3. \$0.00

Service #8 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#8)

\$7,521.00

b. Proposed Number of Units of Service (#8)

100

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#8) (600 character limit)

At this time, third party payors (insurers) are not covering joint visits and home visits. The only way that these services can be provided is through an external source.

Service #8 - Performance Measures

Outcome (8-1)	Indicator (8-1)	Method of Measurement (8-1)
Improved parental access to developmental and behavioral information and supports	95% of parents will report receiving information about the telephone line and/or MUHealthe	Parent Satisfaction Survey
Additional Outcome (8-2)	Additional Indicator (8-2)	Additional Method (8-2)
Improved parental access to developmental and behavioral information and supports	75% of parents will utilize the phone line, HSS cell phone and/or MUHealthe at least once during the program	HSS report, call/email log
Additional Outcome (#3-3)	Additional Indicator (8-3)	Additional Method (8-3)
Improved parental access to developmental and behavioral information and supports	90% of parents that utilized the phone line (and/or MUHealthe) will report satisfaction with services	HSS report, Parent Satisfaction Survey, call/email log
Additional Outcome (8-4)	Additional Indicator (8-4)	Additional Method (8-4)
Improved overall health of children and families	100% of families will be offered a home visit at 2 time points.	Chart review and HSS report
Additional Outcome (8-5)	Additional Indicator (8-5)	Additional Method (8-5)
Improved overall health of children and families	50% of families will receive at least one home visit.	Chart review and HSS report

Service #8 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#8). (600 character limit)

The goal is to provide access to HSS support between visits (office, home visits, phone, text, email, etc.) which will improve parental access to developmental and behavioral information and supports, improve overall health of children and families, and improve parenting practices and parent knowledge of child development.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#8). (600 character limit)

External factors that may affect the outcomes are the transient nature and relocation of the families we work with and issues they may have with transportation.

c. Provide a rationale for the measurement level(s) for each indicator (#8). (600 character limit)

We plan to monitor the number and type of support (office, home visits, phone, text, email, etc.) provided to determine whether there was an improvement in parental access to developmental and behavioral information and supports, overall health of children and families, and parenting practices and parent knowledge of child development.

d. Provide a rationale for each method of measurement (#8). (600 character limit)

The number and type of support (office, home visits, phone, text, email, etc.) will be documented through chart reviews, HSS reports, and call/email log. Improvement in parenting practices and parent knowledge of child development will be assessed through Parenting Satisfaction Survey and Parenting Practice Survey.

Service #9 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#9)

a. Service #9 - Taxonomy of Service Name (150 character limit)

b. Service #9 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#9). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #9 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#9)

b. Unit Rate (#9)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#9)

c. Is the proposed Unit Rate (#9) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#9) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#9) (600 character limit)

d. Total Number of Units of Service to be Provided (#9)

0

e. Total Number of Unduplicated Individuals (#9)

0

f. Average Number of Units of Service per Unduplicated Individual (#9)

0

g. Average Cost of Service per Individual (#9)

0

Service #9 - Service Fee

a. Will the proposed service (#9) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#9). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#9)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#9). (600 character limit)

b. Is this proposed service (#9) billable to a third-party payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#9) (600 character limit)

If No - Explain why the proposed service (#9) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (#9) (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #9 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#9)

Service #9 - Other Funders Chart

<u>Funders (#9)</u>	<u>Unit Rate (#9)</u>	<u># of Units Funded (#9)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#9)	9a1. \$0.00	9a2. 0	9a3. \$0.00
b. Boone County - Community Health Funding (#9)	9b1. \$0.00	9b2. 0	9b3. \$0.00
c. City of Columbia - Social Services Funding (#9)	9c1. \$0.00	9c2. 0	9c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#9)	9d1. \$0.00	9d2. 0	9d3. \$0.00
e. Heart of Missouri United Way Funding (#9)	9e1. \$0.00	9e2. 0	9d4. \$0.00

Service #9 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#9)

\$0.00

b. Proposed Number of Units of Service (#9)

0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#9) (600 character limit)

Services #9 - Performance Measures

Outcome (9-1)	Indicator (9-1)	Method of Measurement (9-1)
Additional Outcome (9-2)	Additional Indicator (9-2)	Additional Method (9-2)
Additional Outcome (9-3)	Additional Indicator (9-3)	Additional Method (9-3)
Additional Outcome (9-4)	Additional Indicator (9-4)	Additional Method (9-4)
Additional Outcome (9-5)	Additional Indicator (9-5)	Additional Method (9-5)

Service #9 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#9) (600 character limit)

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#9) (600 character limit)

c. Provide a rationale for the measurement level(s) for each indicator (#9) (600 character limit)

d. Provide a rationale for each method of measurement (#9) (600 character limit)

Service #10 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click [here](#) to view document. (#10)

a. Service #10 - Taxonomy of Service Name (150 character limit)

b. Service #10 - Taxonomy Definition of Service (300 character limit)

c. Provide a detailed description of the proposed service (#10). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Service #10 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#10)

b. Unit Rate (#10)

\$0.00

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#10)

c. Is the proposed Unit Rate (#10) tied to an established public funding rate?

If Yes - Indicate the publicly available rate and describe the source. (#10) (600 character limit)

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate (#10). (600 character limit)

d. Total Number of Units of Service to be Provided (#10)

0

e. Total Number of Unduplicated Individuals (#10)

0

f. Average Number of Units of Service per Unduplicated Individual (#10)

0

g. Average Cost of Service per Individual (#10)

0

Service #10 - Service Fee

a. Will the proposed service (#10) consumers be charged a fee?

If Yes - Provide a description of and a rationale for the service fee (#10). (600 character limit)

If a fee is charged, is there any sliding scale for proposed service (#10)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#10). (600 character limit)

b. Is this proposed service (#10) billable to a third party-payor(s)? (e.g. health insurance, state subsidy, etc.)

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#10) (600 character limit)

If No - Explain why the proposed service (#10) is not billable to a third-party payor. (600 character limit)

c. What fee payment options will be provided for proposed service (#10) if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (600 character limit)

Service #10 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#10)

Service #10 - Other Funders Chart

<u>Funders (#10)</u>	<u>Unit Rate (#10)</u>	<u># of Units Funded (#10)</u>	<u>Total Amount Contracted (#10)</u>
a. Boone County - Children's Services Funding (#10)	10a1. \$0.00	10a2. 0	10a3. \$0.00
b. Boone County - Community Health Funding (#10)	10b1. \$0.00	10b2. 0	10b3. \$0.00
c. City of Columbia - Social Services Funding (#10)	10c1. \$0.00	10c2. 0	10c3. \$0.00
d. City of Columbia - CDBG/Home/CHDO Funding (#10)	10d1. \$0.00	10d2. 0	10d3. \$0.00
e. Heart of Missouri United Way (#10)	10e1. \$0.00	10e2. 0	10e3. \$0.00

Service #10 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#10)
\$0.00

b. Proposed Number of Units of Service (#10)
0

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#10) (600 character limit)

Service #10 - Performance Measures

Outcome (10-1)	Indicator (10-1)	Method of Measurement (10-1)
Additional Outcome (10-2)	Additional Indicator (10-2)	Additional Method (10-2)
Additional Outcome (10-3)	Additional Indicator (10-3)	Additional Method (10-3)
Additional Outcome (10-4)	Additional Indicator (10-4)	Additional Method (10-4)
Additional Outcome (10-5)	Additional Indicator (10-5)	Additional Method (10-5)

Service #10 - Performance Measures Narrative

- Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#10) (600 character limit)
- Describe and document any external factors or variables which may affect the proposed outcome(s) (#10) (600 character limit)
- Provide a rationale for the measurement level(s) for each indicator (#10) (600 character limit)
- Provide a rationale for each method of measurement (#10) (600 character limit)

Total Amount Requested for Services #6 - Service #10

Total Amount Requested for Services #6 - Service #10

23090



MISSOURI

November 3, 2015

RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

Ed Knollmeyer

Ed Knollmeyer
Director, Risk & Insurance Management

EK



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children's Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymoh.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.
- 2.4. Term; Termination of Contract Agreement:**
- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of _____)
) ss
 State of _____)

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Printed Name _____

Notary Public

Page 14 of 14



AGREEMENT FOR PURCHASE OF SERVICES

Purchase of Service Contract

MU Bridge Programs: School-Based Psychiatry

THIS AGREEMENT dated the 28th day of December, 2017 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "**BCCSB**" and **The Curators of the University of Missouri (on behalf of the Department of Psychiatry)** a tax-exempt, not organized for profit organization or governmental entity, hereinafter referred to as **MU Bridge**.

WHEREAS, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

WHEREAS, MU Bridge has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided; and

WHEREAS, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth.

IN CONSIDERATION of the parties' performance of the respective obligations contained herein, the parties agree as follows:

FUNDING ALLOCATION FOR SERVICES RENDERED BY MU BRIDGE

MU Bridge is expected to the greatest extent possible to maximize funding from all other sources. MU Bridge shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. MU Bridge shall only request reimbursement for services not reimbursable by any other source. MU Bridge shall not invoice the Children's Services Fund for units of service invoiced to another funding source. MU Bridge shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract and is incorporated as if fully set forth herein.

2. **Contract Documents.** MU Bridge will perform the services and carry out the activities as set forth in this agreement. This agreement shall consist of the Request for Proposal **#30-20JUL17** (Purchase of Service Contracts), any addenda, and MU Bridge's response to the County of Boone's Request for Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over MU Bridge's Proposal, Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from MU Bridge and MU Bridge agrees to furnish the **MU Bridge Program: School-Based Psychiatry** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in MU Bridge's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$701,891.68** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of **January 1, 2018** and extend through **December 31, 2018** subject to the provisions for termination specified below. MU Bridge agrees and understands that the BCCSB may require supplemental information to be submitted at the request of BCCSB.

This contract may at the sole discretion of the BCCSB and with the agreement of MU BRIDGE be renewed for **an additional one (1), one-year period**. MU BRIDGE agrees and understands that the BCCSB may require supplemental information to be submitted by MU BRIDGE prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service Contract, the unit rate for services is the mutually agreed upon unit rate as provided in the table below.

Service Description	Unit Measurement	Unit Rate	Proposed # of Units	Total Amount Requested
Psychiatric Treatment	15 minutes	\$59.03	2,000	\$118,060.00
Psychiatric Case Management	15 minutes	\$24.44	23,272	\$568,767.68
Psychiatric Treatment (Fellows)	15 minutes	\$21.52	700	\$15,064.00

All billing shall be invoiced to BCCSB monthly by the 20th of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing

dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of MU Bridge, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Requests for Clarification, responses to Requests for Clarification, Requests for Additional Information, and Best and Final Offer Response, as submitted by MU Bridge to monitor service delivery and program expenditures. MU Bridge agrees to submit to the BCCSB an Interim Report by July 31, 2018 for the period of January 1, 2018 through June 30, 2018 and a Year End Final Report by January 31, 2019, for the period of January 1, 2018 through December 31, 2018. Variations on this date may be requested by MU Bridge and, if so stipulated, are noted on this contract document. Payments may be withheld from MU Bridge if reports designated here are not submitted on time, until such time as the reports are filed and approved. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. MU Bridge agrees to submit its reports through the Apricot by Social Solutions funding management system or another format if requested.

8. **Audits.** MU Bridge also agrees to make available to the BCCSB a copy of its annual audit upon completion by the auditing agency. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from MU Bridge, if reports designated here are not made available upon request. Audits shall be uploaded to the Organization Profile in the Apricot System and continually kept up to date.

9. **Monitoring.** MU Bridge agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect MU Bridge's services, activities, programs, and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, MU Bridge hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event MU Bridge requests to make any change, modification, or an amendment to funded services, one-time items, activities, and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from MU Bridge may be required with the request. For consideration of a request to modify or amend the contract, requests to the BCCSB must be submitted in writing at least two weeks prior to a regularly scheduled BCCSB meeting.

OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded through the Children's Services Fund shall be investigated in accordance with MU Bridge's policies and procedures and in accordance with any local/state/federal regulations. MU Bridge agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. MU Bridge must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** MU Bridge will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** MU Bridge agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to MU Bridge's provision of such services.

14. **Accreditation/Licensure/Certifications.** MU Bridge must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing" with the applicable oversight entity.

15. **Conflict of Interest.** MU Bridge agrees that any conflicts of interest between its Board and/or employees and MU Bridge shall be appropriately identified and managed.

16. **Subcontracts.** MU Bridge may enter into subcontracts for components of the contracted service as MU Bridge deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, MU Bridge shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** MU Bridge agrees to comply with Missouri State Statute section 285.530. MU Bridge also agrees that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. MU Bridge shall require each subcontractor to affirmatively state in its Agreement with the MU Bridge that the subcontractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** MU Bridge agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge, or other proceeding pending or threatened against MU Bridge or any individual acting on the MU Bridge's behalf, including subcontractors, which seek to enjoin or prohibit MU Bridge from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If MU Bridge ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth, and their families, pursuant to this contract, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if MU Bridge no longer uses capital equipment, materials, or buildings purchased with CSF funds for its original intent, MU Bridge will need BCCSB approval to re-direct the use of such.

20. **Failure to Perform/Default.** In the event MU Bridge, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to MU Bridge as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This Contract may be terminated, with or without cause, by either party upon thirty (30) days written notice to the other party. In addition, this agreement may be terminated by the BCCSB upon 15 days' advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement should MU Bridge fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, MU Bridge shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the MU Bridge for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event, will such costs exceed the total funds presently allocated to this Contract.

22. **Indemnification.** To the extent permitted under Missouri law, MU Bridge agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of the Department of Psychiatry)** (meaning anyone, including but not limited to consultants having a contract with MU Bridge or subcontractor for part of the services), or anyone directly or indirectly employed by MU Bridge, or of anyone for whose acts MU Bridge may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Organization.** MU Bridge shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. MU Bridge will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. MU Bridge will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. MU Bridge agrees to acknowledge the Children's Services Fund as a funding source on written and electronic publications including brochures, annual reports, and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture, or any other form of joint relationship between the BCCSB and MU Bridge. The BCCSB does not recognize any of the MU Bridge's employees, agents, or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** MU Bridge shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services
605 E. Walnut, Ste. A
Columbia, MO 65201

Any written notice or communication to MU Bridge shall be mailed or delivered to:

The Curators of the University of Missouri
on behalf of Department of Psychiatry
Office of Sponsored Programs
115 Business Loop 70W
Mizzou North, Room 501
Columbia, MO 65211-0001

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

The Curators of the University of Missouri
(on behalf of the Department of Psychiatry)

By: Karen M. Geren 12-11-17
Signature

Boone County, Missouri

By: Daniel K. Atwill
Daniel K. Atwill, Presiding Commissioner

By: Karen M. Geren | Pre-Award Manager, OSPA
Printed Name/ Title

By: Les Wagner
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature]
County Counselor

ATTEST:

Taylor W. Burks
Taylor W. Burks, County Clerk
DWB

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Ritchford by [Signature] 12/19/2017 (2161/71106/\$701,891.68)
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

No Bridge Programs:
School Based Psychiatry

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

November 3, 2017

BOONE COUNTY - MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: 30-20JUL17 - Purchase of Service Contracts

CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

In compliance with this request, the Offeror agrees to furnish the services requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of the RFP and this clarification request and is authorized to contract on behalf of the firm. **Note:** This form must be signed. All signatures must be original and not photocopies.

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Mizzou North, Room 501
Columbia, Missouri 65211

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Michelle L. Leaton

Title: Assistant Pre-Award Manager, OSPA

Signature: *M. Leaton*

Date: 11/3/17

E-mail: grantsdc@missouri.edu

MU Project 00059926

BOONE COUNTY – MISSOURI

PROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – Purchase of Service Contracts

WRITTEN CLARIFICATION FORM #1

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Name of Program	MU Bridge Program: School-Based Psychiatry

Organization Profile

1. The contact information, employer, and expertise, experience, and qualifications are not provided for all the board members.
Action Required: Provide all fields for each board member on the Governing Board section in Apricot.

All bios and contact number have been updated in Apricot.

2. David Stewart does not have any information fields completed.
Action Required: Complete all the information fields for David Stewart on the Governing Board section in Apricot.

Not sure who David Stewart is in regard to the Governing Board. Spoke to Melinda and Joanne who said to note that I did not see David Stewart under the Governing Board segment in Apricot (10/24/17).

3. The 990 needs to be updated. The tax year is listed for July 1, 2014 to June 30, 2015.
Action Required: Provide updated 990 on Apricot.

Uploaded 2017 signed version to Apricot.

Proposal Cover Sheet

4. Attachment B on the Proposal Cover Sheet is not the correct form.
Action Required: Provide the correct form for Attachment B with the required signatures.

Correct Attachment B should be attached to the email

Program Overview Form

5. The Program Consumers section lists 400 unduplicated individuals will be served but the Consumer Demographics section lists totals of 456 individuals. 56 individuals are listed as residents from other counties.
Action Required: Provide clarification regarding the total number of unduplicated individuals to be served, regardless of the funding source or residency. Provide clarification on the funding source paying for services for residents of other counties.

This was an error. It is 400 unduplicated individuals within Boone County only

6. Service 4 on the Program Services form mentions that three RNs will receive training. The Individuals Trained section on the Program Overview form does not list individuals to be trained.
Action Required: Provide more information on the type of training the RNs will receive and how this training will be utilized in providing program services.

The RN's will receive training on School-Based Mental Health. One example is the conference offered by the Center for School Mental Health. We will evaluate options for trainings/conferences based School Mental Health Treatment in order to ensure they stay up to date in the most current issues within School Mental Health. They will utilize this training to enhance our program. Information obtained on the most up to date practices across the US will be brought to Boone County with their attendance.

7. Services will be provided within the Columbia Public Schools. The Collaboration section does not provide a Memorandum of Understanding (MOU) for any school districts or organizations (ex. FACE, BCSMHC).
Action Required: Provide information on developing a MOU with Columbia Public Schools and any other school districts or organizations.

We initially had a MOU with the BCSMHC. We mistakenly did not update it. We will work with the schools and the BCSMHC to obtain an MOU.

8. The program mentions billing Medicaid when possible but an amount is not provided in the Program Budget.

Action Required: Provide clarification on the amount that will be billed to Medicaid.

This program was initiated due to lack of access to child psychiatry as a result of obstacles that parents seeking mental health treatment faced. These included underinsurance, lack of insurance, lack of access to a child psychiatrist and navigating the health system. We have incurred challenges in our attempts to billing Medicaid. Our system won't allow us to bill Medicaid only. We will need to bill all insurances and self-pay patients. We met with Kelly and Joanne to discuss this and have been evaluating the challenges in order to determine how to overcome them. We welcome further discussion

Program Services Form (1-5)

9. The proposal listed Psychiatric Treatment twice due to the different unit rates between licensed professionals and fellows providing the services. In order to differentiate the two services, Psychiatric Treatment will be for services provided by licensed professionals and Psychiatric Treatment (Fellow) will be for services provided by the fellows.

The proposal also listed Professional Services and Organizational Capacity Building as two different services. The services describe general administrative costs and professional development for employees. Both services can be incorporated into the unit rate for the remaining services. See below for how the services should be structured:

Service #	Service Name	Notes
1	Psychiatric Treatment	Provided by licensed professionals
2	Psychiatric Case Management	Includes Professional Services and Organizational Capacity Building
3	Psychiatric Treatment (Fellow)	Provided by fellows

Action Required: Respond to the following clarification questions in the service format listed DO

We incorporated the Professional Services/Organizational Capacity program services with Psychiatric Case Management. This increased the unit cost, but the total amount requested remained the same.

Service 1

10. The service name needs to be changed to Psychiatric Treatment and will cover treatment provided by licensed professionals.

Action Required: Update the 'Service Change Form' below with updated information. Provide any comments in the field below.

Okay with the change. Both the fellow and the attending are licensed professionals. The attending is Board Certified in Child Psychiatry and the fellow/resident is Board Eligible

11. The number of units to be provided needs to include units that are billed to another funding source. The description of Psychiatric Treatment states that Medicaid and insurance will be billed for services provided by a Bridge psychiatrist. The Funding Request section shows that Boone County Children's Services (BCCS) will be purchasing all the proposed number of units. *Action Required:* Complete the 'Outputs and Funding Request Tables' with the total number of outputs to be provided for the whole program.

We have incurred challenges in our attempts to billing Medicaid. Our system won't allow us to bill Medicaid only. We will need to bill all insurances and self-pay patients. We met with Kelly and Joanne to discuss this and have been evaluating the challenges in order to determine how to overcome them. We welcome further discussion

Service 2 (this would include Professional Services and Organizational Capacity Building)

12. The service descriptions provided for Professional Services and Organizational Capacity Building should be included in Psychiatric Case Management as program expenses but should not be billed for reimbursement.

Action Required: No follow-up needed.

13. The Program Performance Measures should focus on the services completed with Psychiatric Case Management.

Action Required: Review the information currently listed in the for Psychiatric Case Management. At this time we don't have any follow-up questions.

Service 3

14. The service name needs to be changed to Psychiatric Treatment (Fellows) and will cover treatment provided by fellows.

Action Required: Update the 'Service Change Form' below with updated information. Provide any comments in the field below.

Both the fellow and the attending are licensed professionals. The attending is Board Certified in Child Psychiatry and the fellow/resident is Board Eligible

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

15. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: MU Bridge Program: School-Based Psychiatry			
Service #1 – Taxonomy of Service Name: Psychiatric Treatment			
Service #1 – Taxonomy Definition of Service: Implementation of a mental health treatment plan that may include psychotherapy and medication adjustments and performed by a licensed psychiatrist.			
<p>Provide a detailed description of the proposed service:</p> <p>Any school-age child residing in Boone Co. can be evaluated in the MU Bridge Program by a licensed child psychiatrist if he/she is having emotional or behavioral problems and is not already receiving satisfactory treatment by another community provider. A child can be referred by his/her parent/guardian, pediatrician, teacher, school counselor, or another professional in the community with the parents' consent. A child can be seen at his/her school, as each CPS school and county district is scheduled on the Bridge monthly calendar. Home-schooled children or those attending parochial or private schools, can be scheduled at the Bridge office. After a referral, parents are contacted and, if an evaluation is agreed upon, an appointment is scheduled and Vanderbilts are requested from parent(s) and the teacher.</p> <p>The initial 1-hour evaluation will provide diagnoses and treatment recommendations including prescribed medications, if needed. For some, therapy is tried first, and the child is rescheduled after he/she has had an opportunity to make progress in therapy. If medication is prescribed and continued treatment is recommended after the initial evaluation, the child is rescheduled in Bridge every four weeks for a 30-minute follow-up visit until her/his condition is stable enough to discharge to a community provider. A child's condition is considered stable if his/her medication is effective and does not need changing, and there is marked improvement in mood/behavior/activity level, etc.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$59.03	2000	266
Funding Request			
Amount Requested to Boone County: \$118,060.01		Proposed Number of Units of Service: 2000	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Children referred and who meet the criteria for Bridge will be accepted for an initial evaluation	Of the children referred, 65% of their parents/guardians will schedule an initial evaluation. 75% of children that complete the evaluation will attend follow-up Bridge appointments.	Track the number of referrals, initial evaluations, and continued stay in the Bridge program	

Children who complete the program will demonstrate improved mental/behavioral health	50% of children who complete the program will demonstrate improved scores on a measure of mood and/or attention, behavior and activity level	Pre/post-treatment Vanderbilt Assessment Scales
Classroom environments will improve for those children in Bridge who complete the program and, prior to treatment, had disruptive classroom behavior.	Teachers will report improved classroom behavior in 30% of children related to a decrease in children's disruptive behaviors during class	Pre/post-treatment Vanderbilt Assessment Scales

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: MU Bridge Program: School-Based Psychiatry			
Service #2 – Taxonomy of Service Name: Psychiatric Case Management			
Service #2 – Taxonomy Definition of Service: Case Management for individuals in need of psychiatric treatment, provided by a qualified mental health professional.			
<p>Provide a detailed description of the proposed service:</p> <p>Every child admitted to the Bridge program is assigned an RN case manager (CM). As part of the Bridge team, the RN CM is present during the child's sessions with the psychiatrist and parents. Depending on the child's and family needs, he/she may be referred to individual therapy, Brain Train, FACE, PCIT, DBT or other. After the child starts therapy/wraparound service during their Bridge treatment, the RN CM may communicate with the agency's staff or therapist to collaborate on behalf of the child's treatment.</p> <p>The RN case manager keeps in contact with the parent to assess medication compliance, scheduling of therapy or wrap-around support appointments, and may assist by making referrals on behalf of the parent and child. The RN's are available during business hours to receive calls from parents in regard to medication or behavioral concerns, referrals and resource needs, coaching and encouragement, etc. Parents/guardians are advised to call 911 or take their child to the nearest emergency room if an emergency occurs.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$24.44	23,272	400
Funding Request			
Amount Requested to Boone County: \$568,767.68		Proposed Number of Units of Service: 23,272	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	
Children and their parents/guardians will have complied with the school-based treatment.	<p>75% of children will be taking medication as prescribed.</p> <p>RN CM's will establish working relationships with 75% of children, parents/guardians.</p> <p>65% of children will begin therapy and/or other wraparound services.</p>	<p>Medication compliance tracking</p> <p>Track follow-up communication attempts/contact w/parents and guardians</p> <p>Track therapy and wraparound service participations</p> <p>Track discharge planning</p> <p>Parent/School Satisfaction Surveys</p>	

	90% of children taking medication will have a community provider planned at discharge.	
Children will be supported by an integrated, collaborative team of psychiatrists, RN CM's, parent/guardians, school counselors	For children completing the Bridge program, the parent, teacher, and/or individual satisfaction survey will score at or above a 4 or 5 on the Likert Scale.	Parent/School Satisfaction Surveys.

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: MU Bridge Program: School-Based Psychiatry			
Service #3 – Taxonomy of Service Name: Psychiatric Treatment (Fellows)			
Service #3 – Taxonomy Definition of Service: Implementation of a mental health treatment plan that may include psychotherapy and medication adjustments and performed by a licensed psychiatrist.			
Provide a detailed description of the proposed service:			
<p>Any school-age child residing in Boone Co. can be evaluated in Bridge by a licensed child psychiatry resident if he/she is having emotional or behavioral problems and is not already receiving satisfactory treatment by another community provider. All child psychiatry residents in Bridge are supervised by Laine Young-Walker, MD. A child can be referred by his/her parent/guardian, pediatrician, teacher, school counselor, or another professional in the community with the parents' consent. A child can be seen at his/her school, as each CPS school and county district is scheduled on the Bridge monthly calendar. Home-schooled children or those attending parochial or private schools, can be scheduled at the Bridge office. After a referral, parents are contacted and, if an evaluation is agreed upon, an appointment is scheduled and Vanderbilts are requested from parent(s) and the teacher.</p> <p>The initial 1-hour evaluation will provide diagnoses and treatment recommendations including prescribed medications, if needed. For some, therapy is tried first, and the child is rescheduled after he/she has had an opportunity to make progress in therapy. If medication is prescribed and continued treatment is recommended after the initial evaluation, the child is rescheduled in Bridge every four weeks for a 30-minute follow-up visit until her/his condition is stable enough to discharge to a community provider. A child's condition is considered stable if his/her medication is effective and does not need changing, and there is marked improvement in mood/behavior/activity level, etc.</p>			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
15 minutes	\$21.52	700	134
Funding Request			
Amount Requested to Boone County: \$15,064.00		Proposed Number of Units of Service: 700	
Performance Measures			
Outcome:	Indicator:		Method of Measurement:

Children referred and who meet the criteria for Bridge will be accepted for an initial evaluation	Of the children referred, 65% of their parents/guardians will schedule an initial evaluation. 75% of children that complete the evaluation will attend follow-up Bridge appointments.	Track the number of referrals, initial evaluations, and continued stay in the Bridge program
Children who complete the program will demonstrate improved mental/behavioral health	50% of children who complete the program will demonstrate improved scores on a measure of mood and/or attention, behavior and activity level	Pre/post-treatment Vanderbilt Assessment Scales
Classroom environments will improve for those children in Bridge who complete the program and, prior to treatment, had disruptive classroom behavior.	Teachers will report improved classroom behavior in 30% of children related to a decrease in children's disruptive behaviors during class	Pre/post-treatment Vanderbilt Assessment Scales

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals
Psychiatric Treatment	15 minutes	\$59.03	2,000	266
Psychiatric Case Management	15 minutes	\$24.44	23,272	400
Psychiatric Treatment (Fellows)	15 minutes	\$21.52	700	134

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Psychiatric Treatment	\$118,060.00	2,000
Psychiatric Case Management	\$568,767.68	23,272
Psychiatric Treatment (Fellows)	\$15,064.00	700
Total Amount Requested to Boone County:	\$701,981.68	

ATTACHMENT B

(Please complete and return with Proposal Response)

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Authorized Signer, Grants & Contracts

Name and Title of Authorized Representative

Karen M. Geren
Signature

7/14/2017
Date

Mu Bidg

Boone County Purchasing



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

613 E. Ash Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

October 23, 2017

The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Attn: Karen Geren, Pre-Award Manager, OSPA
Office of Sponsored Programs
115 Business Loop 70 West, Mizzou North, Room 501
Columbia, MO 65211
grantsdc@missouri.edu

RE: Written Clarification #1 to 30-20JUL17 – *Purchase of Service Contracts*

Dear Ms. Geren:

In accordance with section 4.3. Competitive Negotiation of Proposals of the Request for Proposal (RFP) 30-20JUL17 – *Purchase of Service Contracts*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with your organization. Included with this letter is a Written Clarification Form.

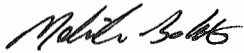
The Written Clarification Form contains clarification question(s) that may include: (1) a listing of the deficiencies or other concerns identified within your proposal which may not comply with the requirements of the RFP or Boone County policy, and (2) a listing of areas within your proposal which require further information and/or clarification. Your detailed clarification response should address each area identified on the clarification question list in the box located under the question(s), in the Service Change Chart, and the Program Outputs and Funding Request Tables – Best and Final Offer, as indicated.

If you have been requested to submit a Best and Final Offer (BAFO), you may now modify the pricing of your proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to a BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best, including a reduction or other changes in pricing.

You are requested to provide written response by **12:00 p.m. November 3, 2017** by e-mail to mbobbitt@boonecountymo.org.

You are reminded that pursuant to Section 610.021 RSMo, proposal documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to Melinda Bobbitt. If you have questions regarding answering the written clarification questions or to set up a face-to-face meeting, please contact Melinda Bobbitt at mbobbitt@boonecountymmo.org or (573) 886-4391 as soon as possible. Neither you nor your agents may contact any other County employee or Boone County Children's Services Board Member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal response are grounds for suspension and/or exclusion from specific procurements.

Sincerely,



Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

cc: Proposal File

Dr. Laine Young-Walker – youngwalkerl@health.missouri.edu

Attachments: Written Clarification Form #1

BOONE COUNTY – MISSOURIPROPOSAL NUMBER AND DESCRIPTION: #30-20JUL17 – *Purchase of Service Contracts***WRITTEN CLARIFICATION FORM #1**

This Clarification is issued in accordance with the Instructions to Offeror and is hereby incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this Clarification must be acknowledged and submitted by e-mail to mbobbitt@boonecountymo.org.

All information must be provided as the best and final offer for this proposed program.

Organization	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Name of Program	MU Bridge Program: School-Based Psychiatry

Organization Profile	
-----------------------------	--

1. The contact information, employer, and expertise, experience, and qualifications are not provided for all the board members.

Action Required: Provide all fields for each board member on the Governing Board section in Apricot.

--

2. David Stewart does not have any information fields completed.

Action Required: Complete all the information fields for David Stewart on the Governing Board section in Apricot.

--

3. The 990 needs to be updated. The tax year is listed for July 1, 2014 to June 30, 2015.

Action Required: Provide updated 990 on Apricot.

--

Proposal Cover Sheet	
-----------------------------	--

4. Attachment B on the Proposal Cover Sheet is not the correct form.

Action Required: Provide the correct form for Attachment B with the required signatures.

Program Overview Form	
------------------------------	--

5. The Program Consumers section lists 400 unduplicated individuals will be served but the Consumer Demographics section lists totals of 456 individuals. 56 individuals are listed as residents from other counties.

Action Required: Provide clarification regarding the total number of unduplicated individuals to be served, regardless of the funding source or residency. Provide clarification on the funding source paying for services for residents of other counties.

6. Service 4 on the Program Services form mentions that three RNs will receive training. The Individuals Trained section on the Program Overview form does not list individuals to be trained.

Action Required: Provide more information on the type of training the RNs will receive and how this training will be utilized in providing program services.

7. Services will be provided within the Columbia Public Schools. The Collaboration section does not provide a Memorandum of Understanding (MOU) for any school districts or organizations (ex. FACE, BCSMHC).

Action Required: Provide information on developing a MOU with Columbia Public Schools and any other school districts or organizations.

8. The program mentions billing Medicaid when possible but an amount is not provided in the Program Budget.

Action Required: Provide clarification on the amount that will be billed to Medicaid.

--

Program Services Form (1-5)

9. The proposal listed Psychiatric Treatment twice due to the different unit rates between licensed professionals and fellows providing the services. In order to differentiate the two services, Psychiatric Treatment will be for services provided by licensed professionals and Psychiatric Treatment (Fellow) will be for services provided by the fellows.

The proposal also listed Professional Services and Organizational Capacity Building as two different services. The services describe general administrative costs and professional development for employees. Both services can be incorporated into the unit rate for the remaining services. See below for how the services should be structured:

Service #	Service Name	Notes
1	Psychiatric Treatment	Provided by licensed professionals
2	Psychiatric Case Management	Includes Professional Services and Organizational Capacity Building
3	Psychiatric Treatment (Fellow)	Provided by fellows

Action Required: Respond to the following clarification questions in the service format listed above.

--

Service 1

10. The service name needs to be changed to Psychiatric Treatment and will cover treatment provided by licensed professionals.

Action Required: Update the 'Service Change Form' below with updated information. Provide any comments in the field below.

--

11. The number of units to be provided needs to include units that are billed to another funding source. The description of Psychiatric Treatment states that Medicaid and insurance will be billed for services provided by a Bridge psychiatrist. The Funding Request section shows that Boone County Children's Services (BCCS) will be purchasing all the proposed number of units.

Action Required: Complete the 'Outputs and Funding Request Tables' with the total number of outputs to be provided for the whole program.

--

Service 2 (this would include Professional Services and Organizational Capacity Building)

12. The service descriptions provided for Professional Services and Organizational Capacity Building should be included in Psychiatric Case Management as program expenses but should not be billed for reimbursement.

Action Required: No follow-up needed.

13. The Program Performance Measures should focus on the services completed with Psychiatric Case Management.

Action Required: Review the information currently listed in the for Psychiatric Case Management. At this time we don't have any follow-up questions.

Service 3

14. The service name needs to be changed to Psychiatric Treatment (Fellows) and will cover treatment provided by fellows.

Action Required: Update the 'Service Change Form' below with updated information. Provide any comments in the field below.

--

Program Outputs and Funding Request Table	See attachment (REQUIRED)
--------------------------------------------------	---------------------------

15. An attachment is provided to submit your best and final offer for program outputs and funding request amounts.

Action Required: Complete the 'Program Outputs and Funding Request Tables'.

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: MU Bridge Program: School-Based Psychiatry			
Service #1 – Taxonomy of Service Name: Psychiatric Treatment			
Service #1 – Taxonomy Definition of Service: Implementation of a mental health treatment plan that may include psychotherapy and medication adjustments and performed by a licensed psychiatrist.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: MU Bridge Program: School-Based Psychiatry			
Service #2 – Taxonomy of Service Name: Psychiatric Case Management			
Service #2 – Taxonomy Definition of Service: Case Management for individuals in need of psychiatric treatment, provided by a qualified mental health professional.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Service Change Chart			
Organization Name: The Curators of the University of Missouri (on behalf of the Department of Psychiatry)			
Program Name: MU Bridge Program: School-Based Psychiatry			
Service #3 – Taxonomy of Service Name: Psychiatric Treatment (Fellows)			
Service #3 – Taxonomy Definition of Service: Implementation of a mental health treatment plan that may include psychotherapy and medication adjustments and performed by a licensed psychiatrist.			
Provide a detailed description of the proposed service:			
Outputs			
Unit Measure:	Unit Rate:	Total Number of Units of Service to be Provided:	Total Number of Unduplicated Individuals:
Funding Request			
Amount Requested to Boone County:		Proposed Number of Units of Service:	
Performance Measures			
Outcome:	Indicator:	Method of Measurement:	

Program Outputs and Funding Request Tables – Best and Final Offer

Action Required: Complete the following tables based on your best and final offer for all services. The information must reflect the changes that were requested.

Organization Name:				
Program Name:				
Program Outputs from all funding sources (including Children's Services Fund):				
Service:	Unit Measure:	Unit Rate:	Total # of Units to be Provided:	Total # of Unduplicated Individuals

Funding Request to Children's Service Fund:		
Service:	Amount Requested to Boone County:	Proposed # of Units of Service:
Total Amount Requested to Boone County:		

Organization Profile

MO Bridge Program:
School Based Psychiatry

Organization Profile Instructions

New Users:

In order to create a Username and Password, complete the Organization User Information and Primary Information sub-sections and click Save Record on the right hand side of the screen. Be sure to save your Username and Password in a secure location for future use. Once you click Save Record you will be prompted to log in. This will allow you to access the system and complete the Organization Profile.

Returning Users:

You must complete and keep up-to-date ALL applicable fields in your Organization Profile. Proposals and Reports will be considered unresponsive if your Organization Profile is not complete and up-to-date.

Organization User Information

Primary Information

Organization Name (the official name of the organization that would enter into a contract):

The Curators of the University of Missouri (on behalf of the Department of Psychiatry)

DBA:

Department of Psychiatry

Federal EIN Number:

43-6003859

Organization Type:

Tax-Exempt/Not-For-Profit

Organization Contact Information

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

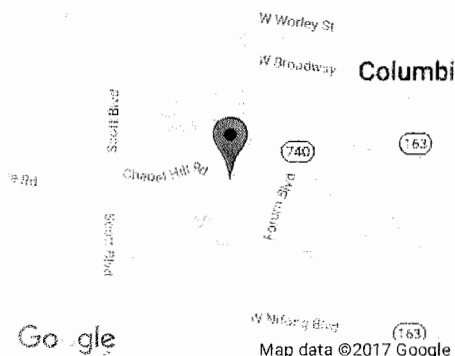
Missouri

County

Boone County

Zip

65211-0001



Organization Phone Number:

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

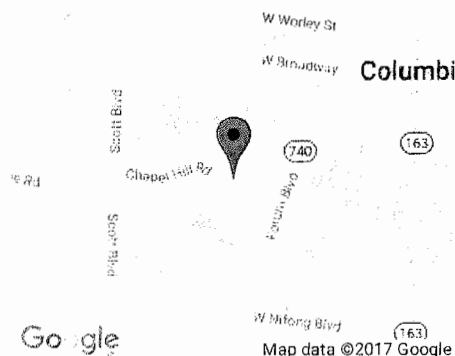
Missouri

County

Boone County

Zip

65211-0001



Organization Fax Number:

573-882-7560

Website:

<http://research.missouri.edu>

Head of Organization

Craig David

Head of Organization Phone:

573-882-7560

573-884-4078

Email:

grantsdc@missouri.edu

Head of Organization Title (e.g. Director, President, CEO)

Director, OSPA

Head of Organization Email:

grantsdc@missouri.edu

Local Organization Contact Information (If there is a local office with differen

Local Organization Name:

University of Missouri Department of Psychiatry

Address

1 Hospital Drive

DC067.00

City

Columbia

State

Missouri

County

Boone County

Zip

65212

Local Organization Fax:

573-884-1070

Address

1 Hospital Drive

DC067.00

City

Columbia

State

Missouri

County

Boone

Zip

65212



Local Contact Name:

Laine M. Young-Walker, M.D.

Local Contact Email:

youngwalkerl@health.missouri.edu

Local Contact Title:

Vice-Chair; Director of Child and Adolescent Psychiatry

Local Contact Phone:

573-882-8006

General Information

Organization

Mission

Statement

(Purpose):

Provide your organization's mission statement. (600 character limit)

The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Organization

History:

Provide a brief history of your organization including the number of years the organization has been in operation. (600 character limit)

The University of Missouri has provided teaching, research and service to Missouri since 1839. The university, the first publicly supported institution of higher education to be established in the Louisiana Purchase territory, was shaped in accordance with the ideals of Thomas Jefferson, an early proponent of higher education. Founded in Columbia, the university had one campus until 1870, when the School of Mines and Metallurgy was established in Rolla. In the same year, the university assumed land-grant responsibilities of providing higher education opportunities for all citizens.

Brief Statement of

Organization's

Major Goals:

Provide a brief statement of the ultimate goals toward which your organization is working. (600 character limit)

The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong

learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Articles of Incorporation (MUST BE IN PDF FORMAT)

Articles of
Incorporation:

/document/download/filename/1433872181_30405_ArticlesofIncorporation.pdf/

**Provide a copy
of the
organization's
Articles of
Incorporation.**

Bylaws (MUST BE IN PDF FORMAT)

Bylaws: **Provide
a copy of the
organization's
Bylaws.**

/document/download/filename/1472501425_34051_10.030BoardBylaws.pdf/

Organizational Chart (MUST BE IN PDF FORMAT)

Organizational
Chart
(must be for the
entire
organization):

/document/download/filename/1500407642_30406_UMS-orgchart-2017.pdf/

Strategic Plan (MUST BE IN PDF FORMAT)

Strategic Plan:

Briefly describe the geographic area in which your organization provides services. (600 character limit)

Service Area:

The University of Missouri's service area is world-wide.

Briefly describe the population(s) served by your organization. (600 character limit)

Population
Served:

All populations.

Does your organization have a written Conflict of Interest policy?

Conflict of
Interest Policy:

yes

Does your organization have a written Whistleblower policy?

Whistleblower
Policy:

yes

Does your organization have a written Business Continuity plan?

Business
Continuity Plan:

yes

Does your organization have a written Records Retention policy?

Records
Retention
Policy:

yes

If yes, does the Records retention policy include a Records Retention Schedule?

yes

Governing Board

Length of Board Term (e.g. "2 years"):

6 years

Organization Governing Board:

Include information for all board members. Click +New to add board member information.

Governing Board Member

Governing Board Member						Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address:		Active	Date
David L Steelman	Board of Curators	01/01/2014	12/31/2019	316 University Hall Columbia, Missouri 65211		✓	Added on 07/18/2017
Jeffrey L Layman	Board of Curators	01/01/2017	12/31/2023	316 University Hall Columbia, Missouri 65211		✓	Added on 07/18/2017
Phillip H Snowden	Board of Curators	01/01/2015	12/31/2021	316 University Hall Columbia, Missouri 65211		✓	Added on 07/18/2017
Jamie L Farmer	Board of Curators	01/01/2017	01/01/2023	Board of Curators Office 316 University Hall Columbia, MO 65211		✓	Added on 07/11/2016
Daryl M Chatman	Board of Curators	01/01/2017	01/01/2023	Board of Curators Office 316 University Hall Columbia, MO 65211		✓	Added on 07/11/2016
John R. Phillips	Board of Curators	01/01/2013	01/01/2019	Board of Curators Office 316 University Hall Columbia, MO 65211		✓	Added on 07/11/2016
Maurice B. Graham	Board of Curators	01/01/2015	01/01/2021	Board of Curators Office 316 University Hall Columbia, MO 65211		✓	Added on 07/11/2016
David L. Steward						✓	Added on 05/27/2016

Total Active Links:8, Total Deactivated Links:15, Current Active Links:8, Current Deactivated Links:15

Advisory Board (if applicable)

Length of Board Term (e.g. "2 years")

Describe the function of the Advisory Board as it relates to the work of your organization:

Notes

Organization Advisory Board:

Include information for all advisory board members. Click +New to add board member information.

Advisory Board Member

Advisory Board Member						Link Info	
Name	Board Position:	Current Board Term Begin Date:	Current Board Term End Date:	Address		Active	Date

Total Active Links:0, Total Deactivated Links:11, Current Active Links:0, Current Deactivated Links:11

Financial Information

Organization Fiscal Year:

July 1 through June 30

IRS Tax Exempt Status Determination Letter:

If applicable, upload the correspondence from the IRS indicating that your organization has been designated as tax exempt.

IRS Tax Exempt Status Determination Letter (MUST BE IN PDF FORMAT)

/document/download/filename/1433872182_29953_FedTaxLetter.pdf/

Financial Statement:

Upload your organization's most recently completed Financial Statement and corresponding communications (required for audited statements). Financial statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit).

Financial Statement (MUST BE IN PDF FORMAT)

/document/download/filename/1489521114_29954_finrpt16.pdf/

IRS 990 or 990 EZ:

Upload your organization's most recently filed 990 or 990 EZ. Please contact the City, County and/or HMUW if your organization is not required to file a 990 or 990 EZ with the IRS.

990/990 EZ (MUST BE PDF FORMAT)

/document/download/filename/1468269470_29955_990-TPublicDisclosure2014%2806-30-15%29.pdf/

Financial Policies and Procedures:

Summarize the organization's policies and procedures regarding board oversight of the organization finances. (600 character limit)

http://www.umssystem.edu/ums/rules/collected_rules/financial The Office of Finance provides leadership in the areas of cash, investment and debt management, facilities planning, internal audit, procurement, budgeting, financial reporting and financial systems management. Just as important, we ensure the integrity of the university's financial statements and provide leadership in the management of financial, operational and compliance risk. These responsibilities define our purpose.

Employees Compensation

Top Five Compensated Employees:

Please provide titles, minimum qualifications, and salary information for the organization's top five compensated employees.

FTE = Full Time Equivalent (i.e., Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

FTE = number of hours worked by employee per year/2080 (e.g., 1040/2080 = .5 FTE)

FTE should not exceed 1.0 for each employee.

Click +New to add Employee Compensation information.

Employees

Employees Compensation

Link Info

Employee Title:	Qualifications:	FTE:	Salary:	Benefits:	Active	Date
Professor of Psychiatry and Chair	M.D.	1.00	\$374,556.00	\$0.00		Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	1.00	\$185,858.04	\$0.00		Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	1.00	\$190,958.04	\$0.00		Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	1.00	\$210,958.08	\$0.00		Added on 08/30/2016
Associate Professor of Clinical Psychiatry	M.D.	0.80	\$187,625.04	\$0.00		Added on 08/30/2016

Total Active Links:5, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

Accreditation (If applicable):

Accreditation:

Provide the name of the accrediting body, the name of the accreditation, period of current accreditation (including expiration date), and a brief description of the accreditation.

Accreditation 1:

Text

Accreditation 2:

Text

Accreditation 3:

Text

Certifications:

Certifications:

Please indicate that the above named organization:

Is a registered corporation in good standing with the State of Missouri.

yes

Agrees to comply with all the applicable provisions of: the Fair Labor Standards Act, as amended; the Employment Practices Act, as amended; the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1990, as amended; the Omnibus Reconciliation Act of 1981, as amended; the American with Disabilities Act of 1990, as amended; and all other applicable Federal and State laws which prohibit discrimination in employment and the delivery of services including the discrimination in employment and the delivery of services on the basis of race (racism), color, national origin, ancestry, sex, religion, disability, age (employment), and familial status (housing).

yes

If deemed a religious or denominational institution or organization or operated for religious purposes which is supervised or controlled by or in connection with a religious or denomination institution or organization; and agrees that, in connection with the provision of services and employment practices that it will not discriminate against any employee or applicant for employment on the basis of religion and will not employ or give preference in employment to persons on the basis of religion; it will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, or exert no other religious influence in the provision of services under this agreement.

yes

Prohibits discrimination and the delivery of services on the basis of marital status, gender identity, and sexual orientation.

yes

Has administrative and program facilities that are accessible to persons with disabilities per the Americans with Disabilities Act of 1990.

yes

If the answer is no - upload an ADA Plan of Accommodation and Transition Plan. (REQUIRED)

ADA Plan of Accommodation (MUST BE IN PDF FORMAT)

Transition Plan (MUST BE IN PDF FORMAT)

Heart of Missouri United Way

The following documents are required only of organizations applying for or renewing Heart of Missouri United Way certification.

Organizational Budget (MUST BE IN PDF FORMAT)

Required Budget Template is posted on Basecamp for applicants and can be requested via email from HMUW Community Impact Staff.

Proof of General Liability Insurance (MUST BE IN PDF FORMAT)

Certified Agency Annual Partnership Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement (MUST BE IN PDF FORMAT)

Strategic Investment Agreement- Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Strategic Investment Agreement-Additional Funded Strategy, if applicable (MUST BE IN PDF FORMAT)

Addendums (MUST BE IN PDF FORMAT)

Linked 'Proposal Cover Sheet' Records

Link to Proposal Cover Sheet

Showing 1 - 5 of 7 Links

Proposal Cover Sheet

Link Info

Grant	Organization Name (will aut...	Fund Source	Funder	Funding Cycle	Active	Date
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 07/12/2017
Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - POS 2017	Boone County	#30-20JUL17	✓	Added on 06/09/2017
Children's Services Fund - ECPP RFP #48-15DEC16 (Agreement Form - ECPP ends 08/31/2017 12:00 PM CDT)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - Early Childhood Prevention Programs RFP	Boone County	RFP #48-15DEC16	✓	Added on 12/13/2016
Children's Services Fund - RFP # 29-15JUN16 (Closed ends 12/16/2016 12:00 AM CST)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - ECPP RFP	Boone County	RFP #29-15JUN16	✓	Added on 06/20/2016
Children's Services Fund - POS RFP #25-15JUN15 (Interim Reporting ends 08/01/2017 12:01 PM CDT)	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Children's Services Fund - POS	Boone County	RFP #25-15JUN15	✓	Added on 05/21/2015

Total Active Links:7, Total Deactivated Links:0, Current Active Links:5, Current Deactivated Links:0

| Next

System Fields

Record ID

15535

Modification Date

07/18/2017 3:08 PM CDT

Modified By

MU Dept of Psychiatry ORG

Proposal Cover Sheet

Proposal Request Information

Grant

Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)

Organization Name (will auto-populate)

The Curators of the University of Missouri (on behalf of the Department of Psychiatry)

Fund Source

Children's Services Fund - POS 2017

Funder

Boone County

Funding Cycle

#30-20JUL17

Name of Program or Project

MU Bridge Program: School-Based Psychiatry

Amount of Request

\$701,886.00

County-Children's Services - Service Type (check all that apply)

Outpatient chemical dependency and psychiatric treatment programs

Program Information

Program Website (will default to Organization website)

<http://research.missouri.edu>

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

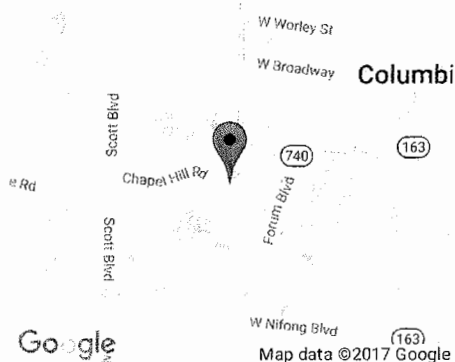
Missouri

County

Boone County

Zip

65211-0001



Program Administrator Name

Karen M. Geren

Phone Number

573-882-7560

Address

Office of Sponsored Programs

115 Business Loop 70W, Mizzou North, Room 501

City

Columbia

State

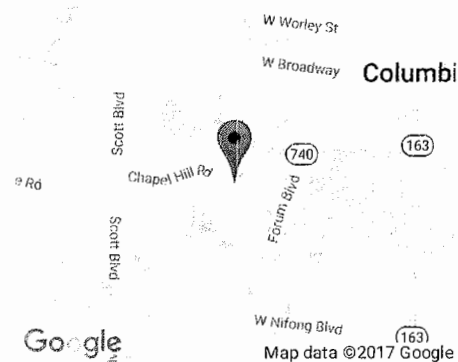
Missouri

County

Boone County

Zip

65211-0001



Program Administrator Title

Pre-Award Manager, OSPA

Email

grantsdc@missouri.edu

Required Attachments - Children's Services Fund and Community Health Only

Attachment A 2017 Organization Assurance Sheet

/document/download/filename/1500408924_30421_BooneCountyAttachmentA.pdf/

Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion

/document/download/filename/1500408924_30420_BooneCountyAttachmentB.pdf/


Attachment C Work Authorization Certification

/document/download/filename/1500408924_30419_BooneCountyAttachmentC.pdf/

Signed Addendums

/document/download/filename/1500408924_30418_0053957%3BYoungWalker%28CoverLetter%29.pdf/

Link to Organization Profile Record**Link to Organization Records**

Organization Profile			Link Info	
Organization Name (the offi...	Organization Mailing Address:	Head of Organization	Active	Date
The Curators of the University of Missouri (on behalf of the Department of Psychiatry)	Office of Sponsored Programs	Craig David		Added on 06/09/2017

Total Active Links:1, Total Deactivated Links:0, Current Active Links:1, Current Deactivated Links:0

Federal EIN Number (will auto-populate)

43-6003859

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing *n/a The Curators of The University of Missouri is a governmental
- Organization Strategic Plan entity of the State of Missouri
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Karen M. Geren, Authorized Signer, Grants & Contracts*

*As authorized signer, she is delegated authority to sign grant/contract agreements

Printed Name - Organization Executive Director/President/CEO

Date

Karen M. Geren

Signature - Organization Executive Director/President/CEO

7/14/2017

Date

n/a

Printed Name - Organization Board Chair

Date

n/a

Signature - Organization Board Chair

Date

Company ID Number: 62231

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and The Curators of the University of Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

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5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

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8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (1)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

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a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

Company ID Number: 62231

ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

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the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

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without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer The Curators of the University of Missouri

Dona R McKinney

Name (Please type or print)

Title

Electronically Signed

10/17/2007

Signature

Date

Department of Homeland Security – Verification Division

Company ID Number: 62231

USCIS Verification Division

Name (Please type or print)

Electronically Signed

Signature

Title

10/17/2007

Date

Company ID Number: 62231

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: The Curators of the University of Missouri

Company Facility Address: Office of Sponsored Program Administration
310 Jesse Hall, UMC
Columbia, MO 65211-1230

Company Alternate Address: _____

County or Parish: BOONE

Employer Identification Number: 436003859

North American Industry
Classification Systems Code: 611

Parent Company: _____

Number of Employees: 1,000 to
2,499 Number of Sites Verified for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name: **Dona R McKinney**
Telephone Number: **(573) 882 - 7560**
E-mail Address: **grantsdc@missouri.edu**

Fax Number: **(573) 884 - 4078**

ATTACHMENT C

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone)
) ss
State of Missouri)

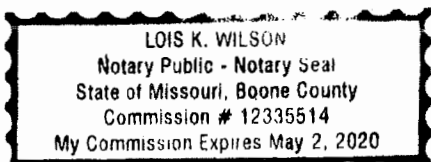
My name is Karen M. Geren. I am an authorized agent of The Curators of The University of Missouri (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Karen M. Geren 7/14/2017
Affiant Date

Karen M. Geren, Authorized Signer, Grants & Contracts
Printed Name

Subscribed and sworn to before me this 14th day of July, 2017.



Lois K. Wilson
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

July 17, 2017

Melinda Bobbitt
Director of Purchasing
Boone County Purchasing Department
Boone County Annex
613 E. Ash, Rm 110
Columbia, MO 65201

RE: Boone County POS Contract for The Curators of the University of Missouri/ Nathan Beucke, MD

Enclosed please find the above-referenced proposal which is being submitted on behalf of The Curators of the University of Missouri. The project director is Laine Young-Walker, MD. at the University of Missouri-Columbia.

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

Boone County Insurance Requirements

The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.

Reasoning: It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

Indemnity Agreement

To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Reasoning: The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

Attachment D—2017 Agency Assurance Sheet

- *Certificate of Corporate Good Standing*

Reasoning: We will be unable to provide a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states "any tax-exempt, not organized for profit agency or governmental entity" should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such assessment is made, but the same shall bear interest at the rate of six percent per annum from its date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Joseph Sall at 573-884-5295 or sallj@missouri.edu for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren
Authorized Signer and Pre-Award Lead
Office of Sponsored Programs Administration
University of Missouri | 310 Jesse Hall | Columbia, MO 65211
Phone: 573.882.4451 | Fax: 573.884.4078 | gerenk@missouri.edu



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #1 - Issued June 26, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. The deadline for additional questions regarding this RFP is 5:00 p.m., July 6, 2017.
- II. Sign-In Sheets from the pre-proposal conference on June 21 are attached for informational purpose.
- III. The County received the following questions and is providing a response:
 - a. May Offerors submit multiple proposals if they are for different types of programs? For instance, if the programs are meant to target different audiences or offered in different settings via different delivery protocol? Or, if one might be a program that's a part of a coalition of service providers to the community at large, while the other would be a program the offeror provides directly in schools?

Response: Multiple proposals may be submitted for different programs. Programs should be differentiated by services and outcomes.
 - b. As a small organization with less than \$50,000 a year in income, will a financial review performed by a CPA be acceptable along with a 990 Long Form instead of a CPA audit as evidence of good fiscal responsibility?

Response: The Organization Profile/Financial Information requires that an organization uploads their most recently completed Financial Statement and corresponding communications (required for audited statements). Financial Statements must be reviewed by a qualified third party and be accompanied by a letter or report of assurance (compilation, review, or audit). All applicable state and federal laws must be followed.
 - c. Will we have to provide proof of worker's compensation insurance since we don't have five (5) employees?

Response: Yes

- d. Does accepting the grant, change the status of our board members from volunteer advisory members, to employers and supervisory members?

Response: The County does not issue grants. Entering into a contract with the County does not change the status board members. The status of your board members should be in compliance with state and federal laws.

- e. If we don't use all the funds in one year, can they be carried over to the next year?

Response: No

- f. Can we see how previous proposals have been prepared?

Response: Request for Proposal 25-15JUN15 -- Purchase of Service Contracts was awarded in 2015. To make an appointment to view this file with the proposal responses received, contact the Boone County Clerk's office, Mike Yaquinto, Phone: (573) 886-4297 or e-mail: MYaquinto@boonecountymo.org.

- g. Can we see how to prepare a service unit cost plan? (We have been grant funded to date so this is our first experience in applying in this arena?) Can we receive schooling in how to do this?

Response: Conduct a time and resource study for each service and assign an overall cost to each service. Divide the overall cost by the anticipated number of units to be delivered.

Example

SERVICE: Parenting Skills Training

UNIT MEASUREMENT: One hour

PROGRAM EXPENSES:

4 staff x .25 FTE= \$50,000

Materials= \$2,500

Indirect Expenses = \$7,500 (rent, telephone, utilities, human resources, etc.)

TOTAL PROGRAM EXPENSES= \$60,000

TOTAL # OF ANTICIPATED UNITS= 1,500

TOTAL # OF UNDUPLICATED INDIVIDUALS TO BE SERVED: 500

UNIT OF SERVICE RATE= \$60,000 ÷ 1,500= \$40/per hour

The unit rate shown above is an examples only, this is not a recommended unit rate. Unit rates will vary depending on type of service, duration of service, level of qualification to provide service, etc. An explanation and justification for proposed Unit Rates should be provided in Apricot/Program Service under the Outputs section for each proposed service. Please note that reimbursement will only be given for services actually provided.

Refer to the Boone County Children's Services Board Funding Policy on the Boone County website at:
<https://www.showneboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- h. Are there public records or resources we can find to help guide us in preparing an excellent proposal to the RFP?

Response: Review the Apricot Instructions/Proposal Submission Instructions. These instructions can be found in Apricot under the Shared Files tab.

- i. What does it mean for Offeror to state validity of proposals beyond 120-day minimum?

Response: We request your proposal response be valid for a minimum of 120 days since it takes several months for evaluation and award of contract(s). If your proposal response is valid (does not expire) for a period of time beyond 120 days, please note this period in your proposal response.

- j. If the organization has never received federal funds (or had any employees), how do they complete Attachment B and Attachment C?

Response: In regard to Attachment B, the County is seeking to verify that any organization we enter into a contract with has never been debarred from doing business with the Federal government. Please complete and return Attachment B. For Attachment C, awarded contractors will have to complete and return at time of contract.

- k. If administrative office is not ADA accessible, but access to meeting room is, do we say yes we are ADA accessible?

Response: No, administrative and program facilities must both be accessible. If the administrative offices are not accessible, upload an Americans with Disabilities Act (ADA) Plan of Accommodation and a Transition Plan.

- l. Does the 3rd party financial audit have to be done by July 19th? If we have been reviewed by HMUW for four years by their financial committee, is that considered a third-party review? Along with a CPA review letter and a long form 990 for less than \$50K a year? Would that enable us to meet the minimum eligibility requirements?

Response: No, the audit does not need to be finished by July 19th. No, the HMUW Financial Committee's review does not count as a third-party review. At a minimum, all applicable state and federal laws must be followed.

- m. If we are funded, would we place future fees for audits into the budget request for FY2018?

Response: The cost of the audit should be included in the unit rate for services.

- n. If we are to match each one of our program services to one of the Boone County taxonomy then what taxonomy service would we use for daily grant coordination needs (i.e., data administration /collection and entry, report writing, program meetings, program recruitment, community meetings and awareness of the program, etc.)

Response: The Boone County Children's Board Funding Policy states that indirect expenses/administrative cost must be limited to 15% of salary expense only (salary does not include benefits). Indirect/administrative expenses include general organizational expenses such as management time, finance, human resources, or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc. These costs should be figured in the unit rate for the service(s). There will not be a separate percentage paid for indirect/administrative costs. Administrative costs are not billed separately but should be figured into each unit rate in an amount not to exceed 15% of salary expenses only. Click on the attached link to review:
<http://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>

- o. Does each program service have to of been one of described taxonomy?

Response: The directions under each service state the you should "choose the service and description that best fits the overall description of the proposed service."

- p. Does the board have interest in funding programs that will be training others in the community? If so, what competencies are they intending to build up?

Response: Yes, this Request for Proposal is seeking to invest in meaningful services to children, youth, and families that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area.

- q. If we had a funded program last year and are re-applying do you want outcome data for 2016 only or for 2017 (up to June 30th)?

Response: We need clarification for this question. Is there a specific question that this is referencing? Please submit this question to Melinda Bobbitt at mbobbitt@boonecountymo.org.

- r. If a program educates and coaches one group of consumers (early childcare providers) that serves another group of consumers (children in preschool settings), which group would be considered the "Program Consumers" as well as which group would consumer demographics be collected? Or would both groups be "Program Consumers."

Response: In this example, the program consumers would be the early childhood care providers and would be listed under the Individuals Trained section.

- s. The RFP states to be eligible for funding from the Children's Services Fund organizations must: "Require annual background checks, including child abuse and neglect screenings on all employees and volunteers".

At The Food Bank, all new employees have a criminal background check.

Volunteers who are completing community service, work study and service learning programs are screened. We don't have a screening procedure for general volunteers. We are using an online program (C.E.R.V.I.S) that allows volunteers to set up a profile and schedule their time. However, none of our employees or volunteers work directly with children. Children who receive food at one of our pantries are represented by a parent or guardian and Buddy Packs are distributed by schools. Could you please let me know if this requirement presents us from being eligible to apply?

Response: Any paid employees funded with Children's Services Fund must receive a criminal background check.

- t. Can applications use special reports from WE CCAN?

Response: No, the WE CCAN special reports were draft forms and no longer available.

- u. Do consumer demographics need to be for all program consumers or only Boone County consumers?

Response: Yes, the consumer demographics need to be for all program consumers. The total number of consumers in each demographic section must equal the total number of unduplicated individuals served by the proposed program.

- v. What is the amount of time the proposal should cover?

Response: The proposal should cover January 1 through December 31, 2018.

- w. Do you enter volunteers in the "Program Personnel" section if they are unpaid?

Response: No, volunteers are not considered personnel.

- x. How should staff from another organization be included in Program Personnel if the program is collaborating with another program or organization?

Response: Staff from other organizations should not be included in Program Personnel. If you're collaborating to the point of having a MOU with another provider, the information about the subcontracted or partner's organization needs to be included in the MOU. Any MOUs should be reflective of the information expected in the proposal.

- y. How do you clarify more than one staff member with the same position in the Program Personnel section?

Response: The number of FTE is adjusted to equal the number of staff for that position.

- z. Can you use multiple services in the taxonomy?

Response: Yes, multiple services can be used from the taxonomy.

- aa. If a program is using volunteers, does the unit of service rate factor in what the cost would be if volunteers were paid personnel?

Response: No, service unit rates should be reflective of the actual cost to deliver the services.

bb. Can we access the Developing Unit of Service Rate instructions?

Response: Yes, the Developing Unit of Service Rate instructions were added as an addendum and uploaded under My Shared Files on Apricot.

cc. What do you enter for Program Personnel if volunteers run the program?

Response: Nothing, volunteers are not considered personnel.

dd. Does money from another source for a different program need to be included in the Other Funders Chart?

Response: No, the Other Funders Chart should only include funds that are currently paying for services in the proposed program from the City, County, and/or Heart of Missouri United Way.

ee. Please clarify what you mean by "currently" in the amount received from other funders.

Response: "Currently" refers to funds contracted at this time

ff. Please clarify on the difference between collaboration and subcontracting.

Response: Collaboration enhances and increases access of services for clients between organizations. Subcontracting allows an external organization to provide services.

gg. Can you list more than one service from the taxonomy in one service name?

Response: No, each service must be entered separately.

hh. Can an application have more than 10 services?

Response: Yes, upon request to the Boone County Community Services Department.

ii. How can outcomes be written for assessments and screenings?

Response: Assessments and screenings are evidence based tools defined in the taxonomy. Please, differentiate screenings for program intake from evidence based screening tools. Screenings for program intake would not be a separate service and should be included in the unit rate of the actual service.

jj. Are there any significant format changes in the application from previous RFPs?

Response: Yes, format changes can be compared to previous applications.

kk. Do previous applicants have an advantage over first-time applicants?

Response: No, every applicant is utilizing the same, updated forms on Apricot.

ll. Can previous applications be viewed?

Response: Yes.

mm. How do we contact the Boone County Community Services Department?

Response: Contact information can be found in the RFP.

nn. What questions can be answered directly?

Response: Questions pertaining to the RFP must be submitted in writing to Melinda Bobbit, CPFS, CPPB, Director of Purchasing. Contact information can be found in the RFP. Technical questions related to Apricot can be answered directly by the Boone County Community Services Department.

oo. What is required for a renewal?

Response: Compliance with the contract and performance of proposed outcomes and deliverables.

pp. Can the sign-in sheet from the Information Session be accessed for collaboration purposes?

Response: Yes, the sign-in sheet is attached to this addendum.

qq. How do you apply if services are subcontracted?

Response: The lead applicant would enter MOUs with organizations they plan to collaborate or partner with.

rr. Regarding 3.5 Minimum Eligibility Requirements:
This states that agencies must, at a minimum meet the following criteria to be eligible for funding and lists the following requirement.

- Be certified, accredited or licensed in the services for which funds are requested

If there is no certification, accreditation or licensing in the services for which funds are requested how can this minimum be met; and/or would an agency be allowed to work toward this if one does not possess at the current time?

Response: We anticipate that some services do not need certification, accreditation, or licensing. For other services, all State and Federal laws and requirements must be followed.

ss. We are a non-profit but have just achieved that status in September 2016. Since we have been under \$50,000 in income we have not filed a 990. Also, we have not yet had a financial audit. Is this something we will need to have completed before we can submit a bid?

Response: No, these items can be uploaded to the Apricot at a later date since the organization hasn't been required by law to have these items ready.

By: Melinda Bobbitt
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #1** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of The University of Missouri

Address: 115 Business Loop 70W, Mizzou North, Room 501, Columbia MO 65211-0001

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7-14-17

Authorized Representative Printed Name: Karen M. Geren

PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	David C. Cotten	Haystack Bank	449-8933	449-3277
3.	Teresa Maledy	Commerce Bank	886-5361	886-5326
4.	Jack Smith	Commerce Bank	886-5213	886-5233
5.	Cindy Wndley	Central Bank B.C.	874-8518	877-8432
6.	Judy Starr	Central Bank B.C.	874-8506	874-8432
7.	Jody Munson	Central Bank K.C.	874-8506	874-8432
8.	Rob Hull	US Bank	446-3394	446-4061
9.	Joe Ritter	Landmark Bank	441-2878	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET
13-20JUL17 - Depository of County Funds

23.	Bonnelanlin	Central Bank		874-8501
24.	Jennifer Heelan	US Bank		446 6736
25.	Eric Wright	US Bank		613-231-5902
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BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

ADDENDUM #2 - Issued July 7, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

I. The County received the following question and is providing a response:

a. You included the following requested attachments:

Attachment A 2017 Organization Assurance Sheet
Attachment B Certification Regarding Debarment, Suspension, Ineligibility, and Volunteer Exclusion
Attachment C Work Authorization Certification

I am unsure of what is being requested here. My assumption is that these are signed statements that assure that the grant requester is eligible to apply. However, the specifics of what the statements require escapes me. Is it possible for you to provide me some details of what specifically these should contain, or perhaps provide examples?

Response: For Attachment B and Attachment C, see response to question J. in Addendum #1. Attachment A, is used to certify that the organization will follow the policies developed by the Boone County Children's Services Board (BCCSB) and, if funded, all conditions that are outlined in the funding agreement. It also certifies that organizations follow accepted accounting procedures. The documents listed in Attachment A must be provided upon request, typically during a site-visit. All attachments must be signed by the appropriate individuals and uploaded in Apricot. The Attachment forms are attached to the RFP.

b. We are using the worksheets provided in Apricot to work on our grant. In our previous SOAR grant we filled out the following sections Program Consumers, Consumer Demographics, Individuals Trained, Program Access, Program Quality, and Collaboration for each Program Service. Is this still the case for the new grant? The "Program Overview worksheet" doesn't specify if these sections need to be filled out for each Program Service.

Response: This RFP, #30-20JUL17, has been revised. The Program Overview (V3) should reflect information for all the services. The Program Service (V3) requires information for each separate service.

- c. Just to clarify the ADA accessibility issue. In accordance with federal guidelines, an agency with fewer than 15 employees is not accountable for ADA accommodation, so an agency this small would be exempt from that requirement, correct?

Response: If an organization's administrative and program facilities are not accessible to persons with disabilities per the Americans with Disability Act of 1990, then an organization must upload, in Apricot, an ADA Plan of Accommodation, and a Transition Plan. We expect that all services funded by Children's Services Funds are accessible to individuals with disabilities.

- d. We are planning for part of our project to begin in the 2018-19 school year. This means that in our Year 1 Total Request is only for 6 months of full funding, but our Year 2 Total Request would be for 12 months of full funding. What is the best way to enter this into the Program Revenue and Program Expenses sections? Since the budget is an annual budget, should we enter Year 1, which is only half funding, or Year 2 which would be a full program year?

Response: Enter the year one budget information in the Program Budget section even if it is only for six months. In the Yearly Amount Request section provide the total requests for year one and year two. Then enter an explanation in the Program Expenses Narrative section.

- e. Question regarding Section r. Service Output, question e (Total Number of Unduplicated Individuals): Three of my services are broken down by type (Individual therapy – Adult, Individual therapy – Child & Family therapy). Do I need to estimate on how many clients will receive this type of services or can I say that 125 unduplicated clients will be served in the program?

Response: Each separate service must have their own number of unduplicated individuals entered in "e" in the Service Output section.

- f. Just to clarify is it 15% of salaries or 15% of salaries and fringe.

Response: When developing a Unit of Service Rate, indirect expenses can be 15% of salaries which would include state and federal taxes. No other benefits or fringe should be included. Here is the link to the Boone County Funding Board Funding Policy:
<https://www.showmeboone.com/CommunityServices/common/pdf/BCSSBFundingPolicy.pdf>.

By:

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #2** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Room 501

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7/17/2017

Authorized Representative Printed Name: Karen M. Geren



BOONE COUNTY, MISSOURI

Request for Proposal #: 30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund

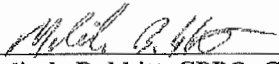
ADDENDUM #3 - Issued July 10, 2017

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response Form*. Signed addendums should be uploaded in the Required Documents section of the Proposal Cover Sheet.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

- I. Replace the sign-in sheet from Addendum #1 with the attached. The sign-in sheets are provided for informational purpose.

By:


Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined **Addendum #3** to Request for Proposal# **30-20JUL17 – Purchase of Service Contracts for the Boone County Children's Services Fund**, receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 115 Business Loop 70 West, Room 501

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 7/17/2017

Authorized Representative Printed Name: Karen M. Geren

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Stephen Montgomery-Smith	Grade A!	882-4540	
3.	Valerie Livingston	BGC	823-1157 ext	874-0681
4.	Shelly Lock	CCAMO	445-5437	
5.	Meredith Cornelison	U. of Mo Dept of Child Health	882-2318	
6.	Tim Arttag	U of Mo CFPR	882 2718	
7.	Christine Fouts	Services for Independent Living (SIL)	874-1646	
8.	Kory Davis	OSEDA	884-4439	
9.	Katie Frink	CPS	214-3480	
10.	Corretta Schouten	YE2	256-1896	256-1882
11.	Andrea Pauley	Healthy Steps	884-8045	
12.	Michael Trapp	Encircle Technology	256-0174	
13.	Heather Wall	LFCS	573-815-9955	
14.	Kelsey Lucke	Rainbow House	573-473-2963	
15.	Ron Rone	XC2	573-554-7041	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
2.	Phil Fichter	Boone County Purchasing	886-4391	886-4390
3.	Ernestine Campbell	Tree Top LLC	870-945-0348	
4.	Jennifer Klosterman	CMCA BRIDGE	573-427-7897	
5.	Mernell King	CMCA Bridge	573-999-4179	
6.	Bonnie Yantzi	Fun City	573-256-1436	573-256-8641
7.	Philip Peters	Grace A.	573-442-1150	
8.	Christina Gilbert	First Chance for Child	777-1815	777-1816
9.	Madaline Gannon	Compass Health	636-332-2187	
10.	Pamela Hall	umc-child Health-ARC	573-884-0321	
11.	Kristin Hawley	UML - Center EB & MH	573-825-5859	
12.	Vicki Dawalt	EG-PBS	573-356-9562	
13.	Kim Harvey	Harrisburg Early Learning Center	573-875-5959	
14.	Julie Kiessling	Kiessling & Assoc.	573-554-2122	
15.	Tara Lusby	Kiessling & Assoc.	573-821-5370	
16.	Melody Baling	SOAR	573-884-6324	
17.	Carole Schub	BRIDGE	573-268-4921	884-1070
18.	Whitney Jones	St. Raymond's Society	(777) 607-5215	
19.	Becky Markst	CHA Low-Income Svcs	573-443-2556	0551
20.	Gay Litzken	MLJ LLC	573-449-5600	573-815-1535
21.	Minam Martinez	HDFS - MU	402-770-0908	

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 - Purchase of Service Contracts - Boone County Children's Services Fund 2017 Application.

22.	Mary Eppins	13 th Circuit	886-4058	886-4070
23.	Chloe Smith	WV Bridge	265-5129	
24.	Billy Polansky	CCUA	514 4174	
25.	Bethice Stewart	Great Circle	673 999 3607	
26.	John Trapp	Encircle	256 0174	
27.	Megladol	Boys Girls Club	268 8549	
28.	Mark Brackel	The Food Bank	474-1020	
29.	Jason Beard	PCHA S	314-9899727	
30.	Heather Dinn	H Fletcher, ZBB S	573-874-3677	
31.	Laine bang-Waller	Rep to off Ryck	884-6136	
32.	Michelle Shitler	PHHS	874 6331	
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

30-20JUL17 – Purchase of Service Contracts – Boone County Children's Services Fund 2017 Application.

22.	Nelly H71	Heart of MO CHSA	442-4670	N/A
23.	Janie Trust	Grade A Plus	573-268-4172	
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44.				

Program Overview (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	MU Bridge Program: School-Based Psychiatry
Amount of Request	\$701,886.00
Record Lock	

Program Overview Information and Instructions

The purpose of the Program Overview form is to provide information regarding the program and service(s) proposed by your organization. In developing your responses, please adhere to the following guidelines:

Responses should contemplate timeline as indicated in the Request for Proposal (RFP).

Respond as if the reviewers have no prior knowledge of the program and services.

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the Boone County, City of Columbia, and/or the Heart of Missouri United Way

Each narrative response should be clear and succinct.

The issue(s) and affected population(s) should be described and documented utilizing objective, relevant information, and data, from sources outside of your organization and should include geographic information using recognized political boundaries (e.g. city, county, state, national).

All sources of information should be properly cited using the American Psychological Association (APA) Style of author-date method of in-text citation. All sources that are cited must appear in the reference list at the end of this form. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Information provided in the Program Overview form must correspond with the information provided in the Program Service forms.

* Indicates Required Field

Statement of Issue Being Addressed

a. Describe and document the community-level issue(s) to be addressed by the proposed program (e.g. homelessness, child abuse & neglect, substance abuse, suicide, etc.), utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

Psychiatric out-patient treatment has been difficult to obtain for the estimated 36,000 school-age youth in Boone Co. for many of the same reasons the problem persists across the United States (Boone Impact Group BIG, Boone Indicators Dashboard BID, 2015). There's a national shortage of child psychiatrists resulting in an average 7.5 weeks wait for an appointment (e.g., Kim, 2003; 2012 Children's Hospital Association survey). The need is even greater for minority and impoverished children (9.4% of Boone Co. families, per 2015 BID), and those without insurance (Kataoka et al., 2002). Schools are often the first to identify needs for psychiatric intervention, but parents may not perceive problems exist, or mistrust and stigmatize mental health (MH) (McKay & Bannon, 2004; Owens et al., 2002). The School Based MH Report revealed that there's a negative impact on classmates of children with behavioral disorders, and that their grades and relationships can suffer (CPS SBMH, 2013, p. 6). The Report stated when children with mental health conditions are not diagnosed and treated early, their social, emotional, and academic lives are interrupted (Ducharme & Schecter, 2011 in CPS SBMH, 2013, p. 5). It is estimated that 50% of chronic mental illnesses begin at 14 years (Kessler RC, et al., 2007). And in time can become more chronic and severe; and co-occurring disorders can also develop (Forness et al., 2000 in CPS SBMH, 2013, P. 5).

b. Describe the population(s) in the City of Columbia and/or the Boone County affected by the issue(s) to be addressed by the proposed program, utilizing objective, relevant information, including data from the Boone Indicators Dashboard (BID) <http://booneindicators.org/>. (1500 character limit)

In 2015, 20.5% of Boone Co.'s population was 18-years or younger, and 9.4% of its families living in poverty had children in the household (Boone Indicators Dashboard BID). 12 to 22% of school-age children with mental illnesses, serious emotional disturbances (SED), or behavioral conditions are undiagnosed (Ducharme & Schecter, 2011 in CPS SBMH, 2013, p. 5). In 2016, 9.5% of Boone Co.'s population was black or AA, and 11.6% was of 'other' race/ethnicity (US Census Bureau). Such ethnic minority children have even more difficulty accessing and using mental health treatment (New Freedom Commission, 2003; U.S. Dept. of Health and Human Services, 2001). Significant barriers to behavioral health treatment are lack of insurance or underinsurance, and parental lack of follow-thru in seeking care (Putting Kids First Steering Committee Report, 2011; Columbia Public Schools MH Report, 2013). A survey revealed psychiatric treatment is one of the most difficult services to obtain, and only 34% of the nation's schools provide it. This

is compared to 84-87% of other forms of behavioral health services provided in schools, such as, assessments, consultations, crisis interventions, etc. (Substance Abuse and Mental Health Services Administration (2005).

Program Goal

State the goal(s) of the proposed program. The program goal(s) should correspond to the organization's mission statement and major goal(s), as stated in the Organization Profile. (300 character limit)

The MU Bridge Program: School-Based Psychiatry will make psychiatric treatment more accessible for school-age children in Boone Co., MO, so children with psychiatric conditions can get back on track faster to learn, socialize and feel better, and from this, classroom environments will also improve.

Program Overview

Provide an overview of the proposed program. (1500 character limit)

The MU Bridge Program: School-Based Psychiatry is part of the University of Missouri Health Care System. The program provides psychiatric appointments in Boone County schools for school-age children of whom need prompt evaluation and treatment. Children are given an initial evaluation by a child psychiatrist within ten days of the referral date, and may receive up to three to four follow-up appointments until their conditions reach a level of stability that they can be transferred to a community provider. There are no out-of-pocket costs for parents/guardians except for medication and lab fees, most of which are covered by insurance. Children without insurance or the under-insured are accepted, and, when possible, they are prescribed medications from the list of \$4 meds, referred to coupon websites, or assisted in applying for reduced rates thru the pharmaceutical companies. The RN program managers provide case coordination to involve the parents/guardians in children's treatment; track children's progress and medication effectiveness; act as liaisons with parents, school staff, and in-school and community providers; schedule appointments and/or refer to community providers; and assist with MO Health Net application processes. Referrals to the Bridge program are made by schools, pediatricians, family practice physicians, social service and behavioral health professionals, and parents/guardians.

Program Consumers

a. Describe the consumers who will be served by the proposed program, including characteristics and demographics. (1500 character limit)

All school-age children (5-19 years) residing in Boone County, MO, with an untreated emotional/mental health/behavioral condition, and with parental/guardian consent will meet the criteria to be evaluated by a Bridge psychiatrist. Children are not accepted for an initial evaluation if they are currently receiving satisfactory treatment through a different provider. Of the 302 children evaluated thru the Bridge Program in 2016, 200 were Medicaid recipients (Children's Services Fund-POS RFP #27). The CPS SBMH Report recommended "Intense, individualized service" for students with mental/behavioral illnesses and SED, who fall into the "Tier 2-3" level of support (CPS SBMH, 2013, p. 10-13). Of the 302 children evaluated thru the Bridge Program in 2016, 208 had never received psychiatric treatment, and 182 were elementary school-age (Children's Services Fund-POS RFP #27). This is further evidence that a wider net is being cast so more children are identified and being treated quickly before their conditions reach crisis proportions; become so entrenched it affects their academic, social, and emotional well-beings, or are allowed to continue into adulthood where the conditions can become chronic and pervasive.

b. Why will these particular consumers be served? (1500 character limit)

All children in Boone County, regardless of race, ethnicity, ability to pay, transportation issues or other barriers, deserve quality psychiatric treatment, if they need it, for their mental/emotional health and well-being. Some barriers to obtaining treatment include a lack of insurance and long waits for appointments due to a limited number of providers. The Putting Kids First Steering Committee reported that a primary reason for lack of mental health, outpatient treatment in children is due to limited or no healthcare coverage (p.22-23). Early intervention will prevent academic and developmental delays in elementary school-age children with behavioral/mental health conditions. In addition, one child's chronic, disruptive and acting out behavior at school will not only delay his/her development, but it will also impede the academic milieu in the classroom. Many parents/guardians fail to follow through on recommended psychiatric treatment for their children. But, they may find the in-school appointments easier to access, more comfortable and less threatening than an outpatient clinic. Bridge RN CM's provide care coordination that includes education, coaching and support, regular communication to ensure treatment compliance, and referrals to other community resources. When parents observe their children's behavioral, social and academic progress, they are more likely to continue the treatment with a community provider long after their children are discharge from Bridge.

c. Describe any impediments or challenges in serving these consumers. (600 character limit)

Caseloads include families that are impoverished and low functioning. Many have phone/transportation issues, and life circumstances that supersede psychiatric treatment, so more intensive CM is needed to ensure treatment compliance. Higher co-pays for medications or labs are often a barrier to treatment for the under-insured. Children with severe MH/BH conditions require intensive CM, repeated med changes, and longer stays in Bridge. A significant concern is treatment will fall off after a child is discharged from Bridge, which is why so much effort is placed on securing wraparound services.

d. Total number of unduplicated individuals to be served by the proposed program:

400

The field below will auto-populate once the Program Budget section is complete. This calculation is based on the total number of unduplicated individuals to be served, as indicated above in item d. and the total program expenses as indicated in the program Budget section to be completed below

e. Average program cost per individual

1754.72

Consumer Demographics Instructions

Complete the Residence, Race, Ethnicity, Gender, Income, and Age sub-sections below to the best of your knowledge. The purpose of this section is to provide detailed demographic information for consumers to be served by the proposed program service(s) over the period of time as defined in the RFP. The totals for all sections should be identical.

All counts are for Unduplicated Individuals. No individual should be counted twice under any sub-section.

Information provided in the Consumer Demographic sub-section should correlate with the information provided in the rest of the proposal.

*Indicates a required field.

Residence

Boone County (includes City of Columbia residents)

400

City of Columbia

344

Other Counties

56

Residence Total

456

Record Lock

0

Race

White (alone)

228

Black or African American (alone)

106

Native American Indian or Alaskan Native

0

Asian (alone)

3

Native Hawaiian or other Pacific Islander (alone)

0

Multiple Races

45

Some Other Race

18

Race Total

400

Ethnicity

Hispanic or Latino (of any race)

11

Not Hispanic or Latino

389

Ethnicity Total

400

Gender

Female

156

Male

244

Other

0

Gender Total

400

Income

At or below 200% of Federal Poverty Level

276

Over 200% of Federal Poverty Level

124

Income Total

400

Age (County-Children's Services Fund RFP)

Infant/Toddler (birth – 2 years)

0

Preschool (3 years – 5 years)

20

School Age (6 years – 11 years)

220

Middle School (12 years – 14 years)

64

High School (15 years – 19 years)

96

Parent/Guardian (19 years and younger)

0

Parent/Guardian (age 20 and over)

0

Age Total

400

Individuals Trained

Instructions: If providing training for providers, please complete the Individuals Trained section. No individual's demographic information will be required. We will only need totals.

a. Number of individuals to be trained:

0

b. Provide information on the types of training that will be offered. (1500 character limit)

Narrative

Program Access

a. Provide details on the location, days/hours of operation (e.g. Monday-Friday, 8 a.m.- 5 p.m.), and any other logistical information for the proposed program. (600 character limit)

When Boone County schools are in session, Bridge appointments are scheduled in schools. When schools are closed, treatment is provided at the MU Bridge office located at the University of Missouri Department of Psychiatry, 1 Hospital Dr., Columbia, Mo. 65212. Times of operation are Monday-Friday, 8 a.m.-4:30 p.m., excluding holidays.

b. Describe the eligibility criteria (e.g., income, age, etc.) to be utilized for determining eligibility for the proposed program. (600 character limit)

All school-age children (5-19 years) residing in Boone County, MO, with an untreated emotional/mental health/behavioral condition, and with parental/guardian consent will meet the criteria to be evaluated by a Bridge psychiatrist.

c. Will program consumers be charged a fee for the proposed program service(s)?

No

If Yes - Provide a description of and rationale for the program fee. (600 character limit)

When consumers have medicaid billing to Medicaid will occur

If No - Provide a rationale for no fees being charged for service(s) in the proposed program. (600 character limit)

The Bridge is an interim program to bridge the gap for children who may otherwise not receive needed psychiatric evaluations and treatment. If is funded

largely through a contract with the Boone County Children's Services Fund. As of January 2016, the Bridge Program is billing Medicaid for evaluations and follow-up visits performed by attending psychiatrists.

d. If a fee is charged, will the proposed program utilize a sliding fee schedule?

Not Applicable (move on to Program Quality)

If Yes - Provide a rationale for the use and structure of the sliding fee schedule. (600 character limit)

Narrative

Upload the sliding fee schedule. This must be the sliding fee schedule provided to program consumers, please upload these documents in a PDF format:

If No - Provide a rationale explaining why a sliding fee schedule will not be utilized. (600 character limit)

Narrative

Program Quality

a. Describe any external requirements of the proposed program and/or service(s), such as licensing, minimum standards, etc. (600 character limit)

The MU Bridge program is affiliated with the Department of Psychiatry and the School of Medicine at the University of Missouri, Columbia, Mo. and ensures that all Bridge employees are properly vetted and meet annual mandatory requirements. Professional staff, psychiatrists and RN program managers, maintain licensing requirements through their accrediting bodies and must have a current license.

b. Is the proposed program and/or service(s) currently accredited by a recognized accrediting body?

No (move on to c.)

If Yes - Provide the name of the accreditation agency. (300 character limit)

Narrative

If Yes - Provide the most recent dates of accreditation (including expiration date): (300 character limit)

Narrative

If Yes - Provide a description of the accreditation process: (600 character limit)

Narrative

c. Are there best practices and/or standards for the proposed program and/or service(s)? Best practices and standards should be cited from reputable sources.

Yes

If Yes - Indicate, cite, and describe the available best practices and/or standards. (600 character limit)

Psychiatrists implement Best Practice by utilizing the American Psychiatric Assoc. Evidence Based recommendations for assessment and treatment of Psychiatric Disorders (<https://www.psychiatry.org/psychiatrists/practice>). RN program managers adhere to Best Practice by utilizing the American Nurses Assoc. standards of practice for nurses, Nursing: Scope and Standards of Practice (<http://nursingworld.org/sop>, published by the ANA), along with a Case Management model.

If Yes - Will these best practices and/or standards be utilized in the proposed program?

Yes

If Yes - Provide a rationale for the best practices and/or the standards that will be utilized. (600 character limit)

Best practice as defined in the professional associations listed above are designed to provide systematic, effective practice that promotes positive patient outcomes. The Bridge team utilizes a strength-based treatment design that involves collaboration/care between mental health professionals, schools, youth/family's, and the Boone County community. The attitude and beliefs of the multidisciplinary team is to promote positive mental health for at risk youth, residing in Boone County.

If No - Indicate the rationale for not utilizing available best practices and/or standards. (600 character limit)

Narrative

d. Is there evidence to support the efficacy of the proposed program and/or service(s)? Evidence must be up-to-date and scientifically-based and should be cited from scholarly research reports published in peer reviewed journals or from credible government sources.

Yes

If Yes - Identify cite and describe the evidence. (1500 character limit)

The MU Bridge program was created to bridge the service gap for youth with mental health concerns that go undetected/untreated (Kataoka et al., 2012; Mills et al. 2006). Barriers to improving mental health for youth include structural challenges; lack of transportation, lack of knowledge of available services, long physician wait times, cost of services, and lack of coordinated care (Foster et al., 2005; Harrison et al., McKay & Bannon, 2004; McNaughton & Rodrique, 2001; New Freedom Commission, 2003; Ownes et al., 2002; Staude, 1999; US Department of Health and Human Services, 2001). There are also perceptual barriers to treatment; parental/guardian perception of a mental health need, stigma, lack of trust, and doubts of effectiveness of services. All of these barriers are predictors to treatment engagement and adherence. The Bridge program reduces barriers to treatment; services are free to families, wait times for treatment are decreased (evaluated 10 days of referral if needed), the majority of treatment occurs in schools, and the nursing case management model ensures coordination and continuity of services. These all help to reduce stigma, build trust and ensure compliance with parents, caregivers, and patients. Evidence of effectiveness has been demonstrated in post Bridge satisfaction surveys and parent and teacher Vanderbilt's (Children's Services Fund POS RFP # 27, 2016).

If No - Provide a rationale for utilizing this proposed program and/or service(s). (1500 character limit)

Narrative

e. Describe any unique or innovative aspects of the proposed program that enhance the quality of the program. (1500 character limit)

When Boone County schools are open the majority of MU Bridge evaluations occur in schools. The most common entry point into the mental health system for youth is through the education sector (Farmer et al. 2013; Hazen et al., 2004). This creates a unique opportunity for the Bridge program to reduce barriers to treatment and promote early identification of mental health concerns. This pathway to treatment is endorsed by the President's New Freedom Commission on Mental Health (2003) for the goal of "improving and expanding school mental health programs." Additionally, under-served youth from all ethnic groups, race, gender, and socioeconomic status will have equal access to psychiatric care in schools. A national mental health survey conducted by the Substance Abuse and Mental Health Services Administration (2005) determined that 34% of schools provide medication management and only 2% employ a psychiatrist. The Bridge program is cost-effective for Boone County schools since Bridge psychiatrists are not school employees and identify the most appropriate mental health service needs for at risk youth. Additionally, the Bridge nursing case management model is a collaborative process of care coordination that expands the interdisciplinary team and is developing relationships with primary care physicians to integrate primary care and psychiatry, thus minimizing fragmentation of care.

f. Describe the quality improvement process utilized for the program. Quality improvement is defined as systemic and continuous actions that are used to measurably improve services and program consumer outcomes. (1500 character limit)

Quality improvement is best measured by pre and post service measures for Bridge participants. The Bridge team uses Vanderbilt Assessment Scales that are completed by teachers and parents prior to treatment and post-treatment. Social validity measures are also utilized to include input from parents and school staff. Satisfaction surveys are requested at the end of Bridge treatment from the school counselor and the parent/guardian. Data analysis is completed by an outside entity that collects guardian/youth compliance with treatment, symptom improvement, and social validity from the satisfaction surveys. A nursing case management data base of all youth enrolled in the program is utilized to compile and track key components of the program. The Bridge team performs regular audits of quality indicators to improve data collection.

g. How will consumer feedback be collected for this program? Describe how this information will be utilized to enhance service(s) and help with program outcomes. (1500 character limit)

The school and parent satisfaction surveys are used to collect consumer feedback when children complete the course of treatment in Bridge. The surveys are also offered to parents and schools when children are discharged after only completing the initial evaluations. A Likert scale (1 Strongly Disagree to 5 Strong Agree) is used to measure how consumers view Bridge's accessibility, communication, tx. education, anticipation of children's progress in the program, coordination of care, transition to outpatient, and if school-based psychiatry would be recommended in all schools. In the Children's Services Fund 2016 Report, Bridge scored between 4-5's on all scales.

In addition, during the course of a child's treatment, any concerns, and responses or resolutions to concerns, are documented in the child's EMR. Satisfaction surveys and consumer concerns are used to modify or change Bridge processes to improve and enhance the Bridge program's services.

Collaboration

Describe any partnerships or collaborations that enhance access to and/or the quality and effectiveness of the proposed program and/or service(s). (1500 character limit)

Since the inception of Bridge in 2015, collaborative efforts/partnerships have increased. In 2016, Bridge received 90 referrals from pediatrician groups in Boone County. The primary care physicians appreciate the expert evaluations and diagnostic treatments from the psychiatrist, as well as case management efforts to ensure collaboration and continuity of care. This is viewed as a strong healthcare integration movement, a way to help reduce stigma, and a way to level the disparities between medical and psychiatric services for youth in Boone County.

The FACE's CM model has become a valuable partner to the Bridge case managers. Patients and parents with high needs are referred to FACE and once patients are enrolled and assessed, FACE and Bridge case managers work as a team to facilitate necessary services. This partnership gives Bridge participants the opportunity to obtain wrap-around support that can continue long after patients are discharged.

In some schools, the BSCSMHC coordinators assist as liaisons between Bridge staff, parents/caregivers, and school staff. This multidisciplinary approach casts a wider net to minimize barriers and increase compliance with treatment/services.

The Bridge team refers students to other BH resources such as: Compass Health, MUPC, Thompson Center, BBH, MU Psychological Services Clinic, therapists, and other MH providers.

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (1):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (2):

If MOUs or contracts/agreements related to the proposed program and/or service(s) are in place, please upload these documents in a PDF format (3):

Program Personnel Instructions

Instructions: Provide titles, minimum qualifications, and salary ranges for ALL positions for which salaries will be charged, in whole or in part, to the proposed project.

FTE = Full Time Equivalent (i.e. Full-Time = 1.0 FTE, Half-Time = 0.5 FTE, etc.)

To determine FTE, divide the number of hours assigned to program services per year by 2080 (e.g. 1040/2080 = .5 FTE)

Salary = Wages + FICA (Social Security/Medicare)

Program Personnel Information

POSITION OR TITLE (Do not use employee names)	MINIMUM QUALIFICATIONS (B.A., Licensed, etc.)	FTE	FULL-TIME SALARY RANGE FROM: (wages, Social Security and Medicare)	FULL-TIME SALARY RANGE TO: (wages, Social Security and Medicare)
P1	MQ1	FTE1	SR1 FROM	SR1 TO
Psychiatrists	MD	1.00	\$85,000.00	\$160,000.00
P2	MQ2	FTE2	SR2 FROM	SR2 TO
Child Psychiatry Residents	MD	0.20	\$61,000.00	\$65,000.00
P3	MQ3	FTE3	SR3 FROM	SR3 TO
Nurse Case Managers	RN	2.80	\$78,030.00	\$103,514.60
P4	MQ4	FTE4	SR4 FROM	SR4 TO
Administrative		1.35	\$34,000.00	\$60,000.00
P5	MQ5	FTE5	SR5 FROM	SR5 TO
		0.00	\$0.00	\$0.00
P6	MQ6	FTE6	SR6 FROM	SR6 TO
		0.00	\$0.00	\$0.00
P7	MQ7	FTE7	SR7 FROM	SR7 TO
		0.00	\$0.00	\$0.00

Program Personnel Narrative

Describe how each position will be utilized in the proposed program and the rationale for the minimum qualifications and salary range for each of those positions. (1500 character limit)

Attending psychiatrists will perform the initial psychiatric evaluations and follow-up evaluations. Child psychiatry residents will perform at the same level as attending psychiatrists, and will be supervised by the Bridge psychiatrist program director.

RN program managers will be responsible for intake referrals, introducing Bridge to parents, scheduling appointments, obtaining Vanderbilts and satisfaction surveys, care coordination, liaison work with parents, schools, and community providers, data collection, community awareness about the program, and other.

Case management support staff will be responsible for responding to calls, Vanderbilt and satisfaction survey analysis, and assisting RN managers with their duties.

Program Budget Instructions

Complete the Program Budget section below reflecting how funds will be utilized. Include any funding received from other funders that will be utilized to support the proposed program. This should NOT be an overall organizational budget.

For each item for which figures are entered, the corresponding narrative field MUST be completed. Provide information on how other funders will help support the proposed program.

Program Budget

PROGRAM REVENUE	PROPOSED	% OF PROPOSED TOTAL
1. DIRECT SUPPORT		
A. Heart of Missouri United Way (300 character limit)	1A	1A%
Narrative	\$0.00	0
B. Other United Ways (300 character limit)	1B	1B%

Narrative	\$0.00	0
C. Capital Campaigns (300 character limit)	1C	1C%
Narrative	\$0.00	0
D. Grants (non-governmental) (300 character limit)	1D	1D%
Narrative	\$0.00	0
E. Fund Raising & Other Direct Support (300 character limit)	1E	1E%
Narrative	\$0.00	0

2. GOVERNMENT CONTRACTS/SUPPORT:

A. Boone County - Children's Services Funding (300 character limit)	2A	2A %
Total costs for program	\$701,886.00	100
B. Boone County - Community Health Funding (300 character limit)	2B	2B %
Narrative	\$0.00	0
C. Boone County- Other Funding (300 character limit)	2C	2C %
Narrative	\$0.00	0
D. Funding from Other Counties (300 character limit)	2D	2D %
Narrative	\$0.00	0
E. City of Columbia - Social Service Funding (300 character limit)	2E	2E %
Narrative	\$0.00	0
F. City of Columbia - CDBG/Home Funding (300 character limit)	2F	2F %
Narrative	\$0.00	0
G. City of Columbia - CHDO Funding (300 character limit)	2G	2G %
Narrative	\$0.00	0
H. City of Columbia - Other Funding (300 character limit)	2H	2H %
Narrative	\$0.00	0
I. Funding from Other Cities (300 character limit)	2I	2I %
Narrative	\$0.00	0
J. Federal (Medicaid, Title III, etc.) (300 character limit)	2J	2J %
Narrative	\$0.00	0
K. State (Purchase of Service, Grants, etc.) (300 character limit)	2K	2K %
Narrative	\$0.00	0
L. Other (Schools, Courts, etc.) (300 character limit)	2L	2L %
Narrative	\$0.00	0
3. Program Service Fees (300 character limit)	3.	3 %
Narrative	\$0.00	0
4. Investment Income (realized & unrealized) (300 character limit)	4.	4 %
Narrative	\$0.00	0
5. Other Revenue Items (300 character limit)	5.	5 %
Narrative	\$0.00	0

TOTAL PROGRAM REVENUE

TOTAL REVENUE
701886

PROGRAM EXPENSES

1. Personnel	1.	1. %
	\$571,482.00	81
Personnel Narrative (300 character limit)		
Cost of salary and benefits		
2. Non-Personnel	2.	2. %
	\$130,404.00	19
Non-Personnel Narrative (300 character limit)		
Operational costs		

TOTAL PROGRAM EXPENSES

TOTAL EXPENSES

701886

Yearly Amount Request from Children's Services Fund

Year 1 Total Request

\$701,886.00

Total Amount Request from CSF

1403772

Year 2 Total Request

\$701,886.00

Program Budget Narrative

Describe the organization's efforts to secure other funding for the proposed program. (500 character limit)

We have implemented Medicaid billing for every child who is seen with Medicaid funding by an attending

Reference List

Instructions: All in-text citations in this section of the proposal must be listed in the Reference List below using the American Psychological Association (APA) Style. For detailed information regarding the APA Style, please visit the APA Style web site: <http://www.apastyle.org/>

Reference List: (5000 character limit)

American Nurses Association, Nursing Scope and Standards of Practice, <http://nursingworld.org/sop>.

American Psychiatric Association, <https://www.psychiatry.org/psychiatrists/practice>

Boone Impact Group BIG; Boone Indicators Dashboard BID

Columbia Public Schools, Report of the School-Based Mental Health Committee, June 2013. 5-6, 10-13.

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Hazen, A. L., Hough, R. L., Landsverk, J. A., & Wood, P. A. (2004). Use of mental health services by youths in public sectors of care. *Mental Health Services Research*, 6(4), 2213-226.

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MacNaughton, K. L., & Rodrigue, J. R. (2001). Predicting adherence to recommendations by parents of clinic-referred children. *Journal of Consulting and Clinical Psychology*, 69(2), 262.

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Program Service (V3)

Children's Services Fund - POS 2017 (BCCSB Review...

Quick View Information

Grant	Children's Services Fund - POS 2017 (BCCSB Review ends 09/15/2017 5:00 AM CDT)
Organization Name (will aut...	The Curators of the University of Missouri (on behalf of the Department of Psychiatry)
Fund Source	Children's Services Fund - POS 2017
Funder	Boone County
Funding Cycle	#30-20JUL17
Name of Program or Project	MU Bridge Program: School-BasedPsychiatry
Amount of Request	\$701,886.00
Record Lock	

Program Service Information and Instructions

The purpose of the Program Service form is to provide detailed information about the proposed program service(s). In developing your responses, please adhere to the following guidelines:

Information should be based on the proposed contract/agreement period.

Information provided should be for the entire program, not just the portion contracted by the City of Columbia, Boone County, or the Heart of Missouri United Way.

Services should be unbundled (e.g., if the program is to provide both individual therapy and case management, information for each service should be indicated separately as Program Service 1 and Program Service 2).

Each narrative response should be clear and succinct.

Information provided in the Program Service form must correspond with the information provided in the Program Overview form.

Instructions: Complete each section below for each service that will be provided in this program. Remember that all services must be unbundled.

Important: Provide at least one outcome and the corresponding indicator(s) and method of measurement for each service. Any additional outcomes must include corresponding indicator(s) and method(s) of measurement.

Helpful information about Program Performance Measures and developing outcomes, indicators, and method of measurements can be found in the *My Shared Files* section.

The Taxonomy of Services can be found in the Boone Impact Group (BIG) website: <http://www.booneimpact.org/> and in *My Shared Files*. Names of services and definitions may be found in this document.

* Indicates Required Field

Development/Start Up Service Funding

Instructions: The Boone County Children's Services Board will consider funding for a service, on a one-time basis, for purchases or funding necessary for the delivery of contracted services.

a. Amount Requested

\$0.00

b. Describe how the funds will be utilized. (600 character limit)

No funding is necessary for startup.

c. Provide justification for the request for one-time funding. (600 character limit)

Narrative

Service #1 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#1)

a. Service #1 - Taxonomy of Service Name (150 character limit)

4.20 Psychiatric Treatment

b. Service #1 - Taxonomy Definition of Service (300 character limit)

Implementation of a mental health treatment plan that may include psychotherapy and medication adjustments formulated by a psychiatrist.

c. Provide a detailed description of the proposed service (#1). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Any school-age child residing in Boone Co. can be evaluated in the MU Bridge Program by a licensed child psychiatrist if he/she is having emotional or behavioral problems and is not already receiving satisfactory treatment by another community provider. A child can be referred by his/her parent/guardian, pediatrician, teacher, school counselor, or another professional in the community with the parents' consent. A child can be seen at his/her school, as each CPS school and county district is scheduled on the Bridge monthly calendar. Home-schooled children or those attending parochial or private schools, can be scheduled at the Bridge office. After a referral, parents are contacted and, if an evaluation is agreed upon, an appointment is scheduled and Vanderbilts are requested from parent(s) and the teacher. There is no out-of-pocket cost for parents except for lab fees and medication, and most are covered through insurance. Medicaid and MO Healthnet are billed if an attending Bridge psychiatrist treats the child.

The initial 1-hour evaluation will provide diagnoses and treatment recommendations including prescribed medications, if needed. For some, therapy is tried first, and the child is rescheduled after he/she has had an opportunity to make progress in therapy. If medication is prescribed and continued treatment is recommended after the initial evaluation, the child is rescheduled in Bridge every four weeks for a 30-minute follow-up visit until her/his condition is stable enough to discharge to a community provider. A child's condition is considered stable if his/her medication is effective and does not need changing, and there is marked improvement in mood/behavior/activity level, etc.

Record Lock

0

Service #1 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#1)

15 minute units

b. Unit Rate (#1)

\$59.03

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc).(#1)

c. Is the proposed Unit Rate (#1) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#1) (600 character limit)

Amount from previous Bridge funding from Boone County

If No - Consideration may be given for a unit rate not consistent with a public funding unit rate, if an acceptable justification is provided. Provide a justification for the proposed rate. (#1) (600 character limit)

Narrative

d. Total Number of Units of Service to be Provided (#1)

2000

e. Total Number of Unduplicated Individuals (#1)

400

f. Average Number of Units of Service per Unduplicated Individual (#1)

5

g. Average Cost of Service per Individual (#1)

295.15

Service #1 - Service Fee

a. Will the proposed service (#1) consumers be charged a fee?

No

If yes - Provide a description of and a rationale for the proposed service (#1) fee. (600 character limit)

Consumers will not be charged. Those who have Medicaid there will be a billing to Medicaid for the service.

If a fee is charged, is there any sliding scale for proposed service (#1)? If so, please upload the fee chart.

If No - Provide a rationale, why no fees will be charged for the proposed service (#1). (600 character limit)

Medicaid is billed for services provided by an attending Bridge psychiatrist. Prescribed medication and lab fees will be covered through most insurance. For individuals without insurance or under-insured, medication is prescribed off of the \$4 list, if available.

b. Is this proposed service (#1) billable to a third-party payor(s) (e.g. health insurance, state subsidy, etc.) for reimbursement?

Yes

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party source(s). (#1) (600 character limit)

Medicaid is billed for services provided by an attending Bridge psychiatrist.

If Yes - What program service fee payment options will be provided to program consumers if they are uninsured or underinsured (e.g. catastrophic coverage, high deductible, etc.). (#1) (600 character limit)

Bridge is largely funded through the Children's Services Board and through Medicaid if a Bridge attending psychiatrist is the Bridge treatment provider. There are no out-of-pocket cost for parents for the interim treatment that Bridge provides, except for medications and lab fees, most of which are covered through insurance.

If No - Explain why the proposed service (#1) is not billable to a third-party payor. (600 character limit)

Narrative

c. What fee payment options will be provided for proposed service if they are uninsured or under insured? (e.g. catastrophic coverage, high deductible, etc.)? (#1) (600 character limit)

Narrative

Service #1 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#1)

Yes (complete the Other Funder's Chart below)

Service #1 - Other Funders Chart

<u>Funders (#1)</u>	<u>Unit Rate (#1)</u>	<u># of Units Funded (#1)</u>	<u>Total Amount Contracted (#1)</u>
	1a1.	1a2.	1a3.
a. Boone County - Children's Services Funding (#1)	\$59.03	1633	\$96,395.99
	1b1.	1b2.	1b3.
b. Boone County - Community Health Funding (#1)	\$0.00	0	\$0.00
	1c1.	1c2.	1c3.
c. City of Columbia - Social Services Funding (#1)	\$0.00	0	\$0.00
	1d1.	1d2.	1d3.
d. City of Columbia - CDBG/Home/CHDO Funding (#1)	\$0.00	0	\$0.00
	1e1.	1e2.	1d4.
e. Heart of Missouri United Way Funding (#1)	\$0.00	0	\$0.00

Service #1 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#1)

\$118,060.00

b. Proposed Number of Units of Service (#1)

2000

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#1) (600 character limit)

This funding will be utilized to provide psychiatric evaluation and 3-4 follow-up visits which will allow them to be stabilized ant then transferred to the

Service #1- Performance Measures

Outcome (1-1)

Children referred and who meet the criteria for Bridge will be accepted for an initial evaluation

Indicator (1-1)

Of the children referred, 65% of their parents/guardians will schedule an initial evaluation. 75% of children that complete the evaluation will attend follow-up Bridge appointments.

Method of Measurement (1-1)

Track the number of referrals, initial evaluations, and continued stay in the Bridge program

Additional Outcome (1-2)

Children who complete the program will demonstrate improved mental/behavioral health

Additional Indicator (1-2)

50% of children who complete the program will demonstrate improved scores on a measure of mood and/or attention, behavior and activity level

Additional Method (1-2)

Pre/post-treatment Vanderbilt Assessment Scales

Parent/Teacher Satisfaction Surveys

Additional Outcome (1-3)

Classroom environments will improve for those children in Bridge who complete the program and, prior to treatment, had disruptive classroom behavior.

Additional Indicator (1-3)

Teachers will report improved classroom behavior in 30% of children related to a decrease in children's disruptive behaviors during class

Additional Method (1-3)

Pre/post-treatment Vanderbilt Assessment Scales

Parent/Teacher Satisfaction Surveys

Additional Outcome (1-4)

Text

Additional Indicator (1-4)

Text

Additional Method (1-4)

Text

Additional Outcome (1-5)

Text

Additional Indicator (1-5)

Text

Additional Method (1-5)

Text

Service #1 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Overview section. (#1) (600 character limit)

Any school-age child residing in Boone County, MO with emotional/behavioral condition(s), and not receiving satisfactory treatment meets the criteria for a psychiatric evaluation. Child participants who complete the Bridge program will have improved mood and/or behavior, which typically reflects in improved academics, and well as better classroom environments for those children who struggled with impulsiveness, aggression and disruptive behavior.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (#1) (600 character limit)

It is more difficult to obtain the post-tx Vanderbilts and surveys vs the pre-tx because parents/schools are eager for help and so comply better at the outset of tx.

Some children are evaluated, but do not continue for the following reasons: PCP's refer their patients for evaluations to ensure they are prescribing appropriate treatment. Children are evaluated and do not need further treatment. Parents decline to continue in Bridge after the initial or second visit. In these cases, the children are counted as 'complete', but are not prescribed medications, and post-tx Vanderbilts are N/A.

c. Provide a rationale for the measurement level(s) for each indicator. (#1) (600 character limit)

1-1. Levels are based on 2015-2016 outcomes.

1-2. Bridge is an interim program. The goal is for a child to reach a level of stability to the point wherein treatment can be managed on a continuum by a community provider. We are optimistic that a child's condition will improve further after he/she is discharged from Bridge and continues treatment with a new provider.

1-3. Oppositional Defiant DO (ODD) requires therapy before behaviors will improve. Medication improves ADHD, but if a child has ADHD combined with ODD, behaviors may not improve until coping strategies are learned and applied.

d. Provide a rationale for each method of measurement. (#1) (600 character limit)

Tracking the number of referrals helps to determine psychiatric needs. Not all parents of children referred will be willing to schedule an evaluation, and not all are willing to continue treatment after the initial eval. Not all children evaluated require further treatment.

Pre/post-tx Vanderbilts: it's a well-validated tool for assessing ADHD, ODD, Conduct DO, Anxiety, Depression, and academic and social functioning. Satisfaction surveys are evidence that the program's treatment is accessible, coordination of care is successful, and shows the likelihood that tx. will continue after discharge.

Service #2 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#2)

a. Service #2 - Taxonomy of Service Name (150 character limit)

10.13 Psychiatric Case Management (CM)

b. Service #2 - Taxonomy Definition of Service (300 character limit)

Case management for individuals receiving psychiatric treatment, provided by a qualified mental health professional.

c. Provide a detailed description of the proposed service (#2). This should include how this service would be delivered, what other activities that are included, what consumers are affected, collaboration with other organizations, and any other pertinent information to fully understand how this program service will be delivered. (3000 character limit)

Every child admitted to the Bridge program is assigned an RN case manager (CM). As part of the Bridge team, the RN CM is present during the child's sessions with the psychiatrist and parents. Depending on the child's and family needs, he/she may be referred to individual therapy, Brain Train, FACE, PCIT, DBT or other. After the child starts therapy/wraparound service during their Bridge treatment, the RN CM may communicate with the agency's staff or therapist to collaborate on behalf of the child's treatment.

Service #2 - Outputs**a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#2)**

15 minute units

b. Unit Rate (#2)

\$24.44

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#2)

c. Is the proposed Unit Rate (#2) tied to an established public funding rate?

Yes

If Yes - Indicate the publicly available rate and describe the source. (#2) (600 character limit)

Amount from previous Bridge funding from Boone County

Service #2 - Service Fee**a. Will the proposed service (#2) consumers be charged a fee?**

No

If Yes - Provide a description of and a rationale for the proposed service (#2) fee. (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#2) ? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the service (#2). (600 character limit)

Narrative

b. Is this proposed service billable to a third-party payor(s)? (#2) (e.g. health insurance, state subsidy, etc.)

No

If Yes - Indicate the third-party payor(s) to be billed and the consumer eligibility criteria for the third-party payor(s) (#2). (600 character limit)

Service #2 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way for this service? (#2)

Service #2 - Other Funders Chart

<u>Funders (#2)</u>	<u>Unit Rate (#2)</u>	<u># of Units Funded (#2)</u>	<u>Total Amount Contracted (#2)</u>
a Boone County - Children's Services Funding (#2)	2a1. \$24.44	2a2. 22000	2a3. \$537,680.00
b. Boone County - Community Health Funding (#2)	2b1. \$0.00	2b2. 0	2b3. \$0.00

Service #2 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#2)

\$537,680.00

b. Proposed Number of Units of Service (#2)

22000

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any

Service #2 - Performance Measures

Outcome (2-1)

Children and their parents/guardians will have complied with the school-based treatment.

Indicator (2-1)

75% of children will be taking medication as prescribed.
RN CM's will establish working relationships with 75% of children, parents/guardians.
65% of children will begin therapy and/or other wraparound services.
90% of children taking medication will have a community provider planned at discharge.

Method of Measurement (2-1)

Medication compliance tracking
Track follow-up communication attempts/contact w/parents and guardians
Track therapy and wraparound service participations
Track discharge planning
Parent/School Satisfaction Surveys

Additional Outcome (2-2)

Children will be supported by an integrated

Additional Indicator (2-2)

For children completing the Bridge program, the parent

Additional Method (2-2)

Parent/School Satisfaction

Service #2 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (2) (600 character limit)

It's imperative for children and parents to comply with the treatment recommendations in order for conditions to improve and stabilize. The RN CM's use a care coordination approach to coach, educate and support children and parents. They collaborate with the psychiatrists, schools, therapists and wraparound support staff to help the children adhere to treatment until their conditions become stable. This integrative approach leads to positive outcomes long after children are discharged from Bridge.

b. Describe and document any external factors or variables which may affect the proposed outcome(s). (2) (600 character limit)

Some parents/guardians are difficult to engage despite repeated efforts on the part of the school staff and Bridge team. Impoverished families may have transportation, phone, and housing problems that can impede communication or make other needs more of a priority.

c. Provide a rationale for the measurement level(s) for each indicator. (2) (600 character limit)

2-1. 75% of children will take medications as prescribed; and RN CM's will establish a working relationship with 75% of parents and children were derived from the outcomes in the 2016 report. 65% of children will begin therapy or other services was a measure that seemed realistic based on the 2015-2016 end-of-year and interim reports. 90% of children will have a planned provider at discharged is based on the program's policy that every child is discharged to a provider that can manage their medication.

Service #3 - Name, Definition and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#3)

Service #3 - Taxonomy of Service Name (150 character limit)

8.6 PROFESSIONAL SERVICES

Professional organizational administrative functions such as accounting, human resources, etc.

Service #3 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#3)

15 minute units

b. Unit Rate (#3)

\$5.75

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#3)

c. Is the proposed Unit Rate (#3) tied to an established public funding rate?

Yes

Service #3 - Service Fee

a. Will the proposed service (#3) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service (#3). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#3)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service. (#3) (600 character limit)

Narrative

Service #3 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way

Service #3 - Other Funders Chart

<u>Funders (#3)</u>	<u>Unit Rate (#3)</u>	<u># of Units Funded (#3)</u>	<u>Total Amount Contracted (#3)</u>
	3a1.	3a2.	3a3.
a Boone County - Children's Services Funding (#3)	\$5.96	5540	\$32,769.00
	3b1.	3b2.	3b3.
b. Boone County - Community Health Funding (#3)	\$0.00	0	\$0.00

Service #3 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#3)

\$25,083.50

b. Proposed Number of Units of Service (#3)

4362.35

c. Provide a justification for the requested level of funding from the City of Columbia, Boone County, Heart of Missouri United Way, or any other funders. Some examples include expanding capacity, filling a gap in or loss of funding from other funding resources, and/or enabling the organization access to funding from other funding sources. (#3) (600 character limit)

The case management support is necessary in order to increase productivity for the nurse case managers. Experience with the 3 years of the Bridge

Service #3 - Performance Measures

Outcome (3-1)

Prompt psychiatric services are accessible to all Boone County school-age children referred for treatment in the Bridge Program.

Indicator (3-1)

90% of all intake referrals will be followed up on.
90% of pre-treatment Vanderbilts will be collected
65% of post-treatment Vanderbilts and Satisfaction Surveys will be collected.
Satisfaction surveys will score 4-5 on the likert Scale

Method of Measurement (3-1)

Track the number of intake referrals
Track the number of pre-treatment Vanderbilts
Track the number of post-treatment Vanderbilts and Satisfaction Surveys

Service #3 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#3). (600 character limit)

All school-age children residing in Boone Co. who have a need for a psychiatric evaluation, and are not currently receiving satisfactory treatment, are

eligible for an initial psychiatric evaluation in the Bridge Program.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#3). (600 character limit)

Children are referred by pediatricians, PCP's, schools, or other behavioral health agencies, and obtain permission from parents/guardians for Bridge to reach out to them. However, some parents/guardians fail to respond to VM's, or after reintroduced to the program by a Bridge staff, decline the evaluation for their child. If a child resides outside of Boone Co., he/she cannot be served by Bridge, but other resources are provided. An adult who is not the legal guardian cannot schedule a Bridge evaluation for a child.

Service #4 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#4)

a. Service #4 - Taxonomy of Service Name (150 character limit)

Service #4 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#4)

1 person

b. Unit Rate (#4)

\$1,999.50

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#4)

c. Is the proposed Unit Rate (#4) tied to an established public funding rate?

Service #4 - Service Fee

a. Will the proposed service (#4) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#4). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#4)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#4). (600 character limit)

Service #4 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way

Service #4 - Other Funders Chart

<u>Funders (#4)</u>	<u>Unit Rate (#4)</u>	<u># of Units Funded (#4)</u>	<u>Total Amount Contracted (#9)</u>
a. Boone County - Children's Services Funding (#4)	4a1. \$0.00	4a2. 0	4a3. \$0.00
b. Boone County - Community Health Funding (#4)	4b1. \$0.00	4b2. 0	4b3. \$0.00

Service #4 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#4)

\$5,998.50

b. Proposed Number of Units of Service (#4)

3

Services #4 - Performance Measures

Outcome (4-1)

RN program managers will acquire further knowledge, skills, and abilities (KSA's) to improve and/or enhance the Bridge Program

Additional Outcome (4-2)

Indicator (4-1)

Nurse program managers will attend one school-based MH conference per year and/or other workshops related to children's MH.

Additional Indicator (4-2)

Method of Measurement (4-1)

Document application of learned and acquired skills for any Bridge Program process as a result of attending PD events.

Additional Method (4-2)

Service #4 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#4) (600 character limit)

To improve and enhance the Bridge Program's processes, it's beneficial to attend school-based conferences and other workshop opportunities to allow networking, shared insights, and to acquire KSA's

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#4) (600 character limit)

During the school year, it is often difficult to schedule time away from clinic and case management duties in order to attend professional development

Service #5 - Name, Definition, and Description

Instructions: Thoroughly read the Taxonomy of Services and choose the service and definition that best fits the overall description of the proposed service. Click here to view document. (#5)

a. Service #5 - Taxonomy of Service Name (150 character limit)

4.20 Psychiatric Treatment

b. Service #5 - Taxonomy Definition of Service (300 character limit)

Implementation of a mental health treatment plan that may include psychotherapy and medication adjustments formulated by a child psychiatry resident.

Service #5 - Outputs

a. Unit Measure (e.g. 15 minutes, one hour, one bed night, one pound of food, etc) (#5)

15 minute units

b. Unit Rate (#5)

\$21.52

IMPORTANT REMINDER: Organizations should limit their rates, when appropriate, to an established public funding unit rate (e.g. Missouri Department of Mental Health (DMH), Medicaid, MO Healthnet, Missouri Department of Social Services (DSS), etc). (#5)

Service #5 - Service Fee

a. Will the proposed service (#5) consumers be charged a fee?

No

If Yes - Provide a description of and a rationale for the service fee (#5). (600 character limit)

Narrative

If a fee is charged, is there any sliding scale for proposed service (#5)? If so, please upload the fee chart.

If No - Provide a rationale why no fees will be charged for the proposed service (#5). (600 character limit)

Service #5 - Amount Received From Other Funders

Does your organization CURRENTLY have an agreement with the City of Columbia, Boone County, and/or the Heart of Missouri United Way?

Service #5 - Other Funders Chart

<u>Funders (#5)</u>	<u>Unit Rate (#5)</u>	<u># of Units Funded (#5)</u>	<u>Total Amount Contracted (#5)</u>
a. Boone County - Children's Services Funding (#5)	5a1. \$21.52	5a2. 740	5a3. \$15,924.80
b. Boone County - Community Health Funding (#5)	5b1. \$0.00	5b2. 0	5b3. \$0.00
c. City of Columbia - Social Services Funding (#5)	5c1. \$0.00	5c2. 0	5c3. \$0.00

Service #5 - Funding Request

a. Amount Requested from the City of Columbia, Boone County, or the Heart of Missouri United Way for this program service. (#5)

\$15,064.00

b. Proposed Number of Units of Service (#5)

Service #5 - Performance Measures

Outcome (5-1)

Children referred and who meet the criteria for Bridge will be accepted for an initial evaluation

Indicator (5-1)

Of the children referred, 65% of their parents/guardians will schedule an initial evaluation. 75% of children that complete the evaluation will attend follow-up Bridge appointments.

Method of Measurement (5-1)

Track the number of referrals, initial evaluations, and continued stay in the Bridge program

Additional Outcome (5-2)

Track the number of referrals, initial evaluations, and

Additional Indicator (5-2)

50% of children who complete the program will demonstrate

Additional Method (5-2)

Pre/post-treatment Vanderbilt

Service #5 - Performance Measures Narrative

a. Describe how each outcome is attributable to the Program Goal, as stated in the Program Narrative section (#5) (600 character limit)

Any school-age child residing in Boone County, MO with emotional/behavioral condition(s), and not receiving satisfactory treatment meets the criteria for a psychiatric evaluation. Child participants who complete the Bridge program will have improved mood and/or behavior, which typically reflects in improved academics, and well as better classroom environments for those children who struggled with impulsiveness, aggression and disruptive behavior.

b. Describe and document any external factors or variables which may affect the proposed outcome(s) (#5) (600 character limit)

It is more difficult to obtain the post-tx Vanderbilts and surveys vs the pre-tx because parents/schools are eager for help and so comply better at the outset of tx.

Some children are evaluated, but do not continue for the following reasons: PCP's refer their patients for evaluations to ensure they are prescribing appropriate treatment. Children are evaluated and do not need further treatment. Parents decline to continue in Bridge after the initial or second visit. In these cases, the children are counted as 'complete', but are not prescribed medications, and post-tx Vanderbilts are N/A.

c. Provide a rationale for the measurement level(s) for each indicator (#5) (600 character limit)

1-1. Levels are based on 2015-2016 outcomes.

1-2. Bridge is an interim program. The goal is for a child to reach a level of stability to the point wherein treatment can be managed on a continuum by a community provider. We are optimistic that a child's condition will improve further after he/she is discharged from Bridge and continues treatment with a new provider.

1-3. Oppositional Defiant DO (ODD) requires therapy before behaviors will improve. Medication improves ADHD, but if a child has ADHD combined with ODD, behaviors may not improve until coping strategies are learned and applied.

Total Amount Requested for Start-Up and Service #1 - Service #5

Total Amount Requested for Start-Up and Service #1 - Service - #5

701886



MISSOURI

November 3, 2015

RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

Ed Knollmeyer

Ed Knollmeyer
Director, Risk & Insurance Management

EK



COUNTY OF BOONE - MISSOURI

REQUEST FOR PROPOSAL (RFP) #: 30-20JUL17

Purchase of Service Contracts

Boone County Children's Services Fund

2017 Application

BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County
by strategically investing in the creation and maintenance of integrated systems
that deliver effective and quality services for children and families in need.*

RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 7, 2017
Initial Written Questions Due By	mbobbitt@boonecountymmo.org	June 14, 2017 5:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Columbia Public Library – Friends Room 100 W. Broadway Columbia, MO 65203	June 21, 2017 3:00 p.m. Central Time
Response Submission Deadline	Web-based funding management system	July 19, 2017 5:00 p.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	July 20, 2017 1:30 p.m. Central Time

CONTACT INFORMATION:

Boone County Purchasing
Boone County Annex
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
Phone: (573) 886-4391 Fax: (573) 886-4390
Email: mbobbitt@boonecountymmo.org

NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

BID #: 30-20JUL17 – Purchase of Service Contracts for Boone County Community Children’s Services

A pre-proposal conference has been scheduled for **Wednesday, June 21, 2017, at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri.

Proposals will be accepted until **5:00 p.m. Central Time on Wednesday, July 19, 2017** via the web-based funding management system.

The Request for Proposal is scheduled to be **opened shortly after 1:30 p.m. Central Time on Thursday, July 20, 2017** in the Boone County Commission Chambers, 801 E. Walnut St., Columbia, Missouri.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org. A copy may also be downloaded from our web page at www.showmeboone.com. Select Purchasing / Current Bids / 30-20JUL17.

Vendors may view Bids, Bid Tabulations, and Bid Awards on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO, CPPB

Director, Boone County Purchasing

Insertion: Wednesday, June 7, 2017

COLUMBIA MISSOURIAN

1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 Delivery of Proposals:

Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received via the web-based funding management system application, Apricot by Social Solutions, until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) If you have obtained this RFP document from our web page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addendums if we do not have you on our Vendor list for this RFP. Addendums can be viewed at [www.showmeboone.com/Purchasing /Current Bids/ 30-20JUL17](http://www.showmeboone.com/Purchasing/Current%20Bids/30-20JUL17).
- b) The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- c) Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- d) No negotiations, decisions, or actions shall be initiated by any Organization as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

1.2. Ambiguity, Conflict, or Other Errors in the RFP:

- a) If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- b) The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the RFP prior to submitting the proposal or it shall be waived.
- c) Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- d) The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

1.3. Rejection of Proposals:

The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsiveness.

1.4. Acceptance of Proposals:

The County will accept for evaluation all proposals that are submitted properly and are responsive to the RFP. However, the County reserves the right to request clarifications or corrections to proposals.

1.5. Requests for Clarification of Proposals:

Requests by the Purchasing Department for clarification of proposals shall be in writing.

1.6. Validity of Proposals:

Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

1.7. Receipt and Opening of Advertised, Sealed Proposals:

The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- a) Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful organization's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- b) Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, **Thursday, July 20, 2017 at 1:30 p.m.** Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at www.showmeboone.com. Select "Purchasing", then "2017 Bid Tabulations".
- c) Proposal responses are due by **Wednesday, July 19, 2017 at 5:00 p.m.** No late proposals will be accepted.

1.8. Withdrawal of Proposals:

Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- a) **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1. This document constitutes a request for competitive, sealed proposals for the furnishing of statutorily eligible services pursuant to RSMo §210.861, as set forth herein.
- 2.1.2. Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following sections:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Program Information and Requirements
 - 4) Application Information
 - 5) Attachment A - Organization Assurance Sheet
 - 6) Attachment B - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 7) Attachment C - Work Authorization Certification

2.2. Guideline for Written Questions:

- 2.2.1. All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than **5:00 p.m., June 14, 2017**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet and register as a Vendor for this RFP.

Melinda Bobbitt, CPPO, CPPB
Director of Purchasing
613 E. Ash Street, Room 110
Columbia, Missouri 65201
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymmo.org

2.3. Pre-Proposal Conference

- 2.3.1 To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for **June 21, 2017 at 3:00 p.m.** Central Time in the Columbia Public Library – Friends Room, 100 W. Broadway, Columbia, Missouri 65203.
- 2.3.2. All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- 2.3.3. Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

2.4. Term; Termination of Contract Agreement:

- 2.4.1. The initial term of the resulting contract agreement from this Request for Proposal for a Purchase of Service program will be negotiated. The negotiated contract may have an option for renewal.
- 2.4.2. The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 30 days prior written notice to the Contractor.

3. PROGRAM INFORMATION AND REQUIREMENTS

3.1. Program Description:

The Boone County Children's Services Board (BCCSB), hereby solicits formal written proposals from qualified organizations for the provision and delivery of services that are eligible for funding pursuant to RSMo §210.861.

3.2. Purpose Statement:

BCCSB desires to invest in meaningful programs which promote the well-being of children and youth, and strengthen families.

3.3. Background:

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

3.4. Funding Goals:

The BCCSB believes that it should invest in meaningful services to children, youth, and families in a way that utilizes multiple effective strategies. Proposals will be accepted for any statutorily eligible service area. The BCCSB encourages proposals which address needs identified in the Boone Indicators Dashboard (BID), <http://booneindicators.org/Default.aspx>, developed by the Boone Impact Group (BIG) in cooperation with the Office of Social and Economic Data Analysis.

Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth, and families in need in Boone County. Preference will also be given to organizations that demonstrate substantive and ongoing collaboration with other organizations.

3.5. Minimum Eligibility Requirements:

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit Organization or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services

- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri

3.6. Funding Available:

There is a total of up to \$6,500,000 available through December 31, 2018. Applications for funding will be accepted to provide services to children, youth (nineteen years of age or less), and their families in areas fundable pursuant to statute.

3.7. Scope of Work, Deliverables, and BCCSB Expectations:

Offeror shall demonstrate in their proposal response how they propose to deliver and provide services to children, youth (nineteen years of age or less), and their families. For responses that require contemplation of a period of time, Offeror should assume, that if awarded, the contract would begin in January 2018 and end December 31, 2018, with the possibility for renewal for an additional one (1), one-year period. The online application is outlined as follows:

3.7.1. Program Overview:

Statement of Issue Being Addressed, Program Impact, Program Goal, Program Overview, Program Consumers and Demographics (information on residence, race, ethnicity, gender, income, age, and individuals trained), Program Access, Program Quality, Collaboration, Program Personnel, and Program Budget (information and narrative on the revenue and expenses for this program including the personnel/non-personnel costs).

3.7.2. Program Service:

Development/Start Up Service Funding (if needed), Service(s) Information that includes but not limited to: Name, Definition, and Description (based on the *Boone Impact Group Taxonomy of Services*), Outputs, Service Fee, Amount Received From Other Funders, Funding Request, and the Performance Measures (information on each proposed program service that will include the outputs, outcomes, indicators, and method of measurement for each service).

3.7.3. Additional Program Services:

Additional service(s) and information may be added to this form if there are more than five services listed in the Program Service form.

3.8. Contractor Organization Requirements:

- 3.8.1. Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form, and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

Compensation Insurance: The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly

to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.

Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit.

Comprehensive General Liability Insurance: The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.

The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$1,000,000.00 and naming Boone County as additional insured.

Commercial Automobile Liability: The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

- 3.8.2. **Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

- 3.8.3. **Subcontracts:** The Contractor may enter into subcontracts for components of the purchase of service as the contract as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.
- 3.8.4. In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

4. APPLICATION INFORMATION

4.1. Narrative:

The County utilizes, Apricot by Social Solutions, a web-based funding management system through which proposals, in response to this Request for Proposals, must be submitted. For an application to be considered complete the Offeror must complete an Organization Profile, Proposal Cover Sheet, Program Overview (V3), Program Service (V3), and Additional Program Services (V3). For returning users, please make sure your Organization Profile is up to date.

To access the funding management system:

New Users: To create an account contact the Community Services Department at:

Email: communityservices@boonecountymmo.org

Address: 605 E. Walnut, Columbia, MO 65203

Phone: 573-886-4298

Returning Users: Access <https://ctk.apricot.info/auth>, sign in, click on the Application Overview and click "Open – Click Here to Apply" under the application titled Children's Services Fund – 2017 POS Applications – RFP. You will be directed to the Proposal Cover Sheet. For the Fund Source, please select Children's Services Fund – POS 2017. Complete the Program Overview, Program Service, and, if necessary, the Additional Program Services by clicking on View Folder to access the forms.

4.2. Submission of Proposal:

- 4.2.1. Proposals must be submitted by 5:00 p.m. on July 19, 2017 via the web-based funding management system.
- 4.2.2. To facilitate the evaluation process, the Offeror must complete each of the distinctive sections of the RFP described herein.
- 4.2.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the RFP sections, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.2.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. The Offeror may contact the Community Services Department for technical assistance with the on-line application system. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.3. Competitive Negotiation of Proposals:

The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- 4.3.1. Negotiations may be conducted in person, in writing, or by telephone.
- 4.3.2. Negotiations will only be conducted with potentially acceptable proposals.
- 4.3.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- 4.3.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- 4.3.5. The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- 4.3.6. The County reserves the right to contact any references to obtain without limitation, information regarding the Offeror's performance on previous projects.

ATTACHMENT A

2017 ORGANIZATION ASSURANCE SHEET

(Please complete and upload on the Proposal Cover Sheet in the Apricot System)

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Certificate of Corporate Good Standing
- Organization Strategic Plan
- Organization Policy of Non-Discrimination
- Organization Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Organization Statement of Confidentiality

Printed Name - Organization Executive Director/President/CEO

Date

Signature - Organization Executive Director/President/CEO

Date

Printed Name - Organization Board Chair

Date

Signature - Organization Board Chair

Date

**WORK AUTHORIZATION CERTIFICATION
PURSUANT TO 285.530 RSMo
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of _____)
) ss
 State of _____)

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Printed Name _____

Notary Public

Page 14 of 14

ATTACHMENT B

(Please complete and return with Proposal Response)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Organization.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date